BOARD OF DIRECTORS – MEETING TO BE HELD IN PUBLIC
25 January 2021
iMuseum, Kingswood Grove, Douglas, Isle of
9.30AM – 12.30PM

manx care
Kiarail Vannin

NB. There is a presumption that papers will have been read in advance, so presenters should be prepared to take questions as directed by the Chair. They will not be asked to present their reports verbally. Questions should be advised to the Chair in advance of the meeting where possible.

A G E N D A

Minute number	GOVERNANCE	Lead	Page	Time
1.22	**Welcome & apologies** - To welcome Andy Chittenden and Dr Oliver Ellis	Chair	Verbal	9:30
2.22	**Declarations of Interest**	Chair	3	
3.22	**Minutes of the meeting** *23 November 2021 (public)*	Chair	6	
4.22	**Matters arising/Review of Action Log**	Chair	17	
5.22	**Notification of any other items of business**	Chair	Verbal	
6.22	**Corporate Risk Register and Board Assurance Framework Update** - Deep Dive - Risk 1 of the Corporate Risk Register - Quality Governance Development Roadmap	 Dir of Nursing	 18 32	9.45
	UPDATES			
7.22	**Chair's report**	Chair	57	10.15
8.22	**Chief Executive's report and Horizon Scan** - Theatre Action Plan - Q3 Required Outcome Framework Update	CEO	58 64	10.30
9.22	**Committee Chair's Reports** - **Quality, Safety and Engagement** - Approval of Policy for the Formation, Ratification and Management of Manx Care Policies and Procedure - **Finance, Planning and Commissioning** - **People** - **Data and Informatics** - **Audit** - **Mental Health Act Legislation**	Com Chairs SP NW SP KK AG AG	 78 97 99 101 103 Verbal	10.45
	REFRESHMENT BREAK 11.00 – 11.10			
10.22	**Integrated Performance Report & Executive Overview**	CEO	105	11.10
11.22	**Restoration and Recovery Update**	CEO	Verbal	11.30

	PRIORITY TWO - CREATING A POSITIVE WORKING CULTURE			
12.22	**Workforce & Culture Update**	Dir of HR	Verbal	11.45
13.22	**Finance Report – November Management Accounts 2021**	FD	164	12.00
	ANY OTHER BUSINESS			
14.22	**With prior agreement of the Chair**	Chair		
	QUESTIONS FROM THE PUBLIC			
	The Board will respond to questions from the public	All		
	MEETING EVALUATION			
	Board review – feedback on the meeting: effectiveness and any new risks and assurances	Chair	Verbal	
	DATE and VENUE OF NEXT MEETING			

Future dates for your diaries

Board meeting in public

2022
22-Mar 2022
24-May 2022

Register of Directors' Interest
18 January 2022

manx care
Kiarail Vannin

Name:	Position within, or relationship with Manx Care:	Type of Interest	Description of Interest (including for indirect Interests, details of the relationship with the person who has the interest)	Date interest relates		Is the interest direct or indirect?	
				From	To	Direct	Indirect
Andrew Foster	Chair	Other interest	Remunerated Non-Executive Director of Health Education England which has an indirect bearing on clinical education and training on the Isle of Man	Nov-19	Nov-23	X	
Andrew Foster	Chair	Other interest	Unremunerated Trustee of ENT UK	Jul-20	-	X	
Andrew Foster	Chair	Other interest	Unremunerated President of the Global Training and Education Centre at WWL NHS FT. May be used by Manx Care for international recruitment	Oct-19	-	X	
Sarah Pinch	Non-Executive Director	Direct Financial Interests	Managing Director, Sarah Pinch Limited T/A Pinch Point Communications, consultancy provider for many NHS organisations in England	Jan-13	-	X	
Sarah Pinch	Non-Executive Director	Direct Non Financial Professional Interest	Chair of The Taylor Bennett Foundation, a charity supporting BAME young people into careers in PR and Communications	Oct-17	-	X	
Sarah Pinch	Non-Executive Director	Direct Non-Financial Personal	Independent Advisor to the Senedd, chair of REMCOM	Nov-18	-	X	
Sarah Pinch	Non-Executive Director	Direct Non-Financial Personal	Trustee of Bristol Students Union, member of REMCOM	Nov-20	-	X	
Katie Kapernaros	Non-Executive Director	Direct Non-Financial Professional Interests	Non – Executive Director, The Property Ombudsman. Remuneration and Nominations Committe	Jan-19	-	X	
Katie Kapernaros	Non-Executive Director	Direct Non-Financial Professional Interests	Non – Executive Director, The Pensions Regulator. Remuneration and People Committee.	Apr-20	-	X	
Katie Kapernaros	Non-Executive Director	Direct Non-Financial Professional Interests	Non – Executive Director, Oxford University Hospitals NHS Foundation Trust. Remuneration, Appointments and Audit Committees, Equality and Diversity board champion.	Oct-19	-	X	
Katie Kapernaros	Non-Executive Director	Direct Non-Financial Professional Interests	Non – Executive Director, BPDTS (Digital supplier to Dept. of Work and Pensions) Remuneration and Nominations Committees.	Feb-19	Jun-21	X	
Andy Guy	Non-Executive Director	Indirect Interest	Son is employed by St Christopher's Fellowship who are a supplier of services to Manx Care	current		n/a	
Nigel Wood	Non-Executive Director	Indirect Interest	Wife is employed by Manx care as a part-time radiographer in the X ray department of Nobles Hospital	current			X
Nigel Wood	Non-Executive Director	Other Interest	Nigel's business offers a registered office facility to a Radiology online training service owned by an un connected individual. Previously had provided guidance on establishing a business. No remuneration received.	current		X	
Dr Richard Hillier	Independent Committee Member of the Mental Act Legislation Committee	Nothing to declare	Nothing to declare	n/a		n/a	

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				From	To	Direct	Indirect
Sree Andole	Medical Director	Professional	Specialist Advisor, Care Quality Commission UK	2012	-	**X**	
Sree Andole	Medical Director	Financial	Governing Body member, Southend on Sea CCG, UK	2019	-	**X**	
Sree Andole	Medical Director	Non-Financial/Professional	Expert Advisor, National Institute of Clinical Excellence (NICE) UK	2019	-	**X**	
Sree Andole	Medical Director	Non-Financial/Professional	Physician assessor for MBRRACE-UK Confidential Enquiry into Maternal Deaths, Royal college of Physicians, UK	2019	-	**X**	
Sree Andole	Medical Director	Non-Financial/Professional	Clinical Reference Group for Neurosciences – NHSE, UK	2019	-	**X**	
Sally Shaw	Director of Social Care	Direct Non Financial Professional Interest	A member of Unison the Trade Union	2019	-	**X**	
Sally Shaw	Director of Social Care	Direct Non Financial Professional Interest	Board member of a third sector organisation in Aberdeen - Inspire	2018	2021	**X**	
Paul Moore	Director of Nursing & Clinical Governance	Financial	Director & Shareholder of PM Governance Limited providing Risk Management and Governance Consultancy in UK & Euprope	2013	-	**X**	
Paul Moore	Director of Nursing & Clinical Governance	Financial	Wife is a Director & Shareholder of PM Governance Limited providing Risk Management and Governance Consultancy in UK & Euprope	2013	-		X
Paul Moore	Director of Nursing & Clinical Governance	Direct Non Financial Professional Interest	Justice of the Peace, Greater Manchester Bench, UK	2008	2018	**X**	
Paul Moore	Director of Nursing & Clinical Governance	Non-Financial/Professional	Specialist Advisor, Care Quality Commission UK	2015	-	**n/a**	
Barbara Scott	Director of Infrastructure	Nothing to declare	Nothing to declare	n/a		**n/a**	
Oliver Radford	Director of Operations	Nothing to declare	Nothing to declare	n/a		**n/a**	
Teresa Cope	Chief Executive	Indirect interest	Husband was employed by Manx Care as a bank porter	2021	2021		
Jackie Lawless	Finance Director	Nothing to declare	Nothing to declare	n/a		**n/a**	
Anne Corkill	Director of HR Business	Non-Financial/Professional	Member of Prospect Trade Union	1989	-	**X**	
Anne Corkill	Director of HR Business	Non-Financial/Professional	HR Director of Business for Office of Human Resources	May-21	-	**X**	
Richard Wild	Chief Information Officer	Direct Non Financial Professional Interest	Shareholder in Ethos Ltd, a company providing expertise in the regulatory and compliance field for software for healthcare in the UK	2014	-	**X**	
Richard Wild	Chief Information Officer	Non-Financial/Professional	Chair of the Treasury ICT Governance Board	Apr-21	-	**X**	

BOARD OF DIRECTORS
Tuesday 23 November 2021
Microsoft Teams
10am-12.50pm

Present:

Non-Executive Directors

Andrew Foster (AF)	Chair
Sarah Pinch (SP)	Vice Chair
Andrew Guy (AG)	Non-executive Director
Katie Kapernaros (KK)	Non-executive Director
Nigel Wood (NW)	Non-executive Director

Executive Directors Voting

Teresa Cope (TC)	Chief Executive Officer
Sree Andole (SA)	Medical Director
Jackie Lawless (JL)	Finance Director
Paul Moore (PM)	Director of Nursing and Governance
Sally Shaw (SS)	Director of Social Care

Executive Directors Non-Voting

Ann Corkill (AC)	Director of HR Business
Oliver Radford (OR)	Director of Operations
Barbara Scott (BS)	Director of Infrastructure
Richard Wild (RW)	Chief Information Officer

In Attendance:

Elaine Quine (EQ)	Deputy Board Secretary and Minute Secretary

Apologies
Vanessa Walker

DRAFT

GOVERNANCE

Item **Action**

184.21 Welcome and apologies
AF welcomed everyone to the meeting. Apologies had been received from Vanessa Walker.

185.21 Declarations of Interest
There were no declarations of interest relevant to the meeting.

186.21 Minutes of the Board meetings held on 28 September 2021 (public)

The minutes of the meetings held on 28 September 2021 (public) were accepted as an accurate record.

187.21 Matters Arising and Review of Action Log
A written update had been provided for each item and the remaining matters were listed on the Agenda.

188.21 Notification of any other items of business

There were no additional items to be added to the Agenda.

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189.21 Corporate Risk Register ('CRR') and Board Assurance Framework ('BAF') Update

TC guided the meeting through the CRR and BAF. Each strategic risk was linked to the broader objectives of MxC and were owned by a member of the Executive team. The CRR would evolve to reflect any changes in the risk landscape and would be reviewed at each meeting. It was suggested that a 'deep dive' into each risk be presented and TC requested that PM present his risk to the next meeting. KK queried how the risks were embedded in day to day behaviour. TC explained that there was a complete thread from the service care level upward and that this could be evidenced by the maintenance of operational and care group risk registers, performance and accountability reviews and review of all the risks rated above 16 by the Executive Leadership Team. **PM**

UPDATES

190.21 Chair Report

AF reported that this was his 8th visit to the Island and during his visits he had been able to visit many of the important MxC locations and had met people face to face.

Following the election on 26 September the new first Minister, Alf Cannan had visited Nobles hospital. Several meetings had been held with new Health Minister Lawrie Hooper and his Departmental team of Ann Corlett MHK, Joney Faragher MHK, Dr Michelle Haywood MHK and Tanya August-Hansen, MLC. On 8th November two well-attended sessions to meet newly appointed MHKs were held to brief then on how to work with MxC and answer their initial questions. A streamlined approach for MHK's to communicate directly with TC had been introduced and was working well. The MHK's had also positively endorsed the MCALs programme.

191.21 Chief Executive's Report and Horizon Scan

Covid-19 Update

During November, the number of Covid positive cases within the community and within Nobles Hospital had been gradually declining and as at 15th November there were 347 reported cases of which 3 individuals were in hospital. The 14 day rolling average of number of new positive cases each day was 40. Nobles Hospital continues to operate a dedicated Covid Ward (ward 12) and the situation continues to be managed by the weekly Bronze Command meetings.

The Covid Escalation and Business Continuity Plan for Nobles Hospital was being refreshed to reflect the plans for Winter 2021/22 and would be signed by the Executive Management Committee at the end of November. Manx Care would also contribute to a government wide Winter Planning Scenario exercise on the 2nd December which would consider Manx Care's plans within the wider system context. There was a discussion as to how best inform service users of facilities that were available in local hubs so to relieve the pressure on the ED at Nobles. TC stated that as facilities were developed and available, corresponding communications would be issued.

MCALS Update

Manx Care Advice and Liaison Service was established as a six month pilot project, from August 2021. During the period 2nd August – 15th November MCALS had a total of 1048 contacts and from the 1st November the service has introduced ARC software to record phone calls

<u>Response time</u>

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MCALS always acknowledges queries and concerns on the same day that service users are in contact with the service. If the contact is made at the weekend via email/ answer machine; MCALS will acknowledge it in the first instance on the Monday. Provides prompt feedback and accurate, up-to-date information, MCALS has been proactive in addressing the needs of those service users who have struggled previously with communication.

Time to resolution

MCALS has resolved contacts within the same working day 93% of the time. All cases are resolved within 7 days, with the exception of some more complex cases which require the input of colleagues across Manx Care and Government in order that the necessary information is gathered.

De-escalation of concerns

Identifying areas of client dissatisfaction, MCALS has deescalated situations, providing a resolution before service users decide to make a complaint

Future Service Delivery Model from February 2022

A business case for the future service model from February 2022 when the pilot ends has been developed and is being considered by the Business Case Review Group. If approved this would be ratified by the Executive Management Committee. The service model proposed includes service leadership of a Band 7 supported by two Executive Officers (EOs).

Feedback

MCALS has received positive feedback from patients, service users, and their families and friends. MCALS has had great appreciation from the Minister's and MHK's, Private sector User's (e.g.: Sight Matters), and Voluntary Agencies.

Feedback and Escalations from Executive Management Committee (EMC)

The EMC was held on the 29th October 2021. The committee considered in detail the financial position for Manx Care and the significant movement in the forecast deficit to circa 10-12m. Further work to achieve a granular understanding of the position was initiated and the Performance and Accountability Review meeting on the 2nd November would focus on finance.

It was noted that there had been a lot of annual leave taken over the recent months which had required high amounts of bank and agency staff to be booked to ensure the hospital had continued to run safety. As identified in the Director of Nursing report to the September Board, many wards and key front line service areas do not have 'headroom' built into the budgeted establishments to cover annual leave and essential training and hence covering. This, combined with the level of vacancies that exist often result in bank and agency having to be booked to ensure safe staffing levels. It was also noted that costs of locums and agency workers has increased significantly as demand for workforce has increased as UK organisation focus on restoration and recovery of activity.

EMC received the draft Access Policy for consideration which has been circulated widely for comment. The policy will be brought back to EMC at the end of November and will be shared with DHSC.

EMC approved the business case for Lilie which is the Clinical system used by the Sexual Health Service. As part of the upgrade to the Electronic Patient Record the system will be rolled to the Family Planning Service and the Termination Service.

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EMC noted continued concerns from operational teams regarding non-funding of NICE TA. Whilst this is anticipated to be partially addressed in the future, there is evidence that some Consultants are now referring patients to the UK for treatment. It remained a concern to clinicians that patients were not receiving NICE TA and the total amount of patients that had been transferred to the UK was being investigated. There was a concern that if some clinicians were transferring patients it could result in inequality of treatment for patients.

Vaccination Update

The Covid-19 vaccination team has continued to deliver the various elements of the vaccination programme during October and November, including the booster and third dose programme, through the Chester St hub, some GP practices, in care homes and in the community. The team has also delivered sessions to vaccinate 12-15 year olds which has been locality based, in conjunction with the Health Visitor and School Nursing Service. In addition to this, we continue to give first and second doses of the primary dose schedule to those who have elected to receive the Covid-19 vaccination.

The booster programme is now well embedded across the various points of delivery, with the latest development being the arrangement of two clinics for learning disabled service users which will take place in the Tall Trees complex later in November, supported by the Learning Disabilities Team.

The recent announcement that boosters should be given to those 40-49 will mean a significant increase in demand particularly over late December/early January when most within this age range reach their 6 month dose interval however the planning for this is being worked on at the moment.

The logistics of the third dose programme for immunocompromised patients has proved challenging as we are heavily reliant on hospital consultants to identify those patients who are eligible for a third dose, and the timing of any vaccine may involve a temporary treatment break (if the immunocompromised is caused by medication) which is time consuming based on the volumes involved (~800 patients). Our GP based in the Vaccine Hub is acting as a liaison between the specialists in the hospital and off island and the booking team to ensure that people eligible for a third dose are booked in ASAP. Currently we have administered 304 third doses with a further two vaccination sessions dedicated to third doses earmarked in early December.

Clinical Director Appointments

TC confirmed that Dr Marina Hudson has been appointed as Clinical Director for Integrated Mental Health Services Care Group and Dr Pradip Thakker has been appointed as Clinical Director for Integrated Womens, Childrens and Family Services Care Group. A meeting with the clinical directors would be arranged with the Non-Executive Directors.

During November three Consultants in Respiratory Medicine, a Consultant Radiologists and a Consultant Anaesthetist had been appointed.

The Committee congratulated the Execs on the positive achievements made in recruitment.

Communications and Engagement

Given the ongoing resource pressure in Communications, activity has been focused in three key areas over the last month:

- Provision of support at Executive level for the management of ongoing operational demand and media enquiries
- Recruitment activity, including off-Island targeted activity and on-Island Nurse training
- Maintaining the BAU operating rhythm around internal communication and colleague engagement

Three colleagues joined the Manx Care Communications Team in November, with one more role to recruit into. Recruiting to this position is key, and means that a number of important projects will remain in the pipeline until the post has been filled.

Public scrutiny of the Island's health and social care system continues with pace, with a number of media enquiries supporting this notion. The Chief Minister and Health and Social Care Minister recently visited Noble's Hospital to meet a number of staff members, with positive feedback from teams following their visit. Plans are in place for a visit by the Island's new Lieutenant Governor to the Isle of Man Ambulance Service later in the month.

A particular communication highlight in November has been the launch of the new Defibs.im website – an interactive map of the Island which highlights the location of defibrillators that are accessible for members of the public to use in an emergency. The development of this has been led by the Isle of Man Ambulance Service over a four-year period, in collaboration with a number of Manx charities and MannGIS, the Government's online mapping service. Within 24 hours of the map having gone live, a significant number of new device locations had been registered, with registrations continuing.

Service and Partnership Visits

On 5th November, Manx Care hosted a visit from the Global Training and Education Centre (GTEC) from Wrightington, Wigan and Leigh NHS Foundation Trust who Manx Care are working in partnership with on an overseas recruitment programme for Medical and Nursing staff. We hope to appoint 60 registered nurses via this route over the course of the next few months with the first nurses starting with Manx Care in December 2021.

On the 10th November the Chairman and I, along with James Kingsland met with the CEO and senior leadership team of Crossroads. This was an opportunity to understand the full range of services provided by Crossroad and explore opportunities for developing the partnership arrangements that are already in place with Crossroads. Opportunities for closer working on the carers agenda was one such opportunity

The Isle of Man Newspaper awards for excellence were held on 18 November where MxC / DHSC won the 'Public Sector Achievement of the Year' Award.

192.21 Committee Chair Reports

Quality Safety and Engagement Committee Update

PM made the following observations:

- The Committee acknowledged that there was a diverse range of opinions regarding the safety of surgery carried out on the Isle of Man. Some external reports for example

contrasted with expressed opinions of a consultant colleague. The Committee was seeking assurance on safety and improvement, and would take stock of all sources of information in order to reach a consensus upon which assurance can be provided to the Board.

- The Committee welcomed the stock take and assurance on implementation of recommendations following external reviews of services in social care. It was encouraging to understand that actions were being taken and the paper broadly provided positive assurance of delivery. The Committee considered that the report helped Manx Care to evaluate learning and adaptive capacity
- Committee payed very close attention to IPC assurances. The Committee were satisfied that MRSA was and remained under prudent control, and that CDI has been stable for the last three months. There was concern that improvements in respect of hand hygiene compliance were required to give additional confidence in respect of proactive control procedures.
- The Committee considered the reasonableness of a zero target for CDI
- The Committee considered CAS Alert assurances. CAS alerts in general cover safety-critical messages and instructions to healthcare providers, which they must act upon in the time specified. Some alerts were immediate, others have more time allocated to resolve the concern. They may involve product recalls, information on specific hazards to be managed in a specific way or drawing attention to lessons learned elsewhere that need to be cascaded.
- At present Manx Care was not in a position to provide retrospective assurance on alerts issued to the NHS. The systems in operation at Manx Care were not yet capable of producing data upon which the QSE can be satisfied about compliance.
- The Committee had acknowledged that there were gaps in the control over and assurance of mandatory training. The system was complex and designed to meet the needs of a wide range of stakeholders, not just healthcare. It was anticipated that this would be a concern when the CQC inspect Manx Care.
- The Committee noted the report from the Operational Clinical Quality Group demonstrated improvement in August and September 2021 regarding the timeliness of vital sign measurement on inpatient wards at Nobles Hospital.

Finance, Planning and Commissioning Committee Update

NW made the following observations:

- The Committee was informed of the significant movement in deficit since the initial response to the Minister had been considered. JL and TC had agreed to provide a formal response to the DHSC by Friday 26 November.
- There had been a request to provide a patient with a high secure bed in the UK at a cost of approximately £400k per annum. The placement would be long term. This was the first time that such a request had been received however there was a pipeline of patients that would require such placements going forward so it was essential that the correct precedent was set.

People Committee Update

SP made the following observations:

- It had been disappointing that apologies had been received from several executive colleagues. It was agreed that going forward if an executive colleague was unable to attend they must appoint a deputy to attend in their stead.

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- MxC was continuing to explore potential ways to offer an additional salary uplift to staff. It was recognised that if staff considered the award to be inadequate it could result in decreased engagement and have a detrimental impact on discretionary effort which would increase the difficulties in stabilising staffing.
- It was likely that the UK would introduce mandatory covid-19 vaccinations for all NHS staff. Currently the Isle of Man does not have a policy on mandatory vaccination.

Data and Informatics Committee Update

KK made the following observations:

- The first version of the automated and operational reporting (Including the IPR) had been developed and a demonstration was provided to the Committee. Further development work was ongoing.
- Testing on the new clinical alerting system was almost complete and would be rolled out in parallel with the existing radio system on 30 November 2021. Training had been carried out for all users.
- Following a thorough tender appraisal process for the provision of rostering services, the incumbent provider remained the preferred provider. Work on renewing the contract had commenced and it was hoped would conclude by 30 November.
- The remote coding of finished consultant episodes (FCE's) continues and the team of 3 qualified remote coders are contributing to the understanding of the problems that are faced in the timely and accurate clinical coding of Isle of Man based episodes.

Mental Health Act Legislation Committee Update

AG made the following observations:

- The Committee reviewed the control and restraint policy to ensure compliance with the act
- The role of Associated Managers was clarified and it was agreed that the current independent reviewers be retained. It was noted that there was an opportunity for NED's to attend as observers at two review meetings per year.
- The main purpose of the Committee was to ensure compliance with the current Mental Health Act and not to recommend changes to the legislation. Consideration would be given to changing the name of the Committee to make the distinction clear.

193.21 Our Island Plan

The 'Our Island Plan' document had been published by the Chief Minister following his recent appointment and AF referred the meeting specifically to page 9 of the document which outlined the commitment to MxC. TC added that the document was a high level strategy document that required multi-agency co-operation which would form part of the MxC mandate with the DHSC. TC would review the paper and provide feedback by the end of the week. A meeting would also be held with the Executive teams of MxC and the DHSC on 7 December to discuss the mandate objectives.

194.21 Integrated Performance Report (IPR)

The report was noted. OR stated that dental waiting lists had reduced further between August and September which was positive. Improvements in adult safeguarding were progressing with the creation of safeguarding and wellbeing hubs in the South and North of the Island. The hubs

would provide a more holistic approach to care including social work referrals. AF welcomed the continued improvement in data submitted to the board but cautioned that he did not want to lose valuable metrics. Specifically he cited the metric regarding patients waiting more the 12 hours in ED and queried whether this metric would be included in future reports. Or confirmed that it would as it was one of the main ED indicators and that a 'same day emergency care system' was being introduced. The Ambulatory care programme had been operational for six weeks and there had been a considerable reduction in the number of admissions. It was hoped that the working hours of the ambulatory care clinic could be increased so that further benefits to patients could be realised. The establishment of a short term intermediate care pilot would be presented to the EMC for approval on Friday which would see treatments being brought to patients by advanced clinical practitioners. Two 'step-up' beds were being opened in Southlands to work in conjunction with re-enablement services and this would also be replicated in Ramsey. AG queried what action was being taken to address the high levels of sickness absence within the ambulance service. OR stated that the position was managed on a daily basis. The numbers of operational ambulances had been reduced from four to two with additional support from a paramedic in a response car. A recruitment drive for technicians to assist paramedics had received an excellent response. It was acknowledged that there was much work to do to improve the ambulance service and this would be driven by the newly appointed head of the ambulance service.

OR continued that work was ongoing to refine the IPR document. Future reports would measure performance against the metrics contained within the mandate along with trend reporting and analysis. SA welcomed the refinements and reinforced the importance of the correct data being available to facilitate an evidential approach to care. RW replied that the approach taken was managerially labelled but clinically led with automated data and the creation of dashboards for wards.

PRIORITY ONE – IMPROVING PATIENT SAFETY

195.21 Restoration and Recovery Update

Endoscopy Activity

The engagement with 18 Weeks had been challenging due to the increased level of demand for services in the UK. This had culminated in 18 Weeks announcing at the time when the Letter of Intent was about to be presented to TC for sign off, that the tariff they were going to charge MxC would be 33% higher than previously agreed. MxC colleagues had offered to support the programmed activity and this had commenced on 6th November. There was some concern that the clinicians carrying out the endoscopy work may not wish to continue post-Christmas and it was suggested that there may be value in introducing an LLP contract to ensure continuation of the service.

Cataract Activity

18 Weeks were still engaged however they were still not in a position to definitively confirm the final tariff. The R&R team were exploring other framework providers such as Metier and Spire to provide assurance that 18 week support pricing was in line with the going market rate. Alcon had changed its policy with regard to leasing ophthalmology equipment therefore the equipment would need to be loaned or purchased which would be a challenge. It may not be possible to achieve the entire cohort of cataract recovery in the current financial year and it may be necessary to seek permission from the DHSC to carry the funding forward.

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Medefer Outpatient activity

Due to the complexities of sharing data with an off island organisation a very detailed DPIA and joint controller agreement had necessitated a protracted process involving MxC colleagues, Medefer colleagues and the Information Commissioner. The Medefer Ltd support phase one delivering virtual outpatients across Cardiology, Respiratory Dermatology and Pain Services was due to commence in January subject to DPIA and Joint control agreements being signed off in November.

Mental Health Patient backlog

The Restoration and Recovery business case had been recut to allocate £233k of the overall budget towards addressing the Mental Health patient backlog. The plan was "to provide circa 1680hrs of individual and group psychological therapy to approximately 140 service users within a period not exceeding 12 months". The contract was in the final stages of being agreed.

AF queried what OR considered to be the greatest area of concern. OR replied that the largest backlog was in endoscopy treatment however the plan in place would clear this. Discussions were ongoing with a provider in the UK with a view to providing cardiology services. It was doubtful that elective orthopaedic procedures would recommence on Island during the year and a provider was being sought in the UK to provide treatment. SA clarified that the main area of concern was patient at risk. The Access Policy was underpinned by clinical process and each patient was assessed where they have waited longer than appropriate to ascertain whether any harm had been caused by the waiting time. It was essential that local clinicians triaged patients appropriately prior to being referred to a third party for treatment so as to ensure the best care was provided. TC concurred and added that whilst funding had been awarded in May, it had taken time to negotiate contracts with third parties and also to ensure the correct data governance arrangements were in place. The challenges identified had highlighted the need for MxC to engage with long term strong strategic partners with aligned governance and IT systems as it would not be expeditious to identify new partners every time there were waiting list challenges.

PRIORITY THREE – IMPROVING FINANCIAL HEALTH

197.21 Finance Update

The September management accounts were noted and JL highlighted the main drivers for the current overspend. JL stated that £8m of Covid costs had been identified and a business case would be made to DHSC for recovery of those costs. The private patient unit remained closed and there had been a significant increase in tertiary activity and the associated cost due to R&R activity in the UK. There had been a significant overspend in agency and bank staff costs however this was due to staff taking leave which they had been unable to due to the pandemic.

Some savings had been delivered by the renegotiated patient transfer contract and block booking. Savings from the Cost Improvement Plan stood at £2.7m and JL cited the medicine optimisation strategy and reduction in pharmacy wastage as examples. Planning for further CIP activities in 2022 had commenced. It was likely that savings made during this year would be realised the following year.

198.21 Capital Report

The report was noted. The main ongoing project was Summerhill which was progressing well but likely to be around nine weeks behind schedule. AG queried why the budget for Summerhill had decreased and BS explained that is was fluctuations due to timings but the overall budget

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remained the same. JL observed that many capital projects had commenced years earlier and with the inception of MxC there had been a shift in strategic focus to assisting people to remain at home rather than moving to a residential care setting. With change in focus JL queried whether the current capex plan supported this. BS replied that the current projects were mainly enhancements to existing facilities without increasing the provision of beds and that it was essential that buildings were 'future proofed' so that they could adapt flexibly to changing future needs. TC queried whether BS felt there was sufficient control over the asset replacement scheme and whether revenue consequences could be built in when new equipment was being purchased. BS replied that it was essential that the clinical teams managed their assets. The equipment in the 'new Nobles' was coming to its end notwithstanding some assets were still functional. SA queried whether there was any option to sell assets such as land or obtain a loan for investment. BS confirmed that all the land was owned by the Isle of Man Government and it was against financial regulations to obtain a third party loan. NW queried how the 'space' audit was progressing. BS stated that progress had been slow due to resource constraints but the audit remained ongoing. PM queried whether there was a mechanism to capture future capital expenditure so that it can be prioritised and budgeted. BS explained that the clinicians and service leads were approached to identify what equipment they would require for the future.

199.21 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.

Qu1 from Mr Mann - Could Manx Care please report on the modernisation and redevelopment of Nobles Accident & Emergency Department. My understanding is that this was due to be funded or part funded by private donation so I am seeking the precise position as to whether it is still in the planning stage, gone out to tender or whether it is still only a proposal having gone no further since earlier this year.

BS stated that the redevelopment of A&E was at the planning stage. The A&E team had scoped their requirements in conjunction with an A&E consultant from the UK and a quantity surveyor would be engaged to cost the project. The A&E department would not be rebuilt, the existing structure would be reconfigured and improved upon. A six bedroom ambulatory care ward would be created next to A&E. It was noted that there was no possibility of rebuilding the A&E department as it would have to continue to function as the enhancements were made.

Mr Mann requested a timeline be prepared so that progress could be monitored as there was little evidence to prove that progress had been made since MxC had been in operation. OR outlined that progress that had been made in reconfiguring the A&E department over the past twelve months mainly being the re-designation of the fracture clinic to be included within the A&E footprint.

Qu2 from Mr Mann - I understand that the delay on moving patients through A & E has continued. This has been exacerbated by wards still being closed. Could Manx Care report on how many and which wards have been closed in part or throughout the period of the last three months and the reason for the ward closure in each case.

OR outlined which wards had been closed and the reasons for the closures. The main cause of patients waiting was where they required a side room due to infection risk or some other reason. There were a finite amount of rooms available so if the rooms were all in use, patients would have to wait until a room became available.

Abbreviations:

DHSC – IoM Dep't of Health and Social Care
IoM – Isle of Man
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Mr Mann replied that he could see no improvement in A&E facilities and expressed his concern that if there was a major incident on the Island the hospital would not be able to cope which would be as a direct result of MxC management failings. AF acknowledged the comments made by Mr Mann. He reminded the meeting that large amount of time at the meeting had been devoted to discussing waiting times in A&E and whilst this was a concern, could not be described as a management scandal.

Qu3 from Mr Mann - . Could Manx Care please update on what steps have been taken to improve the provision of GP services for the North of the Island, specifically what plans are there for a second or replacement GP surgery, who owns the GP surgery at Jurby and how many GP appointments are being held there on average each day. What permanent staff are employed there and what geographical area it covers. Is there any reason why it cannot be severed from Ramsey Group Practice and operated fully by Manx Care with directly employed GPs?

It was agreed that this question be referred internally and a written answer provided.

Qu4 from Mr Mann - As to Covid admissions to Nobles Hospital where patients have received two jabs, is there a breakdown in the prevalence of one particular vaccine make and is it possible to give the percentage breakdown between vaccine makes as this will not identify any particular patient.

AF advised that this question be referred internally and a written answer provided.

Qu5 – Is there any plan to review the evidence in jurisdictions where there have been mandatory vaccinations and an exponential rise in Covid cases such as the case in jurisdictions such as Gibraltar, and whether there was any analysis of vaccine mortality or injury on the Island and whether these were intercepted prior to reporting to the UK Yellow Card System?

SA replied that mandatory vaccination would be a policy decision taken by Public Health with input from MxC and other public bodies. Mandatory vaccination was not compulsory and therefore analysis as asked by the questioner had not been undertaken as any person that had received a vaccine had done so voluntarily. SA stated that if a policy decision was made to mandate vaccinations he would welcome the questioner re-submitting his question as at that point, an answer could be provided.

There being no further business the meeting closed.

DRAFT

Abbreviations:

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MxC – Manx Care

The Board is asked to consider the following action log which is brought forward from the previous meeting

Manx Care Board - Action Log

completed	update required	not yet due	overdue/ delayed

Board Minute Ref No./Month	Action	Lead	Target Closure Date	Due date or revised date	Update	Date Closed
189.21/Nov	Present a 'deep dive' of risk no1 in the Corporate Risk Register	PM	25.01.22		Agenda Item 6	

manx care
Kiarail Vannin

Corporate Risk Register and Board Assurance Framework

May 2021

Datix ID (tbc)	Risk title	Strategic priority	Source of risk	Risk owner	Board Committee oversight	Risk description	Mitigations in place	Initial scores Impact x Likelihood	Initial rating	Current scores Impact x Likelihood	Current rating	Target score Impact x Likelihood	Target rating	Risk movement this month	Update describing risk movement
xx.001 Social Care	Manx Care may not be able to provide a consistently safe, high quality service and meet the needs of service users.	Improving patient safety	Board development session	Lead: Paul Moore (Director of Nursing)	QSE Committee	Risk of failure of clinical governance and performance monitoring frameworks Impact = causing potential serious harm or unnecessary death to patients and service users	Care Group reports to OCQG (monthly) Quality Dashboard setting out compliance in the KLOE (safe, effective, responsive, caring and well led) Report of QSE to Board (monthly) Outcome of CQC inspection National Clinical Audits IPR (monthly) Internal Audit (specified clinical priorities) External Audit Service User Feedback Royal College Reviews / Inspections Exec and Board of Director walk rounds Mandate Reviews Integrated Performance Report remains under construction	5x5		5x4		5x2		⇔	
xx.001 Nursing	Manx Care does not provide safe services and continuously improve quality and outcomes for patients and service users	Improving patient safety	Board development session	Lead: Sally Shaw (Director of Social Care)	QSE Committee	Risk of failure of clinical governance and performance monitoring frameworks Impact = causing potential serious harm or unnecessary death to patients and service users	under discussion with exec lead	tbc		tbc		tbc			
xx.002	Failure to develop a workforce and culture programme which is supported by the Manx Care workforce	Creating a positive working culture	Board development session	Lead: Anne Corkill, Director of HR Business	People Committee	Risk of missing the momentum and synergy of creating a positive first impression and losing the buy-in and goodwill of staff to support delivery of strategic priorities Risk of lack of engagement of staff in transformation programme Impact = significant challenges in recruitment and retention leading to unsafe staffing levels and poor outcomes of care for patients and service users	under discussion with exec lead	tbc		tbc		tbc		⇔	
xx.003	Failure to develop and maintain financial control over expenditure within Manx Care	Improving financial health	Board development session	Lead: Jackie Lawless, Finance Director	FP& C Committee	Risk of not delivering the financial plan 2020/21 Risk of failing to invest in transformation projects Risk of reputational damage with DHSC Impact = inability to progress organisational-wide change programmes resulting worsening patient and service user safety	under discussion with exec lead	tbc		tbc		tbc		⇔	

Datix ID (tbc)	Risk title	Strategic priority	Source of risk	Risk owner	Board Committee oversight	Risk description	Mitigations in place	Initial scores Impact x Likelihood	Initial rating	Current scores Impact x Likelihood	Current rating	Target score Impact x Likelihood	Target rating	Risk movement this month	Update describing risk movement
xx.004	**Failure to achieve the data and digital transformation milestones which support safety improvements and financial controls**	Improving patient safety Creating a positive working culture Improving financial health	Board development session	Lead: Richard Wild (CIO) for digital and informatics, John Middleton (Bd Sec) for information governance	D&I Committee	Risk of not being able to measure performance in all care groups consistently and accurately Risk of inaccuracy and time delays in producing performance data and business intelligence Impact = Impact = inability to progress organisational-wide change programmes resulting worsening patient and service user safety	under discussion with exec lead	tbc		tbc		tbc		⇔	
xx.005	**Risk of a breakdown in stakeholder relationships impacting on the collaboration required to deliver integrated care**	Improving patient safety Creating a positive working culture Improving financial health	Board development session	Lead: Teresa Cope	Board	Risk of inter-relationships between Manx Care, the DHSC, the Transformation Programme, and other IoM departments developing in such a way that prevents the delivery of the Board's long term integration strategy. IMPACT The Board is unable to: •continue to provide strong and robust clinical and care governance, •deliver care at a scale that can continue to deliver efficiencies, and •build relationships across primary care and social care to facilitate integrated care, and •influence the legislative agenda to support the pace of change and transformation for integrated care	under discussion with exec lead	tbc		tbc		tbc		⇔	
xx.006	**Failure to develop the estate infrastructure to support the integrated care strategy and improve standards of care for patients and service users**	Improving patient safety Creating a positive working culture Improving financial health	Board development session	Lead:Barbara Scott, Director of Infrastructure	FP&C Committee	Risk to financial and operational performance due to the environmental impact of the estate on service delivery. Impact Additional costs of maintaining the estate and infrastructure Poor patient and service user outcoomes Inability to achieve environmental sustainability goals e.g. carbon footprint	under discussion with exec lead	tbc		tbc		tbc		⇔	
xx.007	**Failure to protect young vulnerable children from the risk of criminal and sexual exploitation**	Improving patient safety	QSE Committee Meeting 12/07/2021	Lead:Sally Shaw, Director of Social Care	QSE Committee		under discussion with exec lead	tbc		tbc		tbc			

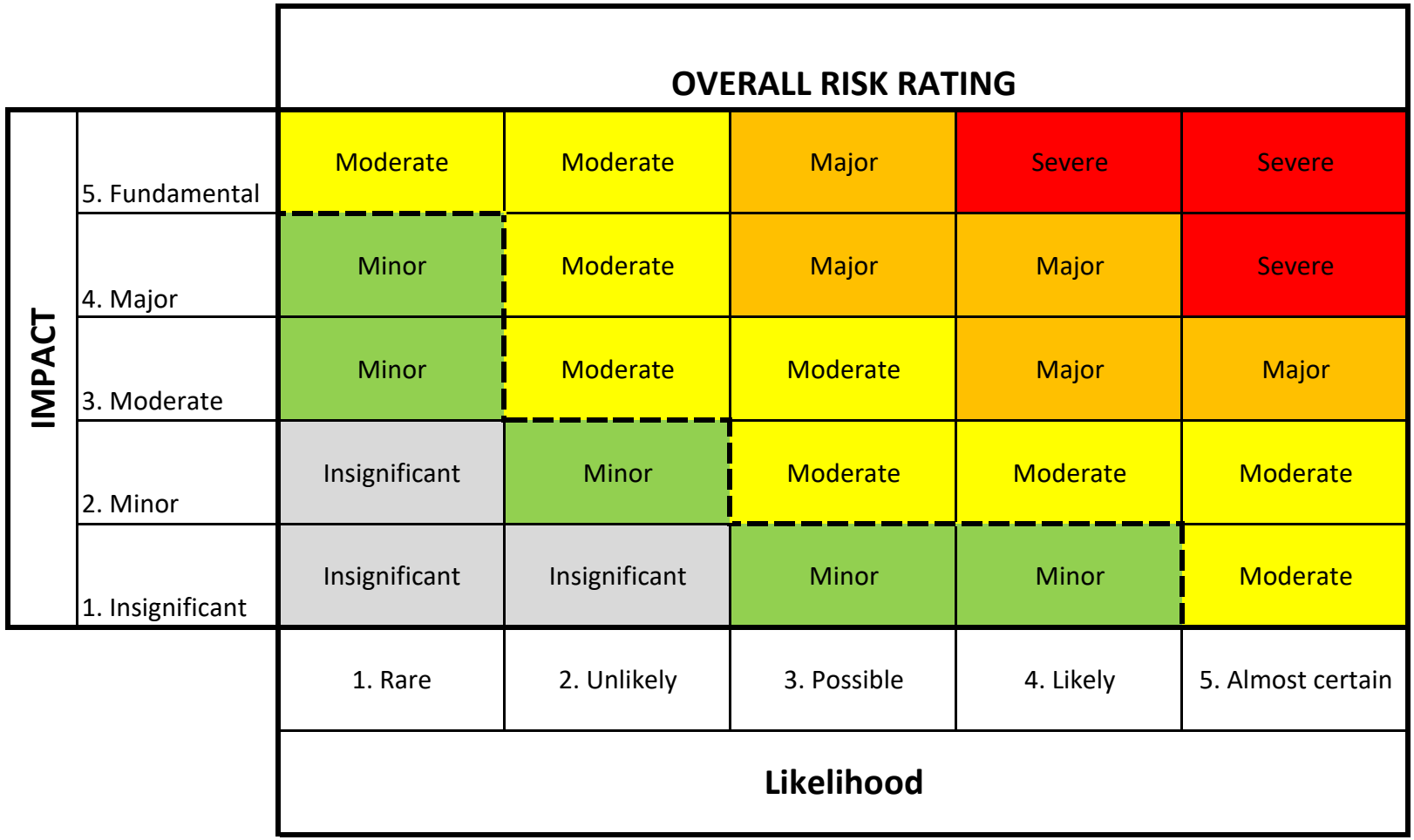
Category		Personal Impact on Patient/Client Staff/Visitor/Contractor	Quality / System Failure	Public confidence and reputation	Complaint or Claim	Financial Impact
Level of Impact	**Score**					
Insignificant	**1**	Minor incident. First aid administered.	Negligible service deficit Minor non-compliance No impact on public health or social care. Minimal disruption to routine organisation activity No long term consequences	Issue of no public/political concern.	Locally resolved complaint	Less than 20K
Minor	**2**	Incident requiring medical treatment. < 3 day absence. Emotional distress.	Single failure to meet internal standards or follow protocol. No impact on public health or social care Impact on organisation rapidly absorbed No long term consequences	Local press interest. Local public/political concern.	Justified complaint peripheral to patient or service user care	£21K -£100K
Moderate	**3**	Hospital Admission >/= 3 day absence Semi-permanent injury / emotional trauma.	Repeated failures to meet internal standards or follow protocols Minimal impact on public health and social care Impact on organisation absorbed with significant level of intervention Minimal long term consequences	Limited damage to reputation Extended local press interest/regional press interest. Regional public/political concern.	Justified compaint involving lack of patient care Litigation/enforcement action possible	£101K-500K
Major	**4**	Fatality. Permanent disability / emotional injury Short term impact on colleagues, who may require further support	Failure to meet national/professional standards. Significant impact on public health and social care. Impact on organisation absorbed with some formal intervention by other organisations Significant long term consequences	Loss of credibility and confidence in organisation. National press interest. Independent external enquiry. Significant public/political concern.	Multiple justified complaints Litigation/enforcement action expected with claim above excess level	£501K –£5.0M
Severe	**5**	Multiple fatalities. Multiple permanent disabilities / emotional injuries. Long term impact on colleagues and they will require further support	Gross failure to meet professional/ national standards Major impact on public health and social care Impact on organisation absorbed with significant formal intervention by other organisations. Major long term consequences.	Full Public Enquiry. PAC Hearing Major public/political concern.	Multiple claims or single major claim Unlimited damages Litigation/prosecution certain	More than £5.0M

	Score	PROBABILITY	DESCRIPTION
Almost Certain	5	1 in 10 chance	LIKELY TO OCCUR
Likely	4	1 in 100 chance	WILL PROBABLY OCCUR
Possible	3	1 in 1,000 chance	MAY OCCUR OCCASIONALLY
Unlikely	2	1 in 10,000 chance	DO NOT EXPECT TO HAPPEN
Rare	1	1 in 100,000 chance	DO NOT BELIEVE WILL EVER HAPPEN

risk score unchanged

risk moving towards target risk

risk moving away from target risk


OVERALL RISK RATING
IMPACT
5. Fundamental
4. Major
3. Moderate
2. Minor
1. Insignificant
Moderate
Moderate
Major
Severe
Severe
Minor
Moderate
Major
Major
Severe
Minor
Moderate
Moderate
Major
Major
Insignificant
Minor
Moderate
Moderate
Moderate
Insignificant
Insignificant
Minor
Minor
Moderate
1. Rare
2. Unlikely
3. Possible
4. Likely
5. Almost certain
Likelihood

Manx Care Board Assurance Framework and Corporate Risk Register
BAF Entry 1 Nursing

Strategic priority	Risk *(to the delivery of the priority)*	Controls *(How will the risk be managed or controlled?)*	Assurance *What (and from what source) is the evidence that the risk controls are effective? INT - Internal assurance*	Gaps in controls *What extra controls are needed to manage the risk?*	Gaps in assurance *What extra evidence is required that the risk controls are effective?*
Datix ID: xx.001	**Manx Care may not be able to provide a consistently safe, high quality service and meet the needs of service users.**	Lead: Paul Moore	Initial rating 5x5	Current rating 5x4	Target rating 5x2 Low Risk Appetite
		Board Committee responsible for oversight: QSE Committee	Impact x Likelihood	Impact x Likelihood	Impact x Likelihood
	Changes since last update	Initial Review 14/01/2022 (Updated 17/01/2022)			
Improving patient safety	Manx Care may not be able to provide a consistently safe, high quality service and meet the needs of service users. **Caused by** insufficient safety management and culture, ineffective clinical governance, lack of suitably qualified or skilled staff to perform duties, inadequate business intelligence and oversight of quality of care. **This may result** in unacceptable exposure to avoidable harms, unsatisfactory service user experience or failing to meet expectations, inability to deliver outcomes of care in accordance with Governmen/ UK/International expectations, intervention by DHSC or CQC in the event of mandate breaches, and/or significant adverse publicity.	**Staffing** Establishments in place supported by Acuity and Dependency review Rotas prepared at least 6-weeks in advance Annual and study leave applied for in advance and approved Mandatory Training Programme to support mitigation of key clinical risks Daily review of bed state and staffing to ensure 'safe to start' Judicious use of bank and agency staff to address known shortfalls Redeployment of staff as required to maintain resilience **Clinical Governance** Established quality dashboard with empasis on leading and lagging metrics for quality IPR gives emphasis to finance and performance metrics at Care Group Level Reliance on policies and procedures to govern key operational decisions Incident Reporting system in operation supported with Serious Incident Procedures Complaints handling arrangements in place to capture and respond to service user concerns MCALS service established (Pilot) to capture concerns, address them on the spot and/or signpost people to a rapid resolution Oversight of clinical quality and Exec-Led Operational Clinical Governance Group Various Groups and Meeting to oversee safeguarding, serious incidents, learning from deaths, clinical audit etc.	Care Group reports to OCQG (monthly) Quality Dashboard setting out compliance in the KLOE (safe, effective, responsive, caring and well led) Report of QSE to Board (monthly) Outcome of CQC inspection National Clinical Audits IPR (monthly) Internal Audit (specified clinical priorities) External Audit Service User Feedback Royal College Reviews / Inspections Exec and Board of Director walk rounds Mandate Reviews Integrated Performance Report remains under construction DHSC is developing its role as the regulator Review by the Care Quality Commission to be initiated during 2022	Low confidence in data quality Absence of data for quality monitoring purposes Unreliable staffing establishments Known level of vacancy Level of sickness unsustainable Low resilience for staffing mitigations Very low confidence in mandatory training - superficial control No clarity on role specific training - no TNA No effective system for CAS management Level of embeddedness of policies and procedures - degree of control low Lack of / absence of core clinical governance systems High level of silo working across sectors of Manx Care Insufficient oversight of quality of care Under developed clinical leadership Absence of timely service user feedback Absence of effective risk management systems, processes and reviews Waiting list expansion Insufficient exit flow for medically optimised patients Ability to meet needs of elective surgical programme Frequency of serious incidents Responsiveness to complaints Reliance on manual clinical records - insufficient digitisation	Quality Dashboard is embyonic and incomplete at time of report, although is progressing rapidly. A full 12-month cycle of business will need to be completed by QSE to assess all clinical governance assurance requirements. Elements considered so far indicate low levels of assurance for elements of clinical governance.

Associated Finance Risks (ID)	1-3 -covid implications 9 - s115 placements 10 - complex care packages 11 & 12, 18 - drugs & pharmacy
Associated Datix risks (ID)	89 - endoscopy waiting times 99 - e-prescribing 386 - clinical governance system 387 - SI governance system 50 - DBS checks compliance 190 - Mandatory training compliance 234 - Gastroenterology waiting times 52 - sub-standard care to people with LD 362 - foster placement sufficiency

Actions required to address any gaps in control or assurance

Action	Status	Progress	Due date	Owner
Clinical Goverance Development Roadmap	*Agreed and currently being implemented*	In progress	01/11/2022	P Moore Leading

Assurance level	Change in assurance
Limited Assurance	No Change

Strategic priority	Risk *(to the delivery of the priority)*	Controls *(How will the risk be managed or controlled?)*	Assurance *What (and from what source) is the evidence that the risk controls are effective? INT - Internal assurance INDEP - Independent assurance*	Gaps in controls *What extra controls are needed to manage the risk?*	Gaps in assurance *What extra evidence is required that the risk controls are effective?*
Datix ID: 456, 52, 457, 507	**Manx Care does not provide safe services and continuously improve quality and outcomes for patients and service users**	Lead: Sally Shaw Board Committee responsible for oversight: QSE Committee	Initial rating [ ] Impact x Likelihood Current rating [ ] Impact x Likelihood	Target rating [ ] Impact x Likelihood	
	Changes since last update	Initial Review 12/11/2021			
Improving patient safety	**456 - Adult Social Care existing policies** - a number of issues, some affect patient safety. Policies currently accessed via index unique to ASC. Not updated at same time as Sharepoint, meaning ASC staff do not always have access to up to date versions. Gaps in policies, some policies are out of date. Also a question of ownership, some policies sit outside ASC. Issue also affects ability to register services under the ROCA 2013, now required following creation of Manx Care. R&I will not complete registration process without the assurance of a timeframe for review and completion. **52 - Risk of sub-standard health care to people with learning disabilities** - if increasing complexity of health needs of people with LD are not safely met through a broader spectrum of specialist health provision, increased morbidity and early mortality will result. **457 - Unavailability of mandatory training courses** - longstanding issues with access to mandatory training courses, exacerbated by reduced access to training	456 - A policy on policies is in the process of being developed, this will have bearing on the approach taken to address shortcomings in ASC. Access - the ASC index has been amended in the interim, policy versions in Sharepoint will be manually copied over meaning that delays to access are minimal. Coverage is largely uncontrolled, working groups are due to recommend a priority basis in the interim. 52 - health care needs of people with learning disabillities are currently provided through generic health care services. 507 - staff providing transport are mostly first aid trained, a number have also undertaken epilepsy awareness training. Bus Vannin staff are unlikely to be trained in administering rescue medication as they are not trained, nor employed by Manx Care. Concerns have also been raised about MIDAS training and/or manual handling.	52 - a small working group established to review the external report by St Andrews was due to report to SCLT at the end of April 2021. Many of the issues are captured in the Strategic Plan for Adults with a Learning Disability, although this strategy was published in 2019, it is a priority for Social Care Group to review. Internal assurance - the Covid-19 vaccination programme and booster programme - specialist provision was made for people with LD. 457 - there has been some progress with the training coordinator providing contingency cover for certain courses, some gaps such as first aid have been addressed. For the most part, the risk is uncontrolled, as services are typically not aware when a course is going to be withdrawn. ASC is not consulted about impact that changes to available courses will have prior to changes being made. However, ASC now has some control over its own training budget, providing the budget can be used to freely	52 - the challenge with the St Andrews Review is that ASC were not involved in the commissioning, there are no terms of reference for the review. The LD Service Lead post remains vacant. 457 - a number of courses, including autism awareness, epilepsy awarness and midazolam delegations are available via a single person, therefore a potential single point of failure	

Associated Finance Risks (ID)	
Associated Datix risks (ID)	

Actions required to address any gaps in control or assurance

Action	Status	Progress	Due date	Owner

Assurance level
[ ]
Substantial
Limited
None

Change in assurance
⟷

Strategic priority	Risk *(to the delivery of the priority)*	Controls *(How will the risk be managed or controlled?)*	Assurance *What (and from what source) is the evidence that the risk controls are effective? INT - Internal assurance INDEP - Independent assurance*	Gaps in controls *What extra controls are needed to manage the risk?*	Gaps in assurance *What extra evidence is required that the risk controls are effective?*
Datix ID: xx.002	**Failure to develop a workforce and culture programme which is supported by the Manx Care workforce**	Lead: Anne Corkill, Director of HR Business Board Committee responsible for oversight: People Committee	Initial rating tbc; Current rating tbc; Target rating tbc Impact x Likelihood tbc; Impact x Likelihood tbc; Impact x Likelihood tbc		
	Changes since last update				
Creating a positive working culture	Risks and impact 1) Poor learning culture (Excellent) - We don't learn from our mistakes, do not innovate change and improve. We increase chance of harm or poor experience. 2) Not person centred (Committed, Appreciative, Respectful) - Potential to cause harm or risk to a staff member because of toxic and poor workforce culture 3) We do not encourage diversity and miss opportunities for innovation (Appreciative, Respectful) - Miss talented staff and recruitment opportunities and risk losing staff 4) Staff are not or don't feel involved/empowered in their work and decisions/changes relating to it. (Committed, Appreciative, Respectful & Excellent) - Missed opportunity for innovation. Increased risk of doing the wrong thing. Resistance to change. Recruitment and retention challenges 5) Leadership and effective "followship" does not develop in all parts of the organization. (Committed) - People/staff do not grow and develop. Limited job satisfaction leading to unhealthy feelings about work. Lack of innovation and quality improvement	WORKFORCE & CULTURE FRAMEWORK - implementation of framework activities - ensure full range are exercised and having an impact - tools for learning and improvement - Workforce & Culture Programme plan and support from the Transformation Programme COMMUNICATION PLAN - plan is implemented and monitored for impact LEADERSHIP VISIBILITY AND CLARITY - Board visibility, clarity of messaging and demonstrate values PERFORMANCE MONITORING ON PEOPLE KEY INDICATORS - Performance monitoring (Routine/against trajectory) of key areas of HR & OD concern in Care Groups, issues escalated to EMC and to People Committee - Monitoring of policies, procedures and HR processes, e.g. service level agreements and standards. - Identifying and acting on staff feedback, e.g. pulse surveys, raising concerns, fairness at work	Performance monitoring reports to People Committee on workforce indicators Internal staff pulse surveys Progress reports from Transformation Programme and Workforce & Culture Advisory Board Board to site/service visits Thematic/deep dive reviews by People Committee Reviews by regulators/stakeholders	Very few of the controls are currently embedded due to work in progress listed below:- Roadmap and milestones for informatics transformation Roadmap and milestones for Workforce and Culture Programme Limited resources for communications to support internal and external messaging Sign off of shared service agreement with OHR with clear and agreed service standards	Integrated Performance Report is under construction DHSC is developing its role as the regulator Review by the Care Quality Commission to be completed

Associated Finance Risks (ID)	6 - legacy pay gap 14 - GP contract 15 - contract uplifts 17 - Nurse bursary
Associated Datix risks (ID)	92 - staff recruitment and retention 373, 384 - staffing & senior management shortages 388 - Med Director support 190 & 391 - mandatory and regulatory training

Actions required to address any gaps in control or assurance

Action	Status	Progress	Due date	Owner
Roadmap and milestones for informatics transformation	*Referred to Digital & Informatics Committee*			
Roadmap and milestones for Workforce and Culture Programme	*Year 1 priorities under discussion with the People Committee*			
Limited resources for communications to support internal and external messaging	*Risk being considered at People Committee, resources idenified and a business case being considered*			
Sign off of shared service agreement with OHR with clear and agreed service standards	*Referred to the Executive Team*			
Integrated Performance Report is under construction	*Referred to the Digital & Informatics Committee*			
DHSC is developing its role as the regulator	*In development*			
Review by the Care Quality Commission to be completed	*TC overseeing the review in conjunction with DHSC*			

Assurance level

Substantial
Limited
None

Change in assurance

Strategic priority	Risk *(to the delivery of the priority)*	Controls *(How will the risk be managed or controlled?)*	Assurance *What (and from what source) is the evidence that the risk controls are effective? INT - Internal assurance INDEP - Independent assurance*	Gaps in controls *What extra controls are needed to manage the risk?*	Gaps in assurance *What extra evidence is required that the risk controls are effective?*
Datix ID: Datix ID: xx	**Failure to develop and maintain financial control over expenditure within Manx Care**	Lead: Jackie Lawless, Finance Director Board Committee responsible for oversight: FP&C Committee	Initial rating 20 (Impact x Likelihood 5 x 4) Current rating 20 (Impact x Likelihood 5 x 4) Target rating tbc (Impact x Likelihood 3 x 2)		
	Changes since last update	16/11/2021			
Improving financial health	RISK Manx Care exceeds its Annual Budget CONSEQUENCE Long term viability compromised. Financial constraints affect service delivery or quality. Reputational damage with DHSC, Treasury and wider Manx public	Monthly Management Accounts, including forecast, reported to FP&C Committee and Board Renewed focus and emphasis on CIP development and implementation and monitoring. Business Case Review Group established to oversee approval of business cases	INDEP Financial systems audit by internal auditors INT Internal audit of CIP process INT Minutes from Business Care Review Group INT Monthly CIP Reporting INT Financial reports to FP&C Committee and Board	Lack of full visibility on financial pressures within the system due to data constraints Gaps in understanding and grip over spend amongst budget holders	Additional focus on financial performance in Performance & Accountability Reviews

Associated Finance Risks (ID)	All risks listed
Associated Datix risks (ID)	None

Actions required to address any gaps in control or assurance

Action	Status	Progress	Due date	Owner
Roadmap and milestones for informatics transformation	*Referred to Digital & Informatics Committee and Year 1 priorities under discussion*			
Sign off of shared service agreement with Treasury with clear and agreed service standards	*Referred to the Executive Team*			
Integrated Performance Report is under construction	*Referred to the Digital & Informatics Committee*			
DHSC is developing its role as the regulator	*In development*			
Review by the Care Quality Commission to be completed	*TC overseeing the review in conjunction with DHSC*			

Assurance level

Substantial
Limited
None

Change in assurance

Strategic priority	Risk *(to the delivery of the priority)*	Controls *(How will the risk be managed or controlled?)*	Assurance *What (and from what source) is the evidence that the risk controls are effective? INT - Internal assurance INDEP - Independent assurance*	Gaps in controls *What extra controls are needed to manage the risk?*	Gaps in assurance *What extra evidence is required that the risk controls are effective?*
Datix ID: xx.004	**Failure to achieve the data and digital transformation milestones which support safety improvements and financial controls**	Lead: Richard Wild for digital and informatics, John Middleton for information governance Board Committee responsible for oversight: D&I Committee	Initial rating tbc (Impact x Likelihood tbc) Current rating tbc (Impact x Likelihood tbc) Target rating tbc (Impact x Likelihood tbc)		
Changes since last update	22/11/2021				
Improving patient safety Creating a positive working culture Improving financial health	Risks of not optimizing digital technologies effectively Impact - Services do not transform efficiently - Patients fail to receive optimum care. - Safety can be compromised by failure to deliver right information at the right time to the right people. - Resources are not utilized in the most efficient and effective manner - Manx Care does not keep pace with technology used by partners and the wider health and social care system - Exposure to cyber security threats. - Development of Information Management & Technology Strategy has insufficient engagement from the wider organisation - Reputational damage from ICO involvement due to data governance breaches	Oversight and scrutiny of progress by the D&I Committee Delivery of IM&T Strategies as set out by DHSC and the Transformation Programme Working with Transformation Programme partners Engagement and compliance with best practice around the digital agenda Ensuring effective governance arrangements are in place for all Digital Transformation programmes e.g. Electronic Patient Record Project, Integrated Performance Report etc Where issues and risks are identified action plans are developed to address which are monitored at the appropriate group. Training programmes delivered as new technologies are deployed Utilisation of standard methodology for project management (PRINCE2) Quarterly reports to the Information Commissioners Office on IG compliance	NON Regular reports to D&I Committee and the Board INDEP - progress reports from the Transformation Programme INDEP Internal Audit audits of elements of the program (e.g. data quality) INDEP Completion of DSPT (data security and protection toolkit) INDEP External organisation penetration tests INDEP Feedback from the Information Commissioners Office	Very few of the controls are currently embedded due to work in progress listed below:- Roadmap and milestones for informatics transformation Sign off of shared service agreement with GTS with clear and agreed service standards Clear action plan for information governance with timely and deliverable objectives	Integrated Performance Report is under construction DHSC is developing its role as the regulator

Associated Finance Risks (ID)	5 - IT funding 8 - LIMS system
Associated Datix risks (ID)	99 - e-prescribing 359 - electronic risk system, datix 364 - information governance & security

Actions required to address any gaps in control or assurance

Action	Status	Progress	Due date	Owner
Roadmap and milestones for informatics transformation	*Referred to Digital & Informatics Committee with Year 1 priorities under discussion*			
Sign off of shared service agreement with GTS with clear and agreed service standards	*Referred to the Executive Team*			
Clear action plan for information governance with timely and deliverable objectives	*Action plan being reviewed by DPO and over seen by the D&I Committee*			
Integrated Performance Report is under construction	*Referred to the Digital & Informatics Committee*			
DHSC is developing its role as the regulator	*In development*			

Assurance level
Substantial
Limited
None

Change in assurance
⇔

Strategic priority	Risk *(to the delivery of the priority)*	Controls *(How will the risk be managed or controlled?)*	Assurance *What (and from what source) is the evidence that the risk controls are effective? INT - Internal assurance INDEP - Independent assurance*	Gaps in controls *What extra controls are needed to manage the risk?*	Gaps in assurance *What extra evidence is required that the risk controls are effective?*
Datix ID: xx.005	**Risk of a breakdown in stakeholder relationships impacting on the collaboration required to deliver safe, effective, timely and**	Lead: Teresa Cope, CEO Board Committee responsible for oversight: Board	Initial rating 5 x 4 = 20 (Impact x Likelihood tbc) Current rating 5 x 2 = 10 (Impact x Likelihood tbc) Target rating 1 x 5 = 5 (Impact x Likelihood tbc)		
	Changes since last update	16/11/2021			
Improving patient safety Creating a positive working culture Improving financial health	Risk of inter-relationships between Manx Care, the DHSC, the Transformation Programme, and other IoM departments developing in such a way that prevents the delivery of the Board's long term integration strategy. Impacts The Board is unable to continue to provide strong and robust clinical governance, to deliver care at a scale that can continue to deliver efficiencies, to build relationships across primary care and social care to facilitate integrated care, and influence the legislative agenda to support the pace of change and transformation for integrated care Risks to DHSC regulatory compliance, patient safety and effectiveness of patient outcomes, CIP trajectory Potential for reputational risk	Weekly 1:1 meetings between Manx Care CEO and DHSC CEO Quarterly meeting with Health & Care Partnerhsip Board Quarterly meeting with the DHSC Mandate Assurance Meeting Support for the Transformation Programme workstreams and close relationships between Manx Care exec leads and TP project leads Timely escalation of concerns or issues informally or via the provisions within the Mandate as necessary Adherence to the guidance *Working with Elected Members* supported by MCALS service Regular bi-lateral Tripartite development sessions with Transformation Programme and DHSC Monthly meetings of the Health & Care Transformation Programme Internal Manx Care Transformation Oversight Groups to ensure executive oversight on delivery of all schemes Shared Service Agreements (SSA) in place with all Government Depts	Minutes of Shared Service Agreement (SSA) Review Meeting Minutes of Health & Care Transformation Board Minutes of Transformation Oversight Group NON Minutes from H&C Partnership Board and Mandate Assurance meetings NON Progress reports from Transformation programme NON Board informal meetings with key stakeholders INDEP Reviews by regulators/stakeholders	Sign off of Shared Service Agreements (SSA) across various departments with agreed service standards	DHSC is developing its role as the Regulator MHK's adjusting to new arm length body

Associated Finance Risks (ID)	none
Associated Datix risks (ID)	none

Actions required to address any gaps in control or assurance

Action	Status	Progress	Due date	Owner
Sign off of Shared Service Agreement across various departments with clear and agreed service standards	*Referred to the Executive Team* *Communication and Dept of Infrastructure SSA outstanding* *Manx Care CEO progressing with relevant Dept CEOs*		31/12/21	TAC
DHSC is developing its role as the Regulator	*In development*			
MHK's adjusting to new arms length body	*Chair, NEDs and CEO developing relationships to supoprt MHKs*			

Assurance level
Substantial
Limited
None

Change in assurance
⇔

Strategic priority	Risk *(to the delivery of the priority)*	Controls *(How will the risk be managed or controlled?)*	Assurance *What (and from what source) is the evidence that the risk controls are effective? INT - Internal assurance INDEP - Independent assurance*	Gaps in controls *What extra controls are needed to manage the risk?*	Gaps in assurance *What extra evidence is required that the risk controls are effective?*
Datix ID: xx.006	**Failure to develop the estate infrastructure to support the integrated care strategy and improve standards of care for patients and**	Lead: Barbara Scott, Director of Infrastructure Board Committee responsible for oversight: FP&C Committee	Initial rating tbc (Impact x Likelihood tbc) Current rating tbc (Impact x Likelihood tbc)	Target rating tbc (Impact x Likelihood tbc)	
	Changes since last update				
Improving patient safety Creating a positive working culture Improving financial health	Risk to financial and operational performance due to the environmental impact of the estate on service delivery. Agreed maintenance – there are a wide range of standards which cover all of our properties and range from hot water temperature monitoring in every property, to specialist ventilation systems covering theatres. Capital Programme – essentially the majority of all Capital work sits within a joint remit of Director of Infrastucture and DOI Projects. The capital funding sits within Treasury and is drawn down throughout the time of the project. Minor capital projects – DOI Estates bid for and hold the budget for all minor capital projects. General agreement with DOI for the priorities for the future, however, this is a risk that the DOI changes priority and they hold the decision making by holding all of the budget. Impact Additional costs of maintaining the estate and infrastructure Poor patient and service user outcoomes Inability to achieve environmental sustainability goals e.g. carbon footprint Risks to DHSC regulatory compliance (Mandate), patient safety and effectiveness of patient outcomes, CIP trajectory Potential for reputational risk	Director of Infrastructure to monitor any delays in the maintenance delivery and agree how improvments will be made in adherence to timeframes etc. Any deviations/fluctuations are notified to Treasury to ensure any changes to projected budget use are identified at an early stage. Non-Clinical Quality Group established to oversee performance standards. Report and oversight to FP&C Committee. Director of Infrastructure establishing the forthcoming years projects. Estates to accept the projects the Director of Infrastructure deems a priority. Fortnightly meetings with DOI Estates to discuss progress on projects and any actions needed to deliver the project on time and budget. Monthly meetings with the DOI Estates Senior Management team to ensure compliance with monitoring standards. Director of Infrastructure Chair the monthly Capital Programme Review which is attended by several members of Manx care and also the Senior Team from DOI Projects. All issued are reviewed and dealt with by the Non Clinical Quality Group including all Fire Risk assessments across the whole of Manx Care.	Colleagues within DOI Estates will assist to identify any issues causing concern. Working in partnership with DOI to deliver the capital projects with a value over £250,000. Each project has a clear delivery plan which is managed closely between ManxCare and DOI. Quarterly reports received from Capital Programme Review Meetings which includes the monitoring of all project compliance in timeliness and funding, identifying any deviations to Treasury to ensure expenditure is made as planned in the Pink Book.	Sign off of shared service agreements across various departments with agreed service standards	

Associated Finance Risks (ID)	tbc
Associated Datix risks (ID)	tbc

Actions required to address any gaps in control or assurance

Action	Status	Progress	Due date	Owner
Sign off of shared service agreement across various departments with clear and agreed service standards	*Referred to the Executive Team* *In development* *Chair, NEDs and CEO developing relationships to supoprt MHK's*			

Assurance level
Sunstantial
Limited
None

Change in assurance

Strategic priority	Risk *(to the delivery of the priority)*	Controls *(How will the risk be managed or controlled?)*	Assurance *What (and from what source) is the evidence that the risk controls are effective? INT - Internal assurance INDEP - Independent assurance*	Gaps in controls *What extra controls are needed to manage the risk?*	Gaps in assurance *What extra evidence is required that the risk controls are effective?*
Datix ID: N/A, risk ref CF10	**Failure to protect young vulnerable people from the risk of criminal and sexual exploitation**	Lead: Sally Shaw Board Committee responsible for oversight: QSE Committee	Initial rating: Impact x Likelihood Current rating: Impact x Likelihood	Target rating: Impact x Likelihood	
Changes since last update	Initial Review 12/11/2021				
Failure to protect young vulnerable children from the risk of criminal and sexual exploitation	An increase in criminal exploitation was identified as a result of border closures. To date a number of young people have been identified as medium to high risk of exploitation. To date drugs seized amongst young people is in excess of £190,000 and it was anticipated that the risk to these young people will increase as the borders opened and associated UK gangs sought recompense. There are multi agency vulnerabilities in lack of joint safeguarding procedures, resources, expertise and legislative powers.	A multi agency response is in place using the Complex Abuse procedures (in the absence of multi agency procedures for exploitation). Regular meetings take place operationally and strategically to map young people/potential perpetrators. Teams have bi-weekly meetings to discuss all medium and high risk LAC. Also utilising existing resource from Supporting Families Team to support interventions with these young people.	Regular multi agency meetings are taking place to review key young people, resources and risk. The Police have established a border strategy and criminal exploitation formed part of this. Op Strongbox resulted in 46 arrests. Young people remain vulnerable, the associated risk needs to remain sighted at all levels. The Safeguarding Board have been instrumental in the development of Vulnerable Adults & Young People process/flowchart, which will be vital in enabling agencies to identify support and provide intervention for our most vulnerable young people.		

Associated Finance Risks (ID)	
Associated Datix risks (ID)	

Actions required to address any gaps in control or assurance

Action	Status	Progress	Due date	Owner

Assurance level
Substantial
Limited
None

Change in assurance

Full	• The controls in place adequately address the risks to the successful achievement of objectives; and, • The controls tested are operating effectively.
Substantial	• The controls in place do not adequately address one or more risks to the successful achievement of objectives; and / or, • One or more controls tested are not operating effectively, resulting in unnecessary exposure to risk.
Limited	• The controls in place do not adequately address multiple significant risks to the successful achievement of objectives; and / or, • A number of controls tested are not operating effectively, resulting in exposure to a high level of risk.
No assurance	• The controls in place do not adequately address several significant risks leaving the system open to significant error or abuse; and / or, • The controls tested are wholly ineffective, resulting in an unacceptably high level of risk to the successful achievement of objectives.

manx care Kiarail Vannin	SUMMARY REPORT	Meeting Date:	25.01.22
		Item Number:	6.22

Meeting:			
Report Title:	**Governance Development Roadmap**		
Authors:	Paul Linehan		
Accountable Director:	Paul Moore		
Other meetings presented to or previously agreed at:	**Committee**	**Date Reviewed**	**Key Points/ Recommendation from that Committee**
	ELT	9 November 2021 14 December 2021 19 January 2021	Agreement and support for CQC Improvement Programme. Received key work-stream progress reports for December 2021 and January 2022.

Summary of key points in report

1. This report provides a summary of the scope of the Governance Development Road Map programme including:
   a) The 10 improvement work-streams objectives and outcomes
   b) The duration of the Governance Development Roadmap Improvement Programme (12 months)
   c) Acknowledgement that the Governance Roadmap Improvement Programme does not attempt to address and resolve all the matters highlighted by the Executive since the formation of Manx Care, rather it attempts to prioritise interventions that are proportional to the anticipated risk to a successful CQC outcome for Manx Care (aligned to high-impact issues of the CQC's inspection model and '*Key Lines of Enquiry' (*KLOEs)
   d) Development of a post-implementation plan in due course to help Manx Care move forward and also respond to any concerns or recommendations made by CQC to Manx Care
   e)
2. Summary, month 2 update report on the progress and status (including risk) of each of the 10 key work-streams

Recommendation for the Committee to consider:

Consider for Action		Approval		Assurance	X	Information	

This report provides an overview of the 10 high impact improvement work-streams being undertaken in preparation for CQC inspection. This paper also includes the Month 2 update report which summarises the current status of control/risk for each of the 10 work-stream.

Is this report relevant to compliance with any key standards? YES OR NO	State specific standard
Data Security and	No

Protection Toolkit		
Others (pls specify)		

Impacts and Implications?	**YES or NO**	**If yes, what impact or implication**
Patient Safety and Experience		
Financial (revenue & capital)		
Workforce & Culture including H&S		
Equality, Diversity & Inclusion		
Legal		

Title	**Name of Report**

Section 1: Analysis and supporting detail

The CQC inspection model utilises *key Lines of enquiry* (KLOEs) to make judgements on the safety of patients; the effectiveness of services; and the quality of leadership within the organisation. The Governance Development Roadmap focusses primarily on clinical governance risks as these have been identified as the areas of highest jeopardy for the organisation. The improvement programme not attempt to address and resolve all the matters highlighted by the Executive since the formation of Manx Care as this would not be possible within the available 12 month timeframe, but has instead prioritised interventions that are proportional to the anticipated risk to a successful CQC outcome for Manx Care.

In order for CQC to view Manx Care as a safe and competent provider of health and social care services it is of critical importance that we can demonstrate that we are well-Led and operate within a controlled and integrated governance model that is informed and assured by regular evidenced based quality and performance monitoring; and reporting (Quality Dashboard). The CQC Well-led domain requires organisations to have established an operationally effective corporate governance structure supported by a comprehensive suite of organisational policies and procedures providing ward-to-board assurance and the effective identification and mitigation of risks.

As a regulator the CQC inspectors will review and assess how responsive Manx Care is in the provision of services focussing on patient access; community engagement; and in how well we respond to patient concerns when thing go wrong. They will also review and assess the way we work with patients and families to assess whether we uphold and live our caring values in practice.

The 10 improvement work-streams in the Roadmap have been chosen as they are all high-impact areas for the CQC when undertaking regulatory review of health and social care providers.

Section 2: Risks

- WS 2 - Risk Management Process is currently rated as *'At Risk'* as there is no specialist risk management resource available in Manx Care
- WS 7 - Workforce Safeguards (WF Plan, Mandatory Training) is currently rated as *'At Risk'* due to significant and ongoing challenges in obtaining reliable data from existing systems for staff training (Mandatory and role specific). Assurance on staff competencies is critically important for CQC in making judgments on patient safety. In addition, further work in the *'safe staffing domain'* needs to be resourced and undertaken to gain assurance on appropriate nursing establishment.
  Financial support for additional capacity to address these requirements is being actively sought via the Cabinet Office Transformation Team
- WS 8 - Clinical policies and procedures is currently rated as *(Off-Track, but recoverable)*
- WS 10 - CQC Readiness procedures is currently rated as *(Off-Track, but recoverable)*

Section 3: Assurance *(please complete as far as is possible)*

- WS 1 - Establish Manx Care Governance Support Unit is currently rated as (On-Track)
- WS 3 - Quality Dashboard is currently rated as (On-Track)
- WS 4 - Operational Clinical Governance Group (OCGG) is currently rated as (On-Track)
- WS 5 - Complaints handling is currently rated as (On-Track)
- WS 6 - Service User Experience is currently rated as (On-Track)
- WS 9 - Mortality review and Learning from Deaths (LFD) is currently rated as (On-Track)

Section 4: Implications *(please complete as far as is possible)*

Strategic Aims

The stated objectives and outcomes associated with the CQC Improvement Programme support delivery of high quality, safe and effective services for our patients

Equalities, diversity and inclusion

No equality, diversity and inclusion impacts have been identified.

Culture and People

Implementation of a single shared governance framework across Manx Care helps our staff in the cultural buy-in to a single system-wide health and care provider.

Integration

The development of integrated systems of governance support the development of Manx Care as an Isle of Man integrated care system.

Financial

The CQC powers of enforcement including not apply in the Isle of Man and therefore there are no financial penalties or risks.

Compliance - Legal/Regulatory

There are no legal or regulatory implications relating to the CQC Improvement Programme (10 Point Roadmap)

Section 5: List of Appendices

Appendix 1 – CQC Improvement Programme (10 Point Roadmap); is an overview of the improvement programme setting out the work-stream objectives and outcomes.

Appendix 2 – CQC Improvement Programme (10 Point Roadmap) ELT January 2022 Update Report (report number 2) is a summary of the current assurance status of each of the 10 improvement programme work-streams.

Appendix 1 – CQC Improvement Programme (10 point Roadmap)

Manx Care

Quality Governance Development

Year 1: 12-months to November 2022

Purpose: To build a solid foundation for quality control, assurance and accountability at Manx Care

Goals:

(1) CQC report (secondary care) demonstrates Manx Care has the fundamentals of quality governance in place and is operating

(2) On behalf of the Board of Directors, the Quality, Safety & Experience Committee can demonstrate robust scrutiny and challenge of assurances for all regulated activities regulations as they apply to Manx Care – completing the first full cycle of business by the end of October 2022.

(3) Quality Dashboard gives 13-month time-series data, is reliable and used by Care Groups, Executive Team and assurance committees to evaluate quality of care provided

(4) Formation of Governance Support Unit to integrate corporate approach and in-house governance teams to clinical governance

(5) There is consensus on the risks to quality, safety and experience and, in addition, each member of the Board can articulate how those risks are being mitigated

Content – Year 1

1. Establish Manx Care Governance Support Unit
2. Risk Management Process
3. Quality Dashboard
4. Operational Clinical Governance Group
5. Complaints handling
6. Service User Experience
7. Workforce Safeguards (WF Plan, Mandatory Training)
8. Clinical policies and procedures
9. Mortality review and Learning from Deaths
10. CQC Readiness

1. Establish Governance Support Unit

- One governance team for Manx Care - under the management of a single lead by November 2022
- Unified policies, procedures and practices across all sectors of Manx Care to deliver better clinical governance
- Establish role of Risk Manager for Manx Care

This will:

- Extract better value for existing resources by eliminating duplication, standardising practices and reporting procedures
- Breakdown traditional boundaries that have defined their remit until now and disrupt normalisation
- Instill ownership and control over data sets, data quality, data reporting and presentation
- Enable accountability for governance practices and approach
- Enable a shift towards proactive governance practices – looking for trouble ahead, rather than reacting to it
- Become a ‘guard dog that barks’

2. Incident & Risk Management Processes

- Focus on capture, decision, investigation, review and reporting of serious incidents to Exec Team – adopt NHSE SI framework
- 95% or more serious incident investigations are concluded within 60 working days by November 2022
- Assure the delivery of serious incident actions
- **Project Datix** ™ - extract value from this system
- Develop Risk Management Strategy and Policy for Manx Care
- Introduce six-point process for risk management at Manx Care and hold people to it
- Standardise risk management terms, grading tool, understanding of control and what assurance is needed
- Reliable risk registers (upon which judgements can be made) in use at Care Group, Exec, Committee and Board levels
- Prioritise the Board's assurance needs based on risk

This will:

- Speed up responsiveness to serious incidents and assure learning takes place
- Enable the Board to describe the risks facing Manx Care
- Enable Manx Care to become more proactive in mitigating risk, and responsive and proportional to new or emergent threats
- Support effective accountability at all levels in Manx Care
- Demonstrate progress in the well-led domain of CQC inspection
- Demonstrate the Board keeps risk under prudent control by: (i) being totally focused on those risks that matter; and (ii) can demonstrate competence in dealing with them

3. Quality Dashboard

- Build a standardised Quality Dashboard framed by the CQC's Key Lines of Enquiry (KLOE)
- Replicated at Care Group level
- Combination of Leading, Lagging and Predictive indicators used to evaluate quality of care
- 13-month time-series data, clear trajectories for compliance or improvement set, and capacity to use SPC incorporated on selected measures (where appropriate)
- Pay attention to Falls, Pressure Ulcers, VTE, Sepsis 6, MUST
- Data subsets can provide ward to Board visibility on selected indicators

This will:

- Help the Board to evaluate quality of care and improvement/deterioration over time
- Help the Board to better anticipate risks to the quality of care provided by Manx Care
- Enable better oversight and accountability at Care Group Level for quality of care provided by Care Groups
- Enable the Board and senior leaders to demonstrate to CQC the standard of care provided and how they intend to improve it
- Allow a meaningful evaluation of quality at the point of CQC inspection

4. Operational Clinical Governance Group

- Co-Chaired by Executive Director of Nursing and Medical Director to provide strong clinical leadership
- Build and follow a cycle of business focusing on CQC KLOE and Regulated Activities Regulations (as they apply to Manx Care)
- Standaridise assurance reports and action plans
- Hold Care Groups to account and examine Care Group intentions/actions accordingly
- Deliver in-depth oversight of quality at Care Group Level
- Generate assurances and improvement plans which feed Quality, Safety & Experience Committee on behalf of the Board of Directors
- Flush out gaps in control and assurance

This will:

- Enable the CEO and Board to have oversight of quality of care provided and anticipate risk
- Enable the CEO and Board to express when the level of risk exceeds the Board's appetite for taking risk
- Accelerate the maturity of assurance reporting and accountability
- Ensure action is taken and monitored where problems are found
- Build a narrative on the standard of care
- Generate the evidence needed to indicate progress in the CQC inspection

5. Complaints Handling

- Build an effective and reliable end-to-end complaints handling process
- Establish KPIs for complaints responsiveness and outcomes
- Achieve complaint handling responsiveness at agreed thresholds – such as 95% or more *acknowledged within 3 working days*; 95% or more *written replies by CEO or Deputy within 20 working days* (unless otherwise agreed with complainant)
- Codify complaint themes and link to organisation values to illuminate risk

This will:

- Make Manx Care much more responsive to complaints about care
- Ensure action is taken and monitored where problems are found
- Generate the evidence needed to indicate progress in the CQC inspection

6. Service User Experience

- Codify complaint themes and link to organisational values to illuminate risk
- Integrate MCALS, Complaints and Patient Experience to form a Service User Experience Team
- Source patient stories that can help senior leaders and the Board understand experience of care
- Establish mechanism for real-time sensing of service user satisfaction

This will:

- Help the CEO and Board understand what service users are not happy with and why
- Enable the CEO and Board to understand what organisational values are at risk and why
- Help build a narrative on service user experience (alongside satisfaction tests and compliments)
- Generate the evidence needed to indicate progress in the CQC inspection

7. Workforce Safeguards

- Acuity and dependency analysis for all acute medical, surgical wards and Martin Ward
- Use of dependency assessment where appropriate tools exist (Birthrate+, Mental Health etc.)
- Establishments reviewed, updated and uplift applied consistently
- Build dashboard to monitor at ward level – CHPPD, Fill Rates, Vacancy, Sickness
- Deliver training to ward managers and relevant clinical leaders on effective Rota planning and leave management
- Develop and agree 'staffing tipping points' – trigger measures that indicate an unsafe situation requiring professional judgement and action
- Reduce total number of days for end-to-end recruitment by 30% or more
- Double pre-registration adult and mental health trainees in 2022 compared to 2021 intake
- Develop and agree core mandatory training subjects applicable to ALL MEMBERS of STAFF
- Achieve at least 80% completion in all core subjects for every employed person at Manx Care

This will:

- Better align staff to patient need
- Stabilise rotas and give more visibility to risks
- Provide more staffing resilience to operational teams
- Support maximum operating capacity safely
- Demonstrate leadership ahead of CQC inspection – mandatory training in the well-led domain
- Help offset anticipated shortfalls resulting from the combined effects of retirement and pre-registration intake

8. Clinical Policies and Procedures

- Verify the existence and currency of clinical policies and procedures
- Develop a workable Policy on Policies (POP)
- Build trajectory for review and updating and Prioritise
- Extend review dates where applicable and advised (i.e. no immediate changes necessary)
- Develop staff access to policies and procedures online

This will:

- Support clinical control of care provided
- Help Standardise practices
- Focus on what's important for Manx Care in terms of achieving organisational goals and objectives
- Be a pragmatic interim step on a longer-term project

9. Mortality Review and Learning From Deaths

- Introduce mortality review tool
- Consultant-led review at least 80% of deaths within 1 month of death by November 2022
- Codify avoidable factors
- Introduce benchmarking for mortality
- Develop and implement improvement plan

This will:

- Drive clinical improvement
- Engage front line clinicians in learning and quality improvement activities
- Give the Board of Directors assurance on volume of reviews and any avoidable factors including how they can be mitigated for service users
- Encourage and enable a more forensic examination of quality of care

10. CQC Readiness

- Engage stakeholders and staff
- Complete and submit CQC PIR
- Prepare all Care Groups, senior leaders and the Board of Directors for inspection by April 2022

This will:

- Enhance inspection readiness
- Ensure CQC receive information Manx Care has confidence in
- Ensure probity, transparency and honesty
- Manage inspection anxiety

Appendix 2.

Update 2 . Quality Governance Development Roadmap (19 January 2022)

1. Establish Manx Care Governance Support Unit
2. Risk Management Process
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Update 2. Quality Governance Development Roadmap (19 January 2022)

Workstream	Progress Report	Status	Delivery Risk rating
WS 1. Establish Manx Care Governance Support Unit	• Initial staff meetings held (2nd staff meeting completed) • Staff feedback generally positive • Developing integrated GSU structure including revised JDs for consultation • HR support for formal staff consultation scheduled for January 2022 • In principle agreement to co-locate restructured Governance Support Unit (GSU) staff in same location	**On Track** • All resources in place	High Confidence of delivering work-stream
WS 2. Risk Management Process	• Board Assurance Framework (BAF) requires review and revision as current risks, and mitigations are not appropriately represented (engage on development with Board secretary w/c 17 January • Corporate risk register is not aligned with Care Group (CG) risk and risk registers and requires review and amendment • CG risk registers are inadequate and not always up-to-date. Also, definition of risks is vague, and mitigations are weak. • Actively sourcing via cabinet office Transformation Team a qualified risk manager (initially interim/contractor)	**At Risk** • Currently no plans in place to source qualified Risk Manager • Corporate risk register does not include sufficient details on controls; rating of controls effectiveness; and cross-mapping of controls to risks • HR and Workforce systems make it very difficult to acquire accurate data for the Dashboard	Progress has been made from last month's position. Full/on-time delivery of all work stream objectives remain at risk due to uncertainty in resourcing/appointing a Risk Manager

WS 1.	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22
WS 2.	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22

Update 2. Quality Governance Development Roadmap (19 January 2022)

Workstream	Progress Report	Status	Delivery Risk rating
WS 3. Quality Dashboard	• Key quality metrics defined and included in QD • Ongoing work with BI team on developing auto-population of quality metrics direct IT systems Datix/Medway etc. • High levels of manual data population (Higher than 70%) of dashboard metrics increases risk of error • Currently vast majority of metrics (90/100) are manual collected/collated • Target for February Quality Report to be 50% auto populated (collected/collated directly from IT systems)	**On Track** • Some concerns that it will not be possible to extract all the data required from IT systems • Existing HR and Workforce information systems are difficult to interrogate and thus challenging to acquire accurate data for the Dashboard	Moderate confidence of delivering work-stream
WS 4. Operational Clinical Governance Group (OCGG)	• Clear programme of work for 2022/23 established and on-track • GSU team are providing pre-populated data extracts to CG requiring CG team to provide only narrative reporting on performance (Assurance/Variance) • Implementation of MD/CN co-chairing arrangements	**On Track** • Some concerns that it will not be possible to extract data from IT systems • HR and Workforce systems make it very difficult to acquire accurate data for the Dashboard	Moderate confidence of delivering work-stream

WS 3	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22
WS 4	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22

Update 3. Quality Governance Development Roadmap (19 January 2022)

Workstream	Progress Report	Status	Delivery Risk rating
WS 5. Complaints handling	• Compiled initial complaints handling performance reports by CGs • Focused improvement plan for CG with poor levels of performance (ongoing) • Developing complaints tracker that will be reviewed at weekly SIRG meeting • Implementing process for CE (MD & CN in absence of the CE) sign-off of all complaints commencing 1 February 2022 • Setting standard that all new complaints received from 1 February 2022 will be responded too within the 28-day standard	**On Track** • Concerns complaints not seen as important/priority by some CGs • CQC will equate poor complaints performance to shortfalls in the leadership of the organization • December complaints performance was highest level of compliance ever achieved	High confidence of delivering work-stream
WS 6. Service User Experience	• MCALS established and operational (Pilot) • Ongoing challenge to acquire real-time patient experience feedback • Investigating feasibility of using text messaging for instant patient feedback	**On Track** • Patient experience feedback and evidence of acting on this information is a critical issue for CQC • Early stage in development of full range of patient experience systems	Moderate confidence of delivering work-stream

WS 5.	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22

WS 6.	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22

Update 2. Quality Governance Development Roadmap (19 January 2022)

Workstream	Progress Report	Status	Delivery Risk rating
WS 7. Workforce Safeguards (WF Plan, Mandatory Training)	• Workforce metrics CQC will expect to see the Board routinely using are lacking data quality/completeness or are non-existent (appraisal, mandatory training, induction, vacancy position, CHPPD, clinical supervision etc.) and need to be developedPlans in place for formal staff establishment review every 6 months • Actively seeking funding from cabinet Transformation Team resources to appointing a subject matter expert/project manager to develop and implement system improvements to support key functions including: • No training needs analysis informing training provision • No existing systems in place to provide and oversee role specific training • Project support sought from DHSC transformation team (WIP)	**<u>At Risk – Complex/Wide Scope WS</u>** • Workforce metrics extremely limited or non-existent (appraisal, mandatory training, induction, vacancy position, CHPPD, clinical supervision etc.) • Training data inadequate for monitoring and reporting on staff competencies • The governance systems for staff competencies are weak/unreliable • Uncertainty in securing funding for appointment of a specialist workforce project manager to build the systems is a significant risk to achievement of this wide-ranging work stream	Progress has been on from last month's position. Full/on-time delivery of all work stream objectives at significant risk Low confidence of delivering against all work-stream objectives

WS 7.	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22

Update 2 . Quality Governance Development Roadmap (19 January 2022)

Workstream	Progress Report	Status	Delivery Risk rating
WS 8. Clinical policies and procedures	• The total number of clinical policies, SOPs and procedural documents requiring review/revision/deletion is 1841 • Agreed prioritisation process for Policy review: • Review and deletion of duplicate policies must be undertaken (priority) • Policy review process includes a fit for purpose evaluation • Policy review process includes renaming & branding existing policies under Manx Care • Develop a single policy repository as an interim measure prior to using the integrated Policy repository available in Datix web once commissioned. • MC Risk Management & and Health Safety Policies nearing completion	**Off Track - (Recoverable)** • Scale and volume of work will require additional resourcing • Policy repositories not controlled by MC • Search function for policies is inadequate/does not always find policies etc.. • Existence of two repositories will be considered high risk by CQC • Policies not in MC name wll be considered inadequate by CQC	Progress/improvements made from last month's position. Moderate (but improving) confidence of delivering work-stream.

WS 8.	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22

Update 2. Quality Governance Development Roadmap (19 January 2022)

Workstream	Progress Report	Status	Delivery Risk rating
WS 9. Mortality review and Learning from Deaths (LFD)	• MC mortality reviews have recommenced with all CGs undertaking LFD reviews by 1 • February 2022 • Reporting through MC OQG/QSG on LFD will commence from march 2022 • Implementing of interim MC administered governance system to support LFD data capture for monitoring and reporting • Awaiting received for purchase of Datix web that includes the mortality system	**On Track** • There is a plan in place for the establishment of an MC administrated LFD process at time of writing • The MD is converting Consultant PAs to resource a Medical Medical Examiner role in MC • Currently it is unclear how a MC administered LFD process would provide end-to-end governance, monitoring and reporting of LFD performance • CQC view LFD as a critical patient function and would expect MC to be undertaking 80% of LFD reviews within 4 weeks of patient death	Significant improvements made from last month's position. Moderate confidence of delivering work-stream

WS 9.	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22

Workstream	Progress Report	Status	Delivery Risk rating
WS 10. CQC Readiness	• Work-stream 10 is highly dependent on performance of work-streams 1 to 9 • Commencing in September 2022 Staff will be prepared for the CQC inspection through Town Hall meetings; Cg and team level briefings; Leadership team briefings; and 1-1 coaching . • The support provided will facility a common understanding of MC position on regulated activities and promote common narratives '*all staff singing from the same hymn sheet'.* • Staff will feel confident to respond to direct questions and know how to deal with questions where there is a shortfall in our performance or where they know the answer. T • Staff will understand how to manage information requests from the CQC inspectors	**Off Track - (Recoverable)** • Work-streams 2,7,8 and 9 are rated red (at risk) and work-stream 6 is rated amber off track. • The staff coaching phase of work-stream 10 is deliverable using tried and tested models	Progress/improvements made from last month's position. Moderate (but improving) confidence of delivering work-stream.

WS 10	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22

Chair's Report Manx Care Board Meeting in Public

25 January 2022

Public Meetings

This is our fourth public Board meeting and, I hope, the last with significant Covid restrictions. We are aware that many people watch the broadcast of the meeting, either live or at a time to suit them and this can certainly continue but would like to also offer the opportunity for direct attendance. We continue to promote accountability and engagement and are planning to hold an Annual Public Meeting in the Spring to create more time and opportunity to showcase what Manx Care does and to listen to public views.

Vanessa Walker

I would like to pay tribute on behalf of Manx Care to our Non-Executive Director, Vanessa Walker who sadly passed away on 15 January. As a Non-Executive Director she was a remarkable find bringing so many different skills and perspectives to the Board. First and foremost she was a nurse, with that caring profession at the centre of everything she did. But she had also worked in Local Government, specialising in governance and organisational culture, in the Isle of Man Civil Service leading the Management Advisory Service and as an elected Councillor in East Yorkshire, chairing the Health and Wellbeing Board. All of these great attributes were backed up by a strong academic record. Vanessa had an MBA in HR and OD, an MSC in practitioner research, a BA in Social Policy and of course, all her many nursing qualifications. Apart from this very impressive career, she was deeply and personally wedded to the Isle Of Man with a house and family on the Island as well as her many years working here. So we got at least six people in Vanessa for the price of one.

But perhaps more than all these achievements was the value of Vanessa as a person exuding warmth, wisdom, good will and a wicked sense of humour. She was also very brave and despite serious illness continued to play a full role in Manx Care. At a time when many people would shrink into themselves, Vanessa chose to travel, visit new places and thoroughly enjoy every day available to her. The Board has lost a great servant, the Island has lost a great friend and we have all lost a great person.

Island visits

This is my 11th visit and I'm very happy to be able to see so many of the important locations and meet people face to face. Since the last Public Board meeting I have visited mortuary staff, virtually met with Care Group Leads and Hospital Consultants, and participated in extensive discussions with the Primary Care Network.

Andrew Foster 19 January 2022

CEO Report

Section 1: Purpose and Introduction

Background

1.1 This report updates the Manx Care Board on activities undertaken by the Chief Executive Officer and draws the Board's attention to any issues of significance or interest.

The report is accompanied by the CEO Horizon Scan which provide a summary of key activities in each of the Manx Care Operational Care Groups, Corporate Departments, the Department and Health and Social Care (DHSC), wider Isle of Man Government and UK Health and Care Services. The Horizon Scan will be prepared monthly led by the CEO and forms part of the communication cascade across the organisation.

Section 2: Operational Updates

2.1 Covid-19 Update

During January, the number of Covid positive cases within the community has been increasing and as of 18th January there were 1106 active cases on the Island and within Nobles Hospital there were 10 individuals were in hospital.

At the end of December, in response to a spike in community cases leading to high staff absence rates due to covid and an increase in hospital admission with covids, the Executive Team took the decision to temporarily implement virtual outpatient appointments for all appropriate patients and to implement some additional visiting restrictions across all health and care setting. This allowed for out-patient staff to be redeployed to the support safe staffing on in-patient wards areas. During this period approximately 1100 outpatients were converted to telephone appointments. From 17th January, face to face appointments have resumed and visitor restrictions have been relaxed.

The organisation continues to manage our covid response through regular bronze command meetings and Manx Care is now a member of the National Covid Response Group (NCRG).

2.2 Feedback and Escalations from Executive Management Committee (EMC)

The EMC was held on the 23rd December 2021. The EMC took the opportunity to review final service delivery and staffing plans for the Christmas and New Year period. There were no matters for escalation to the Manx Care Board from EMC.

2.3 Vaccination Update

Following the announcement by the UK Prime Minister on the 13th December that the Covid-19 booster programme was being significantly accelerated so that everyone who wanted a booster would be able to receive one by the end of December, a similar plan to accelerate the local booster

programme was put into place. This involved a significant redeployment of staff to the programme (to 20 registered healthcare practitioners to vaccinate, 15 administrative staff and 8 Healthcare Assistants per session) as well as an increase in opening hours from 9am – 6pm Monday through Saturday. In addition the clinics also invited walk ins as well as booked appointments. Initial uptake of the first walk in session on Saturday 18th December was incredible with almost 1000 people queuing throughout the morning in order to be boosted, many of whom also elected to receive their flu jab as well. The following week also saw large numbers of people choosing to take up the booster with 2441 jabs administered on Monday 20th, 2427 on Tuesday 21st and 2014 on Wednesday 22nd December. Walk in clinics also took place on the 23rd and 24th December however uptake was low, so the decision was made to open these up to anyone 12+ who wished to have a first or second Covid-19 vaccination.

Since Christmas, uptake of the booster vaccine has slowed significantly despite having the capacity to delivery 2000+ vaccines per day so redeployed staff have since been returned to their substantive positions and opening hours have been altered in order to match demand. Sessions during w/c 17th January are scheduled to be open during the afternoon and evening in order to capture people who may not be able to attend the vaccine hub due to their working pattern and the following week the vaccine team will offer three pop up sessions in University College IOM, Ramsey & District Cottage Hospital and Thie Rosien (Port Erin) in order to offer a more locally delivered option. In addition work is ongoing to set up a mobile vaccination centre which will be able to travel to more isolated communities to offer a very local service – locations of the mobile service will be driven by uptake data from Medway which is subdivided by postcode.

In addition to the booster programme, there is the requirement to offer a full course (two doses) of Pfizer vaccine to 5-11 year olds who are either at risk or live with someone who is immunosuppressed. Lists of children who fit in the clinically vulnerable criteria have been drawn up by the Paediatric team and comms will go out w/c 17th January to request that parents of children who live with someone who is immunosuppressed register their interest for their child to receive a vaccine. The first dose vaccine clinic will take place on the 12th and 13th of February in the Greenfield Park building and will be administered by the Children's Community Nursing Team, Health Visiting/School Nursing Team, Children's Long Term Conditions Coordinator and supported by the Chester St vaccinator and admin team.

2.4 **111 Service**

On the 1st January 2022, the Covid-111 service transferred from the Cabinet Office to Manx Care as part of the programme to scale down Covid-19 operational services run by central government.

Although the executive team have been supportive of the transfer for some time, as it means that the swabbing, vaccinations and 111 team were within the same organisation which would allow operational synergies to be developed, the transfer has been delayed for several months beyond the original planned transfer date. The reasons for the delay were as follows:

- Securing of 12 months funding for 22-23 to see the service continuing to operate throughout the new financial year
- Clarification on continued extensions of staff who have been redeployed from other areas of government into the service
- Completion of Information Governance work in order that new data sharing agreements between Manx Care and other government agencies were finalised

Following this period of due diligence, the transfer on the 1st January was agreed along with some operational changes in order to match staffed capacity with demand, namely a new closing time of 6pm (was 8pm) and an amended staffing model to reflect the new working hours.

Following the transfer, the Covid Pass Resolution Team moved under the management of the 111 service (from Noble's Clinical Admin) and work is ongoing to further automate the booking of vaccinations and PCR swabs.

2.5 **Care Group Performance and Accountability Reviews**

The Executive Team held Performance and Accountability Reviews with each of the Care Groups on 18th January. The Executive agreed Key Lines of Enquiry (KLOEs) for each of the Care Groups which are shown at Appendix 1.

Section 3: Communication and Engagement

3.1 There continues to be a significant interest in Manx Care from the public, with high level of media enquiries across the last month and a high level of proactive media activity to complement this. This was particularly significant between the Christmas/New Year period and early 2022 given the cessation of hospital visiting and the switch to virtual appointments as a result of the increased spread of Covid-19 on the Island. Again, this isn't a situation unique to Manx Care, with similar situations being experienced across NHS Trusts in the UK, a point that's important to note.

Across the last month there has been an increase in signposting members of the public to Manx Care's broad range of services, to try and ensure that members of the public are aware of these and that they choose to use the service that's most appropriate for their clinical needs. This included signposting the range of mental health support available across the festive period. Manx Care continues to focus on the provision of responses that educate the public about reasons for issues arising rather than a sole focus on the solution.

Internally, resource continues to focus around the provision of Executive-level support, maintenance of the BAU operating rhythm around internal communication and colleague engagement, and project communication. Given the significant crossover between internal communication and internal culture, the Communications team will be reviewing opportunities to contribute to the workforce development activity moving forward.

Teresa Cope,
Chief Executive
18th January 2022

Key Lines of Enquiry (KLOEs)

Care Group Performance and Accountability Reviews

(18th January 2022)

Care Group	KLOEs
Ambulance, ED and Medicine	• Confirm FOT financial position and Care Group to describe actions taken in Q4 to control expenditure • Top 5 Care Group Risks • Evening and Overnight performance in ED (Breach analysis and what steps are the Care Group taking to Improve ED performance during this period. • Initial plans to improve resilience and performance of the ambulance service including both workforce and workload management • Update on safe nurse staffing of medical wards • Update on complaints handling (to include number under investigation and trajectory for closure, longest open complaint and reasons, and key learning)
Surgery, Anaesthetics and Critical Care	• Confirm FOT financial position and Care Group to describe actions taken in Q4 to control expenditure • Top 5 Care Group Risks • Theatre Improvement – next phase of the Programme Action Plan and progress • Update on clinical validation of waiting lists • Update on complaints handling (to include number under investigation and trajectory for closure, longest open complaint and reasons, and key learning)
Integrated Cancer and Diagnostics	• Confirm FOT financial position and Care Group to describe actions taken in Q4 to control expenditure • Top 5 Care Group Risks

	• Review of Nuclear Medicine service – Update • Update on complaints handling (to include number under investigation and trajectory for closure, longest open complaint and reasons, and key learning) • Update on Pharmacy restructure and stabilisation of workforce • Pharmacy CIP Delivery Update
Integrated Womens, Children's and Family Services	• Confirm FOT financial position and Care Group to describe actions taken in Q4 to control expenditure • Top 5 Care Group Risks • Ockenden Update • Update on Sexual Health Service / Strategy • Update on recruitment and job planning of Consultants within both Paediatrics and Ob/Gyn • Update on complaints handling (to include number under investigation and trajectory for closure, longest open complaint and reasons, and key learning)
Integrated Mental Health Services	• Confirm FOT financial position and Care Group to describe actions taken in Q4 to control expenditure • Top 5 Care Group Risks • Update CAMHS Improvement Programme • Recovery College plans for Spring 2022. • Update on complaints handling (to include number under investigation and trajectory for closure, longest open complaint and reasons, and key learning)
Primary Care and Community Services	• Confirm FOT financial position and Care Group to describe actions taken in Q4 to control expenditure • Top 5 Care Group Risks

	• Integration of Therapy Services to the Care Group. How it is going? • Dental Services Strategy – Update • Update on resilience of Prison Healthcare service and plans for Custodial Healthcare project • Update on complaints handling (to include number under investigation and trajectory for closure, longest open complaint and reasons, and key learning) • Pharmacy CIP Delivery update
Social Care	• Confirm FOT financial position and Care Group to describe actions taken in Q4 to control expenditure • Top 5 Care Group Risks • Registration of Services Update • Quality Improvement Update • Update of restructure within adult social care • Update on recruitment across social care

Teresa Cope,

Chief Executive,

5th January 2022

manx care Kiarail Vannin	**SUMMARY REPORT**	**Meeting Date: 25th January 2022**	
		Item Number: 8.22	

Meeting:	**Manx Care Board**		
Report Title:	**Required Outcome Framework – Q3 update**		
Authors:	Teresa Cope, Chief Executive Officer		
Accountable Director:	Teresa Cope, Chief Executive Officer		
Other meetings presented to or previously agreed at:	**Committee**	**Date Reviewed**	**Key Points/ Recommendation from that Committee**
	Executive Management Team	19/01/2022	

Summary of key points in report

As previously committed the attached report provides a Q3 status update against the year one priorities outlined within Manx Care's Required Outcomes Framework.

The report highlights the significant progress that has been made during the quarter against deliver of the priorities, during what has continued to an extremely busy and challenging period at an operational level:

- A further 4 priorities are now considered to be complete
- Work has commenced on a further 2 priorities
- The total number of Red / Amber statuses have increased, from 8 to 11. The reasons for which are outlined in the update

As highlighted previously, it is acknowledged that there is much work to do on improving safety across our services, and accordingly the majority of the report relates to this.

Recommendation for the Committee to consider:

Consider for Action	**X**	**Approval**		**Assurance**		**Information**	

It is recommended that the Board approve the content of the report, so that it may be published as appropriate.

Is this report relevant to compliance with any key standards? YES OR NO		**State specific standard**
IG Governance Toolkit	No	

Others (pls specify)		
Impacts and Implications?	**YES or NO**	**If yes, what impact or implication**
Patient Safety and Experience	No	
Financial (revenue & capital)	No	
OD/Workforce including H&S	No	
Equality, Diversity & Inclusion	No	
Legal	No	

manx care
Kiarail Vannin

Required Outcomes Framework – Q3 Update

January 2022

Year 1 Priorities

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

A formal reporting framework has been established to provide the requisite oversight to the delivery of the ambitions / priorities that were identified whilst Manx Care was in shadow form. The report is split into the following sections as per Manx Care's year 1 Focus areas / strategic priorities:

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

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

Improving Patient Safety

Task Ref	Task Description	Expected Start Date	Expected End Date	Status	Q3 Update
1.1	Develop and Implement Patient, Service User and Carer experience framework	01/04/2021	30/08/2021	COMPLETE	Complete as at Q2.
1.2	Address all gaps across key Clinical Governance policies and procedures	01/03/2021	31/03/2022		This objective is incorporated into the Clinical Governance Roadmap. Project reliant upon the Manx Care Policy for the production and approval of Policies which has been written. Exploration of different options available for a Manx Care document control system. High level clinical governance policies now identified and members of the Care Quality & Safety Team are reviewing to bring them together to form a single Manx Care Policy. This is a significant piece of work and will require additional resource if the work is to be completed by the deadline of 31/03/2022.
1.3	Implement Revised Serious Incident Investigation Framework and Policy	01/05/2021	31/07/2021	COMPLETE	Complete as at Q2.
1.4	Develop and Implement a Clinical Effectiveness Framework (including use of GIRFT)	01/04/2021	31/03/2022		The supporting GIRFT Framework has been drafted, and it is anticipated that work on the overarching Clinical Effectiveness Framework will be expedited during February. This is dependant upon the delivery of the Clinical Governance Roadmap, which is currently in progress.
1.5	Theatre Improvement Programme (Response to external review 2018) supported by Develop Consulting	01/04/2021	31/10/2021 (originally 31/07/2021)	COMPLETE	Phase one of the Theatre Improvement Programme is now complete, with the delivery of seven key projects. Initial Audit completed by the Association of Perioperative Practice in October 2021, utilising the 'Five Steps for Safer Surgery' framework. Further project activity to be progressed in order to build on this in anticipation of a formal review / accreditation during 2022.

Improving Patient Safety

Task Ref	Task Description	Expected Start Date	Expected End Date	Status	Q3 Update
1.6	Undertake Tumour Site Pathway Reviews as part of Transformation Pathfinder Cancer activity	01/07/2021	31/03/2022 (Originally 30/09/2021)		Good progress and engagement towards the end of Q3, with a series of 1-2-1's held following the allocation of additional resource to support the activity of KPMG. Revised timelines for completion have been agreed with the service and Transformation Programme, but RAG amended to Amber to reflect the scale of the task in hand and the tight timescales for delivery.
1.7	Deliver Improvements to the Breast Screening Service as per the Internal Audit Recommendations 2020	01/04/2021	31/12/2021		Recruitment activity is continuing for an additional radiologist post. The post was not successfully recruited to from the last interviews. A trainee mammographer post has been recently advertised to support Mammographer succession planning. New imaging equipment has been installed and is fully operational. RAG status changed to Amber to reflect the delays in completing recruitment activity.
1.8	Develop and Implement an Access Policy incorporating use of an agreed approach to Clinical Prioritisation, Clinical Validation and Administrative Validation	01/07/2021	30/11/2021 (originally 31/09/2021)	COMPLETE	Access Policy approved at October's Executive Management Committee. Underlying processes are in the process of being implemented, and Access Manager post is being established to provide oversight to this activity.
1.9	Develop Plans to reduce zero and 1 day Length of Stay using Same Day Emergency Care Pathways	01/04/2021	28/02/2022 (Originally 31/07/2021)		Work with the Health & Care Transformation Project continues. The vision for Urgent and Emergency Integration of Care (UEIC) and the Phase 1 Business Case are to be presented to Business Case Review Group and the Health & Care Transformation Board during February 2022. The refinement of the vision is being undertaken by the UEIC Steering Group which facilitates input from subject matter experts from across Manx Care (Primary Care, Social Care, Mental Health, the acute settings and elsewhere etc.). Once the UEIC vision has been agreed a number of discreet workstreams will be undertaken to deliver elements of the transformative work; each work strand will be supported by a business case seeking funding for a particular element of the project. Concurrent to this, business cases to support additional staffing in the Emergency Department (ED) - considered as BaU rather than transformative - and the creation of a sustainable Same Day Emergency Care (SDEC) function are being prepared for submission in January 2022.

Improving Patient Safety

Task Ref	Task Description	Expected Start Date	Expected End Date	Status	Q3 Update
1.10	Develop and embed Escalation Plan and Full Capacity Protocol for Nobles Hospital	01/03/2021	30/09/2021	COMPLETE	Complete as at Q2.
1.11	Implementation of SAFER Care Bundle across Nobles Hospital	01/07/2021	31/03/2022		Status as per Q2 update, with activity due to commence from January 2022.
1.12	Development of Escalation and Choice Framework to support reduction in Delayed Transfer of Care	01/07/2021	31/03/2022		Work continues on the resolution of issues relating to this activity, including the inability to rollout 'Escalation and Choice' within the current legal framework, with discharge destination currently determined by a patients ability to pay (or not). Discussions are currently ongoing to identify possible solutions to this, and planning activity to be progressed. In the meantime we have identified a practitioner from adult social work to liaise with the Associate Director of Nursing who is now in post. Initial meeting has been held and scope and development of Terms of Reference of this and other work streams, i.e. D2A and an integrated hospital discharge team is in progress.
1.13	Implement the Dental Strategy	01/01/2021	31/03/2023		The contract has been drawn up and circulated to NHS Dental providers. So far a disappointing 1 Practice has agreed to move onto the new contract. Legal advice has been taken in terms of options to encourage providers to move to the new contract. A project plan has been developed to ensure implementation of the dental strategy.
1.14	Deliver against plan for Learning Disability Services	04/01/2021	31/12/21		Work on the new LD Strategy has slowed primarily due to the inability to recruit a new Service Lead. The post has been vacant since September 2021 and despite two rounds of recruitment we have so far been unsuccessful in attracting the right candidate. Progress does continue to be made in some key strategic areas such as infrastructure and respite care. RAG status changed to Red to reflect this, whilst revised implementation date is yet to be agreed.
1.15	Develop a costed Improvement Plan for Screening Services for consideration by the DHSC and Public Health	01/06/2021	31/12/2021		During Q3, as a joint Strategic Programme Delivery Board (supported by the DHSC and Public Health) has been established, which is seeking to have agreed recovery plans and updated service specifications in place. The identified deliverables are to be delivered through the creation of a number of task and finish groups, which need to be supported by dedicated resource. RAG status changed to Amber to reflect delay in completing activity.

Improving Patient Safety

Task Ref	Task Description	Expected Start Date	Expected End Date	Status	Q3 Update
1.16	Develop costed Improvement Plans to eradicate 52 week waits within the next 3 years	01/04/2021	31/07/2021	**COMPLETE**	Complete as at Q2.
1.17	Adoption of 2020 Royal College of Surgeons guidelines to aid clinical prioritisation of patients who require surgery, and implementation of the same across all specialties.	01/05/2021	31/03/2022	**COMPLETE**	As per Q2 update this has been incorporated within the Access Policy, which was approved at October's Executive Management Committee.
1.18	Implement agreed Social Care Structure	22/04/2021	31/03/2022 (originally 30/06/2021)		Successfully appointed to the role of Assistant Director - Adult Social Work, and this person will be in post on 21 February 2022. We are going back out to recruitment of the Children's Assist. Director post. These are two key post that we wanted to recruit prior to formalising the rest of the structure. We do not anticipate recruitment will be finalised until the end of Q1, therefore RAG changed to Amber.
1.19	Development of Intermediate Tier responses across a range of services	01/06/2021	TBC		Continuing as detailed in 1.9 above as work within the Health & Care Transformation Project. The vision for Urgent and Emergency Integration of Care (UEIC) is to be presented to the Health & Care Transformation Boards at the end of January 2022. The Intermediate Care Service vision proposal was agreed at Manx Care Executive level and has been presented as a separate model of service delivery, with a completed proposal and Business case. This is to be included within the UEIC vision as a discreet workstream but the Business case is seeking funding specifically for the Intermediate Care element of the UEIC project. Initial pilot funding has not be available so the project team is now ensuring that the operational issues, job descriptions, HR discussions and communications are all in place to move into the service operationalisation phase once funding is agreed.

Improving Patient Safety

Task Ref	Task Description	Expected Start Date	Expected End Date	Status	Q3 Update
1.20	Framework Proposal for Clinical Input into the Joint Services Control Room.	01/07/2021	30/09/2021		Work with the Health & Care Transformation Project continues. The vision for Urgent and Emergency Integration of Care (UEIC) and the Phase 1 Business Case are to be presented to Business Case Review Group and the Health & Care Transformation Board during February 2022. The refinement of the vision is being undertaken by the UEIC Steering Group which facilitates input from subject matter experts from across Manx Care (Primary Care, Social Care, Mental Health, the acute settings and elsewhere etc.). Once the UEIC vision has been agreed a number of discreet workstreams will be undertaken to deliver elements of the transformative work; each work strand will be supported by a business case seeking funding for a particular element of the project. Concurrent to this, business cases to support additional staffing in the Emergency Department (ED) - considered as BaU rather than transformative - and the creation of a sustainable Same Day Emergency Care (SDEC) function are being prepared for submission in January 2022.
1.21	Progress Primary Care At Scale and PC@S Strategy	01/04/2021	31/03/2022		Transformation will deliver a reformed PC@S strategy document by end of January, and the operating model will be developed by end of March 22. The four prototypes are all progressing, although Information Governance is still significantly hampering progress. • KPMG have had their contract extended to help Manx Care get to a place where the correct data sharing and governance is in place in order to commence the First Contact Physiotherapists (FCP) prototype. The FCPs have been appointed and aim to be practicing in GP surgeries by the end of January, subject to resolution of Data Protection issues, which will unlock the issues across the other prototypes. • Two pharmacists have been appointed and start work in April 22. Their job plans are currently a joint piece of work between Manx Care and the Primary Care Network. • Dermatology is quite advanced in that four GPs are progressing with their dermatology training; diploma and on the job training. One GP has started a 'spoke' clinic in their surgery but due to DP issues they can currently only see patients from their own Practice. Another GP is becoming ready to follow this process in his Practice, with the other 2 following on • Counselling therapists are at the recruitment stage.
1.22	Implement Clatterbridge@ Nobles Model of delivery	01/04/2021	31/03/2022		Relationships are being developed with Clatterbridge Cancer Centre and the Cheshire and Merseyside Cancer Alliance, through regular operational meetings. Established Pathways are being shared which will inform Cancer Services Transformation Pathfinder. Work continuing on the development of a plan to formalise contractual arrangements with CAM.

Improving Patient Safety

Task Ref	Task Description	Expected Start Date	Expected End Date	Status	Q3 Update
1.23	Establish North Wellbeing Hub and progress the operational model for the wellbeing partnerships	01/01/2021	30/06/2021	**COMPLETE**	Complete as at Q2.
1.24	Implement Clinical Coding. Implement Pilot phase, Procurement Process and full Implementation post award	01/03/2021	31/12/2021	**COMPLETE**	Implementation with the chosen strategic partner commenced during Q3.
1.25	Integrated Performance Report Implemented	01/04/2021	31/08/2021 (Phase 1)	**COMPLETE**	Complete as at Q2.

Creating a positive working culture

Task Ref	Task Description	Expected Start Date	Expected End Date	Status	Q3 Update
2.1	Completion of All Manx Care Executive Team appointments	01/01/2021	30/03/2021	**COMPLETE**	Complete as at Q1.
2.2	Confirmation of Operational Delivery Structure	01/01/2021	30/03/2021	**COMPLETE**	Complete as at Q1.
2.3	Manx Care Board to Service Line Governance Structure agreed and in place	01/01/2021	30/03/2021	**COMPLETE**	Complete as at Q1
2.4	Manx Care Risk and Governance Framework in place	01/05/2021	31/10/2021		This objective is incorporated into the Clinical Governance Roadmap.
2.5	Scope opportunities for Recovery College activities as part of Wellbeing Agenda for staff and patients	01/04/2021	31/03/2022		Project team established and scoping and planning activity progressing, with a soft launch being suggested for the Summer semester. Detailed proposal to be presented to the Executive Leadership Team during February.
2.6	Manx Care will undertake a co-produced programme of work with our people to agree out Visions and Values, and refine our strategic goals	01/10/2021	30/03/2022		The Workforce and Culture Team carried out a review of the current CARE values with engagement and feedback from Manx Care staff via drop in sessions and “Teams” workshops in October. During November and December the values were redrafted to ensure that they aligned with Manx Care as an organisation, with the revised CARE values Framework and all associated collateral being updated. The Workforce and the Workforce and Culture Team will launch the values in January 2022 and support the organisation with tools to embed the values in “the everyday” experience of the workforce

Creating a positive working culture

Task Ref	Task Description	Expected Start Date	Expected End Date	Status	Q3 Update
2.7	During Service Year 2021-22 Manx Care will prepare its Strategy for 2022-2027 utilising a service based, bottom up approach.	01/10/2021	30/03/2022		Work on this key activity is ongoing, as Manx Care awaits further clarity regarding the 'Island Plan', and the implications this will have on the DHSC's own strategic plan. Manx Care remains committed to working in partnership with the new administration and the DHSC, with whom we will be working in collaboration during Q4, so that our strategic intentions are fully aligned.

Improving Financial Health

Task Ref	Task Description	Expected Start Date	Expected End Date	Status	Q3 Update
3.1	CIP Plan in place	01/03/2021	30/06/2021	COMPLETE	The CIP was approved at June's Executive Management Committee, and work has continued alongside MIAA to confirm ongoing governance arrangements. CIP Oversight Group Terms of Reference approved by the Executive Leadership team and monthly meetings scheduled from November.
3.2	All CIP Quality Impact Assessed	01/07/2021	31/12/2021 (originally 30/09/2021)		The framework has been agreed with the MIAA, but this activity has not progressed as originally planned due to operational pressures. This is to be addressed through increased focus during Q4. RAG status changed to Red to reflect the fact the revised expected end date has not been met.
3.3	Review of all Business Cases not submitted to Treasury	01/04/2021	30/06/2021	COMPLETE	The review of all historical Business Cases has now been completed by the Business Case Review Group.
3.4	Optimise Theatre Efficiency - Phase 2	01/08/2021	31/03/2022 (Originally 31/12/2021)		Q3 saw the delivery of 164 recommendations against the AfPP self-assessment culminating in the a successful accreditation visit and further recommendations against the domains investigated. The various pressures being experienced by theatres limiting elective activity combined with multiple streams of recommendations triggered a review of the theatre Improvement program and its Phases. The major shift has been the prioritisation of improvements within the CQC domains of safe and effective and the move of well led or productivity improvements (originally phase 2) to phase 4, when elective activity is planned to restart. In summary, Phase 1 (Implementation of actions from self-assessment) and Phase 2 (Implementation of rapid improvement project and lessons learned from incidents) now complete. Phase 3 (Implementation of AfPP visit 1 actions) currently in Delivery, and Phase 4 (sustaining continuous improvement, including delivery of Productive Theatre) in planning stage. RAG status has been amended to Amber to reflect this.

Progress Status Summary

Status	Q1	Q2	Q3
Green	22	15	10
Amber	2	5	9
Red	0	3	2
To be Commenced	9	2	0
Complete	3	11	15

Item No 9.22

COMMITTEE CHAIRS'S REPORT TO BOARD
13 December 2021
MS Teams
10.00AM – 12.30PM

manx care
Kiarail Vannin

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee:	**Quality, Safety & Engagement Committee**
Meeting Date:	**13 December 2021**
Chair/Report Author:	**Sarah Pinch**

KEY ITEMS DISCUSSED AT THE MEETING

The meeting scheduled to take place in January was cancelled due to quoracy requirements. The Board is requested to consider one matter from the meeting held on 13 December 2021.

TO ALERT (Alert the Board to areas of non-compliance or matters that need addressing urgently or new risks)

Issue	Committee concern	Action required	Timescale

ASSURE (Detail here any areas of assurance that the Committee has received)

Issue	Assurance Received	Action	Timescale
Policy for the Formation, Ratification and Management of Manx Care Policies and Procedures	The policy had been drafted by the Care Quality & Safety Team and reviewed by Paul Linehan, Clinical Governance Development Programme Lead. The Committee reviewed the policy. It was agreed that the policy be recommended to the Board for approval. A copy of the policy is appended to this report.	The Board is requested to approve the policy.	25 January 2022

The following existing risks were identified during the meeting: (if none please state “none”)	**Risk:**	**CRR/BAF Nº:**	**Risk Score:** L x C =
	Risk:	**CRR/BAF Nº:**	**Risk Score:** L x C =
	Risk:	**CRR/BAF Nº:**	**Risk Score:** L x C =

POLICY FOR THE FORMATION, RATIFICATION AND MANAGEMENT OF MANX CARE POLICIES AND PROCEDURES

Author(s)	Amanda Phillips (Care, Quality & Safety Coordinator for Community Health Services)
Version Number	1
Document effective from	July 2021
Next review due	**July 2023**

Intended audience	All Manx Care employees	
Superseded documents	MHS Policy for the Development and Management of Policy Documents (v4).	
Stakeholders consulted prior to ratification	All Care Group Managers. CQ&S Leads for Mental Health, Hospitals, Adult Social Care, and Community Services.	
Ratified by	Quality, Safety and Engagement Committee	Date: 13.12.21
Previous reviews	n/a	
Changes made during latest review	n/a	

1. INTRODUCTION

Policies and procedures play an integral role in enabling Manx Care employees to deliver health and social care services to the Island's population. As such, well-written and comprehensive policies and procedures are essential to:

- Safeguard the wellbeing of patients and staff.
- Deliver evidence-based care in a reliable and efficient manner.
- Provide consistent service delivery.
- Meet strategic and operational requirements.
- Comply with legislative obligations (such as Health & Safety or Duty of Candour etc.).

1.1 Purpose

This document serves to inform staff of:

- Agreed standards for policy formation.
- Ratification and dissemination processes.
- Ongoing management of Manx Care policies/SOPs.

1.2 Scope

This policy is applicable to all Manx Care employees.

1.3 Definitions

For the purpose of this document, the word 'policy/SOP' may be used to describe any of the following (unless otherwise specified):

1.3.1 Policy

A policy is a statement of intent produced by an organisation (or individual service) to address an identified need or objective.

1.3.2 Standard Operating Procedure (SOP)

SOPs are detailed documents which provide step-by-step instructions on how a specific procedure would ordinarily be undertaken.

1.3.3 Guidelines

Guidelines are documents, based on good - or evidence-based - practice, which are designed to assist in decision making.

1.3.4 Protocol

A protocol is an agreed set of procedures which should be implemented to achieve a specific outcome.

1.4 Roles and Responsibilities

1.4.1 Chief Executive Officer

The CEO is responsible for ensuring that:

- Organisational (overarching) policies/SOPs are implemented to address strategic and legislative requirements.
- Processes are in place to standardise, and quality check, all procedural documentation used within their Organisation.
- A platform is available through which documentation may be accessed (e.g. SharePoint, shared access folders, webpage etc.).
- Any policies/SOPs, produced by the Executive Team, are up-to-date and fit for purpose.

1.4.2 Care Group Managers

Members of each Triumvirate/Leadership Team are responsible for:

- Assuring the CEO that agreed processes have been adopted and that committees (with appropriate professional representation) are in place for ratification purposes.
- Working with team leads to ensure that each area (within their remit) has the necessary policies in place for staff to perform their roles safely.
- Ensuring that any policies, written by the triumvirate, are up-to-date and fit for purpose.

1.4.3 Care, Quality & Safety (CQ&S) Teams

It is the responsibility of the CQ&S Team to:

- Advise on policy formation and content.
- Facilitate ratification and review processes by chairing Policy and Procedure Committee meetings for their area.
- Ensure any policies/SOPs, written by members of the CQ&S team, are up-to-date and fit for purpose.
- Oversee the maintenance of the SharePoint/shared access policy site.
- Ensure pan-organisational documents are shared with all Policies and Procedures Committees for ratification.

1.4.4 Specialist Post Holders

Holders of specialist posts are responsible for:

- Providing advice (when requested) on policy content.
- Ensuring that any specialist policies/procedures, within their remit, are reviewed or updated in a timely manner.

1.4.5 Service Leads / Service Managers

Service Leads take responsibility for ensuring that:

- All policies/SOPs utilised within their department, are up-to-date and fit for purpose.
- All staff, within their remit, are aware of local policies/SOPs.

- Staff know where to retrieve policies/SOPs and are able to access the same.

1.4.6 All Employees

All Manx Care employees are responsible for:

- Familiarising themselves with policies and SOPs which are pertinent to their area of work.
- Adhering to all policies and procedures adopted by the Organisation.
- Raising any concerns they have, regarding policy/SOP content, with their line manager.
- Following correct channels when involved in the review or development of Manx Care policies or procedures.
- Adopting the correct layout for any policies/SOPs they are involved in the development of.

Further responsibilities, regarding document management, can be found in Section 3.7.

2. RELATED LEGISLATION

All Manx Care policies/SOPs must be fully compliant with the requirements of local legislation, including: the IOM Equality and Diversity Act, 2017, the Health & Safety at Work Act (1974), and the IOM Human Rights Act, 2001.

3. POLICY

3.1 Policy development

New policies/SOPs may be necessary to comply with legislation, address operational/strategic needs, or to mitigate risk.

Before writing a new policy, staff must discuss the issue with their line manager whose responsibility it is to:

- Ascertain if there is a definite need for the policy/SOP.
- Check with other services to see if a similar policy/SOP already exists.
- Confirm that the proposed author has the appropriate level of expertise, and/or experience, to write the document.

It should also be determined if:

- A policy/SOP is the most appropriate format. An algorithm, for example, may be a more effective means of conveying simple instructions instead of a verbose document.
- The policy/SOP is service (or Care Group) specific; or, if it is for implementation across Manx Care.

3.2 Layout

The following specifications must be adopted for Manx Care policies/SOPs:

Font	Calibri
Font size & style	12. Regular (bold for headings or highlighting)
Line and paragraph spacing	Single (1.0)

For larger policies, authors may utilise different font sizes, colours, or styles to highlight sections. A front cover and contents page may also be utilised.

The front page of all policies/SOPs must contain the following information (in tabular format):

- Author's name.
- Version number.
- Date the document is effective from - along with its next review date.
- Details of the intended audience.
- Titles (and versions/dates) of any superseded documents.
- Stakeholders who were consulted prior to ratification.
- Details of document ratification (i.e. responsible committee and date ratified).
- Dates of any previous reviews.
- Details of any changes made during the review.

A copy of the approved template for policies/SOPs can be found in Appendix 1.

3.3 Content

To achieve their objective, policies/SOPs must be well-written, in a style which is appropriate to the reader; and should be:

- Formal in nature (avoiding the use of colloquialisms or idioms).
- Clear and precise - leaving no room for conjecture.
- Written in the third person.
- Based on contemporary research or best practice.

If acronyms or abbreviations are used, they must be explained in full the first time they are referred to in the document.

Lengthier documents can be made more reader-friendly by:

- Creating shorter, clearly defined, sections.
- Making use of diagrams, tables and algorithms.
- Using bullet points instead of lengthy prose.

3.3.1 *Specialist Advice or Opinion*

If, whilst writing a policy/SOP, the author makes reference to matters which potentially lie beyond their scope of competence, specialist advice must be sought to endorse the same. Areas from which support may be sought include:

- CQ&S Teams.
- Infection, Prevention and Control Team.
- Information Governance Team.
- Health and Safety department.
- Office of Human Resources.
- Specialist practitioners.

If specialist advice has been obtained, the name (and position) of the person contacted must be added to the list of stakeholders on the front page of the policy/SOP.

3.3.2 *Minimum Requirements*

All policies/SOPs must include the following sections:

I. <u>Introduction</u>

This must contain a summary of the issue being discussed; along with the following sub-headings:

- Purpose - *what the document sets out to achieve.*
- Scope - *who it is applicable to.*
- Definitions* - *explanation of specific terms (for clarity).*
- Roles and Responsibilities* - *what is expected from staff.*

**These sections may not be necessary for shorter, or service-specific, documents.*

II. <u>Related Policy/Strategy/Legislation or Guidance</u>

This section must contain details of any documents which relate to - or should be read in conjunction with - the policy/SOP. The purpose of which is to:

- Contextualise the policy/SOP.
- Highlight any documents/legislation which may affect (or assist in) the implementation of the policy/SOP. Policies, for example, may make reference to strategies (or an over-arching policy); whereas SOPs are likely to make reference to a number of related policies or procedures.

III. <u>Policy/Procedure/Guidelines</u>

This is the main body of the document and, as such, must provide all the relevant information and/or instructions to enable the policy/SOP to achieve its objective. Depending on the type of document, this may include:

- Directions, pathways or actions.
- Assessments and/or treatment.
- Detailed procedural information.

- Guidance on decision making.

IV. References and/or Resources
The Harvard system of referencing should be adopted.

V. Appendices (if applicable)

3.4 Stakeholder involvement

To ensure procedures are safe, equitable and fit for purpose, it is imperative that the author seeks the opinion of those likely to be affected by the proposed document. Depending on the scope of the policy/SOP, the following stakeholders may be involved:

	Scope of Policy/SOP	
	Single service/Care Group	*Pan-organisational*
Stakeholders	Care Group Managers. Local CQ&S Team. Team Lead(s). Staff working in specified area(s). Patients/service users or representatives. Relevant specialist areas. Union representatives.	Executive Team.* All Care Group Managers. All CQ&S Teams. Team Leads and staff working in all areas. Patients/service users or representatives. Relevant specialist areas. Union representatives.

**Contact via the Head of CQ&S.*

Consulting with relevant stakeholders acknowledges the value of staff opinion in service development; and provides an opportunity to modify policies/SOP, prior to implementation (thus ensuring they better address service requirements). Stakeholder consultation also improves the likelihood of staff understanding - and complying with - new policies or SOPs (Reid, 2019).

3.5 Ratification

Policies, procedures or guidelines must **not** be implemented until they have been ratified by the appropriate committee/group. The ratification process involves one of three pathways (as demonstrated in Appendix 2):

Pathway	*Document Scope*	*Ratification Process*
1 & 2	New, reviewed or modified documents for implementation **across Manx Care** (or covering **more than one Care Group**).	Forward to local CQ&S Team for ratification by Policies & Procedures Committees and/or CQ&S meetings.
3	New, reviewed or modified documents which are **service-**	Forward to Team Lead(s) for ratification by the Care Group Managers.

	specific (or affect more than one service within the **same** Care Group).	

There are four potential outcomes to the ratification process:

- **Ratified** - the document may be distributed and implemented with immediate effect - unless it is for pan-organisational use (see Section 3.5.1.).
- **Ratified pending minor changes** - the document is ratified but contains minor issues (such as grammatical errors or incorrect layout) which need to be addressed before distribution.
- **Not ratified** - significant changes required. The document may lack clarity, contain significant errors/inconsistencies, or fails to meet quality assurance standards (see Section 3.6). The document must be re-submitted for ratification once the changes have been made.
- **Rejected** - the document is not considered necessary or fit for purpose.

3.5.1 Policies/SOPs for Pan-organisational or Multi Care Group Use

Documents which are applicable to more than one Care Group must be ratified by Care Group Managers in all areas involved.

Prior to implementation, policies/SOPs designed for use across Manx Care must be ratified by the Policy & Procedure Committee for each area (i.e. Hospital, Mental Health and Community). It is the responsibility of the CQ&S Coordinator to ensure documents are shared with other areas for this purpose.

If there are differing opinions, which cannot be resolved, the document may still be used in the area in which it was endorsed. The policy/SOP must, however, be amended to reflect this. Alternatively, the document may be submitted to Manx Care's Executive Team who will make the final decision.

3.5.2 Pan-organisational Policies/SOPs Relating to Quality & Safety

Policies/SOPs pertaining to clinical governance issues (such as complaints, incidents or risk management), must also be agreed by CQ&S Committees.

CQ&S Coordinators will take responsibility for sharing these documents thus allowing them to be added to the agendas for CQ&S Committee meetings across the Organisation.

3.5.3 Expedited Ratification

In exceptional circumstances (such as in response to a public health issue), the ratification process may be superseded by the need to provide urgent guidance. As such, Manx Care's Executive Team (or Bronze Command) may circumvent standard processes to allow for the prompt distribution of documents based on best practice or expert advice.

3.6 Quality Assurance

As part of the ratification process, each policy/SOP must be assessed using the Equality & Standards Assessment (E&SA) (see Appendix 3) to ensure:

- It is appropriately formatted.
- The content is accurate and can be understood.
- It has been reviewed by relevant stakeholders (including specialist areas).
- The document is fully compliant with IOM Equality and Diversity legislation.

A completed E&SA form must be added to the back page of all documents by the person leading the ratification process.

Policies/SOPs which fail to meet the E&SA standards cannot be ratified.

3.7 Document Management

It is essential that staff are made aware of new or reviewed policies/SOPs and encouraged to familiarise themselves with their content as soon as possible. The policy/SOP must be distributed in PDF form and a Word version retained.

3.7.1 Responsibility

- Responsibility for service-specific documents lies with the Service Lead.
- SOPs/policies pertaining to more than one service, in the same Care Group, are the responsibility of the Care Group Manager.
- Policies/SOPs which are applicable to more than one Care Group, or are pan-organisational, are the responsibility of the CQ&S Team.

As such, those with responsibility for documents must ensure:

- Policies/SOPs, within their remit, are in-date and are reviewed on a regular basis thus reflecting current practice/guidelines.
- New (or reviewed) policies are distributed to staff (see Section 3.8).
- Word versions of the document are retained in a locally held shared-access file.
- Arrangements are made for new documents to be uploaded to the shared policy site.

Documents external to Manx Care - but adopted by its employees (such as OHR policies) - are monitored, and distributed, by the area in which they originated.

3.8 Dissemination

Newly-ratified documents must be distributed, as soon as possible, by those with designated responsibility (as per Section 3.7.1). The document must be sent as an email attachment with the following message displayed in the email body:

Attached is a new or reviewed document which is pertinent to your area of employ. You must read it as soon as possible and familiarise yourself with its content. If you do not understand something contained in the document, you should raise this with your line manager as soon as possible.

A copy of this document can be found on the shared policy site at:
[Add address or link]

IT IS THE RESPONSIBILITY OF ALL MANX CARE EMPLOYEES TO FAMILIARISE THEMSELVES WITH POLICIES, SOPs AND GUIDANCE FOR THEIR AREA OF WORK.

To maximise awareness of new policies/SOPs, line managers should also:

- Include them on the agenda for discussion at staff meetings.
- Encourage staff to discuss new documents, during their Performance and Development Reviews, to ascertain their understanding of the same.

3.9 Review

All policies/SOPs must be reviewed on a regular basis if they are to remain fit-for-purpose (the maximum period being 3 years). Reviews should ordinarily commence 3 months prior to the expiry date - thus allowing time for the ratification process.

The frequency of policy/SOP review varies and will be determined by:

- The fluidity of the subject matter or service provision (for example, a new facility may initially review their SOPs on a six monthly basis to allow for change whilst the service develops).
- The document's reliance on contemporary clinical practice or research.

As such, clinical policies/SOPs need to be reviewed more regularly than those relating to areas where change is less frequent.

Policies/SOPs may be reviewed at any time if there is a requirement to do so, such as:

- In response to a complaint or serious incident.
- Legislative changes.
- Changes to practice or service provision.
- Review of local or national guidelines.

Regular auditing of policies/SOPs will help demonstrate their efficacy, appropriateness, and staff adherence.

3.10 Archiving

Those with designated responsibility (as per Section 3.7.1) must ensure that obsolete policies/SOPs are:

- Removed from shared access policy sites as soon as possible.
- Archived in a locally held shared-access file entitled 'Obsolete/Archived Policies/procedures.'
- Watermarked with the date they became obsolete (or a 'sticker' attached to PDF versions).
- Retained as per local record retention schedule.

4. REFERENCES/RESOURCES

Croner-I (11/2/20). When to Review Policies. Croner-I website. Available at: https://app.croneri.co.uk/questions-and-answers/when-review-policies (Accessed 20/5/21)

Reid, P. (21/8/19). The Importance of Policies and Procedures in the Workplace. Evans Faull website. Available at: https://www.evansfaull.com.au/hr-advice-online/the-importance-of-policies-and-procedures-in-the-workplace (Accessed 20/5/21)

5. APPENDICES

1) Policy/SOP template.
2) Policy/SOP pathways for:
   New Policy/SOP for Pan-organisational Use.
   Policy/SOP Review or Modification for Pan-organisational Use.
   Service-specific Policy/SOP Development or Review.
3) Equality & Standards Assessment.*

*An editable version of the E&S Assessment will accompany this policy.

APPENDIX 1

[SERVICE/CARE GROUP - Leave blank for pan-organisational documents]

POLICY/STANDARD OPERATING PROCEDURE *[delete as applicable]* **FOR…..**
[Insert document title in bold caps]

Author(s)	
Version Number	
Document effective from	
Next review due	

Intended audience		
Superseded documents		
Stakeholders consulted prior to ratification		
Ratified by		Date
Previous reviews		
Changes made during latest review		

1. **INTRODUCTION**
   [This section should include the following sub-headings:]

   Purpose
   [What the document sets out to achieve]

   Scope
   [Who the document applies to, e.g. registered nurses; all staff employed by Manx Care; any individual contracted to deliver services on behalf of Manx Care etc.]

   Definitions
   Roles and Responsibilities
   [Where required]

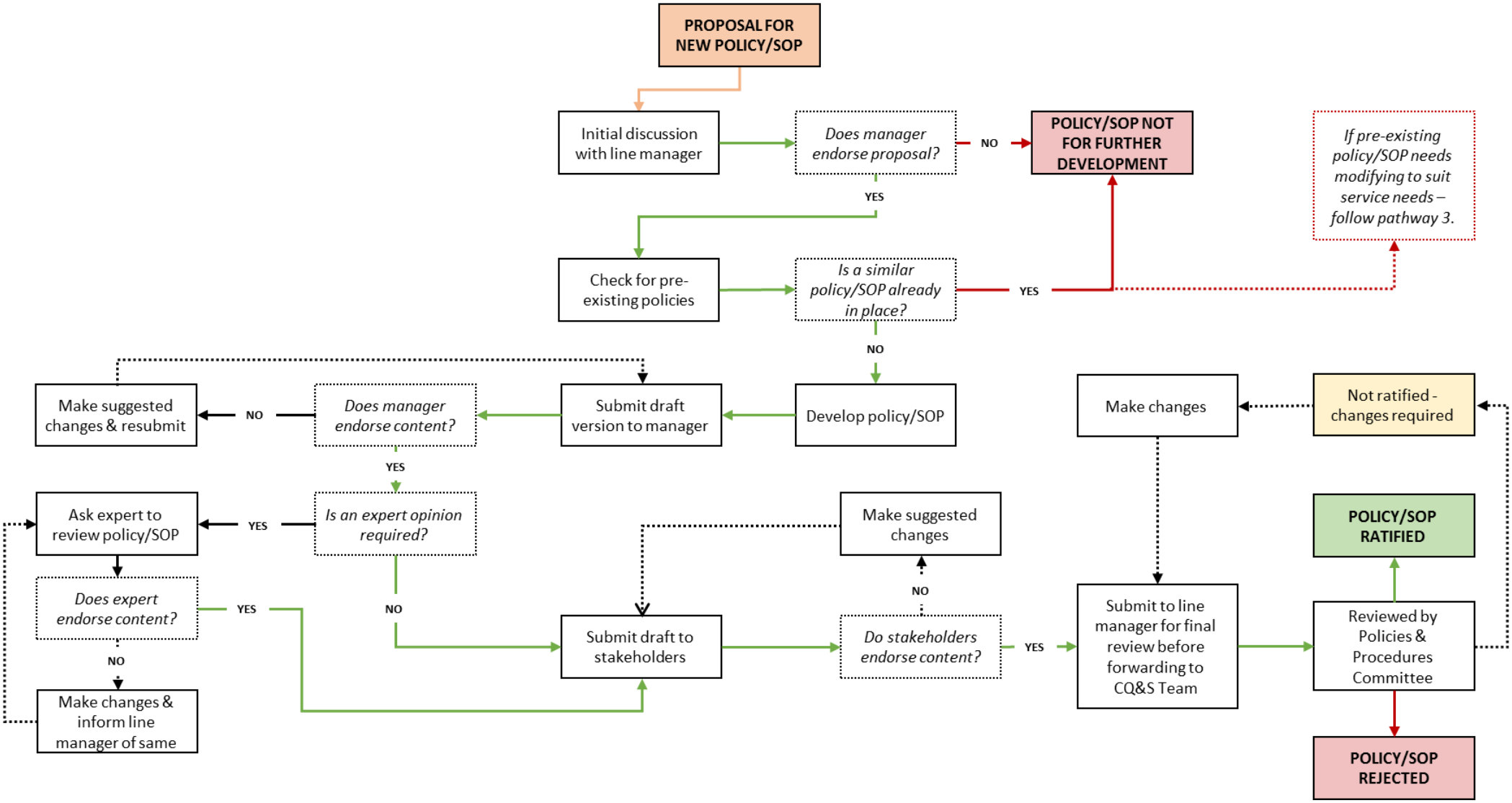
2. **RELATED POLICY/STRATEGY/LEGISLATION/GUIDANCE** *[Delete as applicable]*
   [Make reference to anything your document is related to, guided by, or needs to be read in conjunction with. For example: When writing a policy - make reference to the strategy or legislation it is linked to. When writing an SOP - refer to any related policies or guidelines etc.]

3. POLICY/PROCEDURE/GUIDELINES *[Delete as applicable]*
[This is the main body of the document and should include clear instructions regarding processes etc.]

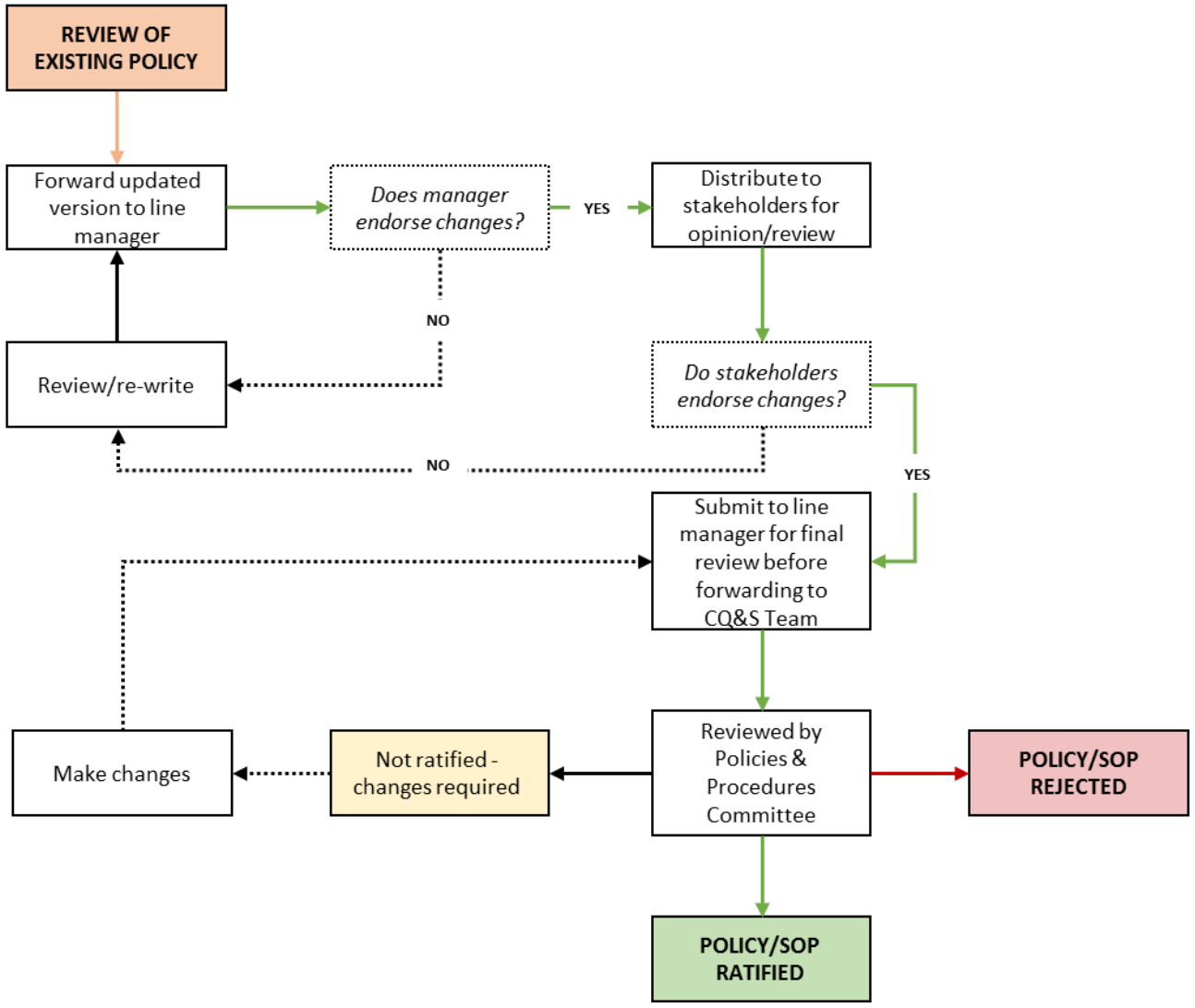
4. REFERENCES AND/OR RESOURCES
[Adopt Harvard style referencing]

5. APPENDICES

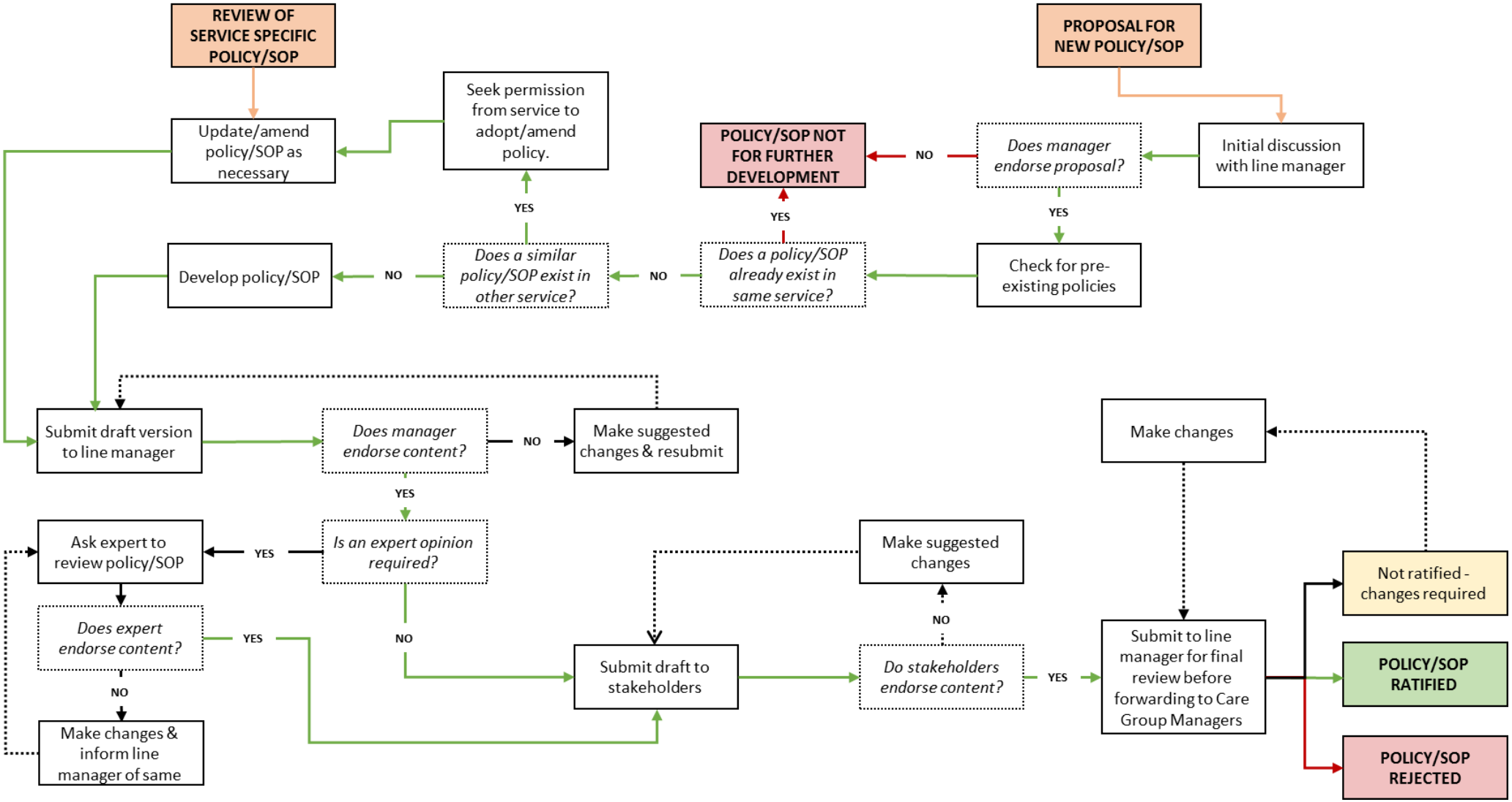
PATHWAY 1: NEW POLICY/SOP FOR MULTI-SERVICE USE



PATHWAY 2: POLICY/SOP REVIEW OR MODIFICATION FOR MULTI-SERVICE USE



PATHWAY 3: SERVICE-SPECIFIC POLICY/SOP DEVELOPMENT OR REVIEW



manx care

Kiarail Vannin

EQUALITY & STANDARDS ASSESSMENT

Document title: Date/ version:	Author:

Which best describes this document?

☐ New document ☐ Re-write/amendment of existing document ☐ Review of existing document

Document content:

Aims/objectives clearly stated?	☐ Yes	☐ No	
Relevant stakeholder involvement?	☐ Yes	☐ No	
Appropriate language/terminology?	☐ Yes	☐ No	
Up-to-date references/guidelines/research?	☐ Yes	☐ No	☐ N/A
Procedural clarity (including algorithms)?	☐ Yes	☐ No	

If 'no' selected, provide rationale for decision:

Is the document compliant with IOM Equality and Diversity legislation? ☐ Yes ☐ No

If **'no,'** in which area is the document non-compliant?

☐ Disability ☐ Gender reassignment ☐ Marriage/Civil partnership ☐ Religion/belief

☐ Race ☐ Pregnancy/maternity ☐ Sex/sexual orientation ☐ Age

Reason for non-compliance:

Documents failing to achieve one, or more, of the above CANNOT be ratified.

Date of initial review:	Review undertaken by: Select ratifying body

Review outcome: *Outcome rationale/recommendations:*

☐ Ratified

☐ Ratified - pending minor changes*

☐ Not ratified - significant changes required

☐ Not ratified - rejected

**If document is ratified pending minor changes:*

Tick to confirm that changes have since been made as recommended by the ratifying body: ☐

Date of ratification:	Signature/name of P&P Chair/Care Group Manager:

Item No 9.22

FINANCE, PERFORMANCE & COMMISSIONING COMMITTEE CHAIR'S REPORT TO BOARD
17th January 2022
MS Teams
10.00AM – 12.30PM

manx care
Kiarail Vannin

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee:	**FINANCE, PERFORMANCE & COMMISSIONING COMMITTEE**
Meeting Date:	**17 January 2022**
Chair/Report Author:	**NIGEL WOOD**

KEY ITEMS DISCUSSED AT THE MEETING

Your Committee received comprehensive papers covering:

The development of Key Lines of Enquiry ('KLOE's') in respect of Performance and Accountability reviews, Restoration and Recovery Activity, Integrated Performance Report and the Management Accounts for November 2021.

Much of the meeting was spent discussing the development of the Performance Management Infrastructure within Manx Care.

TO ALERT (Alert the Board to areas of non-compliance or urgent matters or new risks or issues that need to be escalated to DHSC or other IoM departments)

Issue	Committee concern	Action required	Timescale

ASSURE (Detail here any areas of assurance that the Committee has received)

Issue	Assurance Received	Action	Timescale
KLOE's	The development of KLOE's to enhance the Performance and Accountability review process had commenced.	The Committee would continue to receive updates under the PAR standing agenda item.	
IPR	There was concern raised regarding the lack of commentary contained within the report as the figures alone were only part of the story.	Work was ongoing to improve the quality of the data within the IPR.	

Contract Compliance	There had been successful recruitment of two new posts and interviews were being held for a third. A business case for two new contracts managers was being devised.	The Committee would continue to monitor.	
Restoration and Recovery	The plan continued to be delivered on track and on budget. Approval for engagement with Synaptic had been provided by the Manx Care Board and the DHSC and was awaiting Treasury approval.		

The following existing risks were identified during the meeting: (if none please state "none")	**Risk:**	**CRR/BAF N°:**	**Risk Score:** L x C =
	Risk:	**CRR/BAF N°:**	**Risk Score:** L x C =
	Risk:	**CRR/BAF N°:**	**Risk Score:** L x C =

Item 9.22

PEOPLE COMMITTEE CHAIR'S REPORT TO BOARD
10 JANUARY 2022
MS Teams
2.00PM – 4.30PM

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee:	**PEOPLE COMMITTEE**
Meeting Date:	**10 January 2021**
Chair/Report Author:	**Sarah Pinch**

KEY ITEMS DISCUSSED AT THE MEETING

The Committee received two presentations, the first being a staff story and the second being a presentation by Locate Isle of Man. Discussions took place regarding the pay award, diversity and inclusion statistics, attrition and the creation of an 'ideas scheme'.

TO ALERT (Alert the Board to areas of non-compliance or urgent matters or new risks or issues that need to be escalated to DHSC or other IoM departments)

Issue	Committee concern	Action required	Timescale
Pay Negotiations	The Committee were advised that there was significant dissatisfaction with the length of time pay negotiations were taking it was acknowledged that this was unsatisfactory and noted that much of the delay related to time taken to reach a position where a better offer could be made to staff. It was noted that some unions were balloting their members to determine the appetite of their members to take industrial action should any revised offer not be acceptable to them.	The board is requested to not the potential for further dissatisfaction and disengagement of staff.	25 January 2022

ASSURE (Detail here any areas of assurance that the Committee has received)			
Issue	**Assurance Received**	**Action**	**Timescale**
Staff story	A very positive story was received from a long standing employee who had commenced in a junior role in social care and had progressed by taking training and education opportunities culminating in her being awarded a first class honours degree and achieving qualified social worker status.		
Locate IOM	The Committee was assured by the efforts of Locate IOM to attract quality applicants to the Island and the collaborative go forward approach with Manx Care.		Ongoing
Diversity, Equality and Inclusion	It was agreed that further work was required to improve the information held on the demographics of the Manx Care workforce to assist in monitoring and developing EDI.	Progress would be monitored by the Committee.	Ongoing
Attrition	It was noted that an exercise to determine reasons that staff left the workforce a short period after recruitment, had commenced and a report would be reported to the next meeting.	Progress would be monitored by the Committee.	Ongoing
'Ideas' Scheme	It was suggested that a scheme whereby staff could submit ideas for improvements and receive awards for those taken forward, would be of benefit.	This would be raised with the Executive Leadership Team and a proposal could be made thereafter.	Ongoing

The following existing risks were identified during the meeting: (if none please state "none")	**Risk:**	**CRR/BAF Nº:**	**Risk Score:** L x C =
	Risk:	**CRR/BAF Nº:**	**Risk Score:** L x C =
	Risk:	**CRR/BAF Nº:**	**Risk Score:** L x C =

DIGITAL AND INFORMATICS COMMITTEE CHAIR'S REPORT TO BOARD
11th January 2022
MS Teams
11.00AM – 12.30PM

manx care
Kiarail Vannin

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee:	**DIGITAL AND INFORMATICS COMMITTEE**
Meeting Date:	**11 JANUARY 2022**
Chair/Report Author:	**KATIE KAPERNAROS**

KEY ITEMS DISCUSSED AT THE MEETING

Your Committee received comprehensive papers covering:

1. Recruitment
2. Clinical Alerting System Rollout
3. Information Governance Advisory Board
4. Manx Care Record
5. Business Information
6. Clinical coding

TO ALERT (Alert the Board to areas of non-compliance or urgent matters or new risks or issues that need to be escalated to DHSC or other IoM departments)

Issue	Committee concern	Action required	Timescale
Recruitment	The recruitment of four Business Information resources by the H&SC Transformation programme remained outstanding which continued to adversely affect productivity levels within the team.		

ASSURE (Detail here any areas of assurance that the Committee has received)

Issue	Assurance Received	Action	Timescale
Clinical Alerting System Rollout	The system had been successfully rolled out and during a Manx Telecom WiFi outage had rolled over to 4G without any issues.		
Information Governance Advisory Board 'IGAB'	Following Sir Jonathan Michael's recommendation to 'Ensure data sharing protocols and arrangements are reviewed, agreed and implemented in accordance with the Information Commissioner's regulations and guidance" an IGAB had been established.	The IGAB had its initial meeting in January and would meet monthly. Minutes of the meetings would be added to the D&I committee as a standing agenda item.	Ongoing
Manx Care Record	The Manx Care Record Advisory Board had been established to oversee the delivery of the Manx Care record. The 'Options Appraisal' carried out by KMPG had been completed.	The Committee would receive updates from the Advisory Board	
BI Update	An update on the progress of automation was presented.	A 'burndown' list of items to be automated with timescales would be presented to each meeting to track progress.	Ongoing
Clinical Coding Update	The new coding contractors had commenced. They had dedicated auditors that had been provided with a sample of coded data from April 2021 to analyse against the required output for grouping.	An update on the audit would be provided to the next meeting.	8 March 2022

The following existing risks were identified during the meeting: (if none please state "none") None	**Risk:**	**CRR/BAF N°:**	**Risk Score:** L x C =
	Risk:	**CRR/BAF N°:**	**Risk Score:** L x C =
	Risk:	**CRR/BAF N°:**	**Risk Score:** L x C =

AUDIT COMMITTEE CHAIR'S REPORT TO BOARD
17th January 2022
MS Teams
2.00PM – 4.00PM

manx care
Kiarail Vannin

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee:	**AUDIT COMMITTEE**
Meeting Date:	**17 JANUARY 2022**
Chair/Report Author:	**ANDREW GUY**

KEY ITEMS DISCUSSED AT THE MEETING

The meeting discussed matters relating to outstanding internal audit actions and the internal audit plan, the role of external audit and preparations for the forthcoming CQC inspection. Outstanding actions from all board committees were reviewed.

TO ALERT (Alert the Board to areas of non-compliance or urgent matters or new risks or issues that need to be escalated to DHSC or other IoM departments)

Issue	Committee concern	Action required	Timescale
CQC Inspection	The Committee required assurance that all other Board Committees were making sufficient preparation for the CQC inspection.	The Committee would ensure that each of the board committee's had CQC preparation as a standing agenda item.	

ASSURE (Detail here any areas of assurance that the Committee has received)

Issue	Assurance Received	Action	Timescale
Outstanding open audit actions.	Internal audit had almost completed the review of open audit actions for Manx Care.	The outstanding audit actions would be presented to the Executive team for implementation and closure so the Committee could assure the Board that all actions were in hand.	
Internal Audit Plan	The Internal Audit function would produce a plan of audits for 2022/23 following review of the outstanding audit actions.		End February

Outstanding Committee Actions	It was within the Committees remit to ensure that Board Committees were following up on their outstanding actions.	This would be added as a standing agenda item.	Ongoing
Whistleblowing	The Whistleblowing Policy would be referred to the People Committee to identify a whistleblowing champion for Manx Care.	Referral to the People Committee for action.	

The following existing risks were identified during the meeting: (if none please state "none") None	**Risk:**	**CRR/BAF Nº:**	**Risk Score:** L x C =
	Risk:	**CRR/BAF Nº:**	**Risk Score:** L x C =
	Risk:	**CRR/BAF Nº:**	**Risk Score:** L x C =

manx care Kiarail Vannin	**SUMMARY REPORT**	**Meeting Date:**	**25.01.22**
		Enclosure Number:	**10.22**

Meeting:	**Manx Care Public Board**		
Report Title:	**Integrated Performance Report November 2021 – Executive Summary**		
Authors:	Oliver Radford		
Accountable Director:	Oliver Radford		
Other meetings presented to or previously agreed at:	**Committee**	**Date Reviewed**	**Key Points/ Recommendation from that Committee**

Summary of key points in report

The Manx Care Integrated Performance Report (IPR) continues to be a work in progress as a document that reflects accurately the performance of the organisation as defined by the Required Outcomes Framework (ROF).

At the last Public Board, it was indicated that the IPR would be moving to a new format which provides more historical data for each metric as well as an indication of performance against the ROF standard, denoted by a red/amber/green traffic light. Due to workforce pressures in the Business Intelligence team, this new report has not yet been completed to a point where it can be submitted as part of the public board papers, however excellent progress has been made to date.

A summary of the November 2021 IPR is as follows:

Surgery, Theatres, Critical Care & Anaesthetics

- Main Theatre Information
  - Reduction in theatre sessions taken place in November to just 34 in month due to ongoing severe staffing shortage within the Anaesthetic and Theatre establishments, resulting in only emergency and cancer lists being staffed
  - Theatre utilisation (which is a measure of the time utilised within the 34 lists that took place) increased in month to 85% which is due to close monitoring of theatre list utilisation to ensure the scarce anaesthetic and theatre staffing resource was fully utilised. This is also echoed in reduced late start and early finish minutes
  - There was also minimal cancellations of patients on the day as all patients being operated on where triaged as clinically urgent or emergencies
- Planned Care
  - Number of patients awaiting first appointment with a consultant reduced by 218 patients in month thanks to a number of outpatient waiting list initiatives taking place in November in specialties where Medefer virtual consultations will not be taking place (i.e. Neurology, ENT).
  - Number of patients where length of stay is over 21 days is further reducing thanks to the improved focus of patients with a long length of stay (via the Long Length of Stay Ward Rounds) and ongoing close working between Hospital Discharge and Social Work Teams.

- Wait for an urgent outpatient appointment continues to be significantly lower than our 6 week standard – this has been included in the newly launched Access Policy and will be achieved through the forthcoming changes in outpatient booking processes delivered by the Patient Information Centre (i.e. six week advanced booking)

Medicine, Urgent Care & Ambulance Service

- Urgent Care
  - ED performance remains steady throughout the year, with our four hour standard performance tracking around the same as is reported in England.
  - ED has seen a 6% increase in the number of patients converting from attendance to admission which could be an indicator of delayed presentation to ED or simply seasonal changes in demand
  - Work is ongoing to redevelop several areas of ED to increase physical space capacity and a business case is about to be submitted to increase nursing and admin establishment in the department.
- Ambulance Service
  - Category 1 performance has deteriorated in month to an average response time of 12 minutes (standard being 7 minutes) – this is due to an increased frequency of Cat 1 calls in the north and south localities which have a reduced coverage of ambulances compared to the central band of the island (1 ambulance being allocated to the north, 1 to the south and 2 to the central region during 8am – 8pm, reducing to 3 ambulances in total 8pm – 8am).
  - Category 1 calls are also responded to by an Ambulance Officer, based out of Ambulance HQ at Noble's however depending on location, the nearest resource may be 20-30 minutes away

Integrated Diagnostics & Cancer

- Cancer Services
  - Manx Care continues to improve the resilience of our cancer specialties in order to improve access for patients who are first referred for suspected cancer to receive their first appointment within two weeks. Developments include:
    - Weekend waiting list initiatives within endoscopy to improve access for patients referred for suspected Upper GI or Colorectal Cancer
    - Additional post-menstrual bleeding established within the Gynaecology service
    - Recruitment of new Urology Consultant after recent retirement
    - Finalising of externally provided teledermatology service to increase capacity of overall dermatology service
- Diagnostics
  - 47% of radiographic requests were completed within 24h of requested with a further 35% completed within 2-28 days across all modalities. Longest waits continue to be in Magnetic Resonance Imaging (MRI) and Ultrasound however additional activity continues to be offered within these areas to reduce waiting lists
  - Within Pathology, substantial demand remains within Microbiology around Covid-19 testing which is requiring a large amount of additional hours worked by the Microbiology teams to ensure 12h turnaround of all tests to be reported to 111. However recent changes to PCR testing and use of Lateral Flow Tests has significantly reduced this demand.
  - Non-Covid demand within Pathology remains high due to the non-elective demand being experienced across the hospital and increased GP demand, however agreed turnaround times are continuing to be met.

Integrated Women's, Children's & Families

The Care Group are working with Business Intelligence to finalise the suite of performance measures to be included in the new IPR format.

Integrated Primary & Community Care

- Community Adult Therapy Service (CATS)
    - Workforce challenges within have impacted on the performance of the CATS service however improvement has been seen to improve performance around routine referrals into the service which have improved since June. An additional locum Occupational Therapist has been hired into the team to support the recovery.
- Primary Care
    - Significant reduction in patients waiting to be placed on an NHS dentist list compared to August 2021 thanks to additional NHS dental capacity coming online in October
    - Redeployment of Community Pharmacy Team to support the Vaccination Programme combined with staff absence has impacted savings made and clinical interventions delivered by the team in November

Integrated Mental Health Services

- Moderate increase in Mental Health caseload in November compared to previous month – this is compared with a reasonably stable referral rate to the service over the past three years (7067 referrals in 2019, 6769 in 2020 and 7164 in 2021).
- Length of Stay within the Mental Health Assessment Unit (Manannan Court) has reduced to 16 days in November however overall LOS is variable over the past six months
- There has been a reduction in 3 day follow up following discharge from Manannan Court – this is being investigated by the Care Group

Social Care Services

- Adult Social Work
    - It is intended that work will be carried out as soon as possible with the BI Team to review the data being provided, as well as the data that RiO is capable of generating, to ensure it shows a clear, measurable picture, with any mandate requirements and benchmarks clearly set out. The quality of the data and the narratives in the Integrated Performance Reports will then improve. Team managers are now interrogating various elements of the data to ensure better accuracy and reporting on measurable elements.

- Adult Social Care - Operational
    - The overall figure of older people/dementia care residential beds is reduced by the disproportionately large number of vacancies at Cummal Mooar, which is an outdated facility with shared bathrooms. By contrast, the more modern Southlands is almost full. Recent Covid outbreaks have impacted admissions, as well as income.
    - The negative budgetary variance in this part of the service is almost entirely attributable to increased staffing costs, overtime and funding bank workers to cover for isolation absences.

- Children & Families
    - The number of re-referrals is showing an ongoing reduction, a result of a change of process implemented earlier in the year involving more discussion with referrers.
    - The increase of referrals to Early Help & Support is a positive indicator of the improvement to the initial referral process.

Glossary

Term	Definition
% Utilisation	Calculated based on numbers of minutes where patient is occupying theatre over total number of minutes available within theatre – applies to open theatre sessions only, therefore not counted if session is cancelled
Patients Awaiting First Appointment	Although most referrals are from a GP to a Consultant, some Clinical Nurse Specialists and Allied Health Professionals (such as Therapists, Clinical Physiologists) accept referrals
DNA Rate	Did Not Attend rate – in UK averages ~5-8%
Spell	Episode of care
AED Admission Rate	% of patients that attend ED that get admitted – in UK is ~25%
Category One Ambulance Call	An immediate response to a life threatening condition, such as cardiac or respiratory arrest
OPD	Outpatient Department
CATS	Community Adult Therapy Service
CVA	Cerebrovascular Accident – other name for Stroke

Radiology Modality Abbreviations

Abbreviation	Full Name
XC	External Camera Photography
XA	X Ray Angiography
US	Ultrasound
RF	Radio Fluoroscopy
NM	Nuclear Medicine
MDT	Multidisciplinary Team discussion
MG	Mammography
MRI	Magnetic Resonance Imaging
IO	Intra Oral Radiography
ENDO	Endoscopy under radiographic control
CT	Computed Tomography (CT Scan)
CR	Computed Radiography (plain film)
BD	Bone Densitometry

Pathology Abbreviations

Abbreviation	Full Name
BT	Blood Transfusion
MSSU	Mid stream sample of urine – to measure micro-organisms in urinary tract
Clotting	Measurement of clotting of the blood
Viscocity	Measurement of viscosity of blood
A1C	Test for type 1 or type 2 diabetes
Lipids	Measurement for lipids in blood for example cholesterol, triglycerides and low density lipoprotein

Haematinics	Measurement of Iron, Vitamin B12 and Folate in the blood
MRSA	Test for Multi Resistant Staphylococcus Aureus which is a common hospital acquired infection
Bone Profile	Test for Calcium, Phosphate, Albumin and Alkaline phosphatase in blood
LFT	Liver function test
U&E	Test for levels of urea & electrolytes in the blood
FBC	Test to determine levels of all elements of the blood (red blood cells, white blood cells, platelets etc
Covid Swab	Test for presence of Covid-19 following naso-pharyngeal swab

Social Care Abbreviations

Abbreviation	Full Name
Section 46 Enquiries	This relates to child protection and section 46 of the Children's and Young Person Act 2001 is the part of the act that covers the area.
NARRATES	Needs Assessment, Robust Risks Analysis and Timely Effective Support

Recommendation for the Committee to consider:							
Consider for Action		**Approval**		**Assurance**	**X**	**Information**	

It is recommended that the Board :

Note the contents of the May Integrated Performance Report and provide any feedback around content or format to either the main document or executive summary.

Is this report relevant to compliance with any key standards? YES OR NO		**State specific standard**
Data Security and Protection Toolkit	No	
Others (pls specify)	No	

Impacts and Implications?	**YES or NO**	**If yes, what impact or implication**
Patient Safety and Experience	Yes	
Financial (revenue & capital)	Yes	
Workforce & Culture including H&S	No	
Equality, Diversity & Inclusion	No	
Legal	No	

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INTEGRATED PERFORMANCE REPORT

November 2021

MANX CARE KPI REPORTING

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Manx Care KPI Reporting

Surgery, Theatres, Critical Care and Anaesthetics

Care Group Reporting

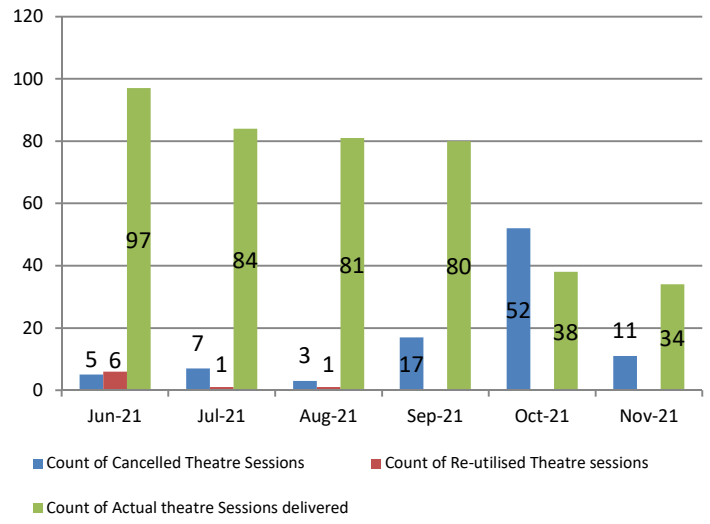
(November 2021)

Contents:

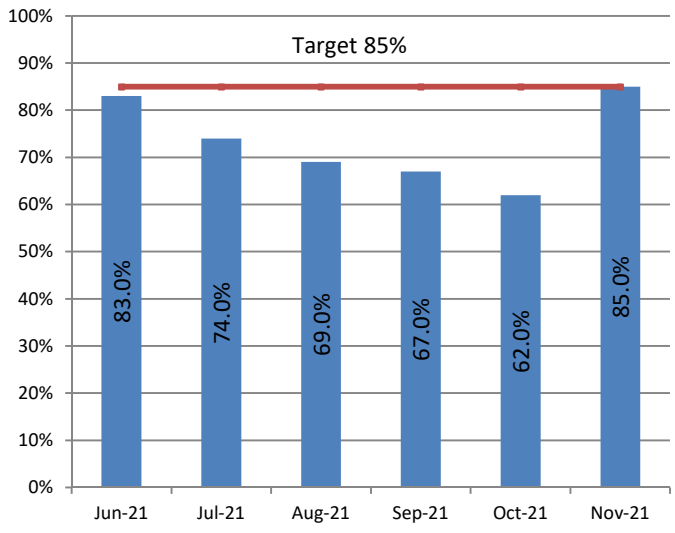
Theatre's KPI Dataset
Planned Care KPI Dataset

MAIN THEATRE INFORMATION - 2021-22

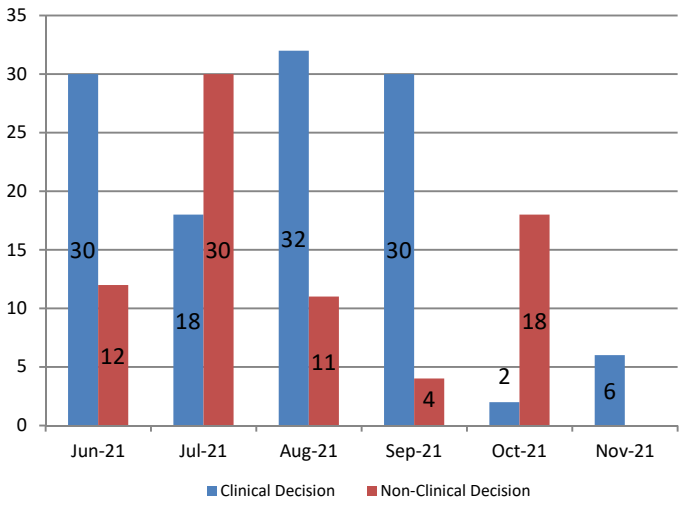
THEATRE SESSIONS (EXCLUDES WEEKEND TRAUMA)



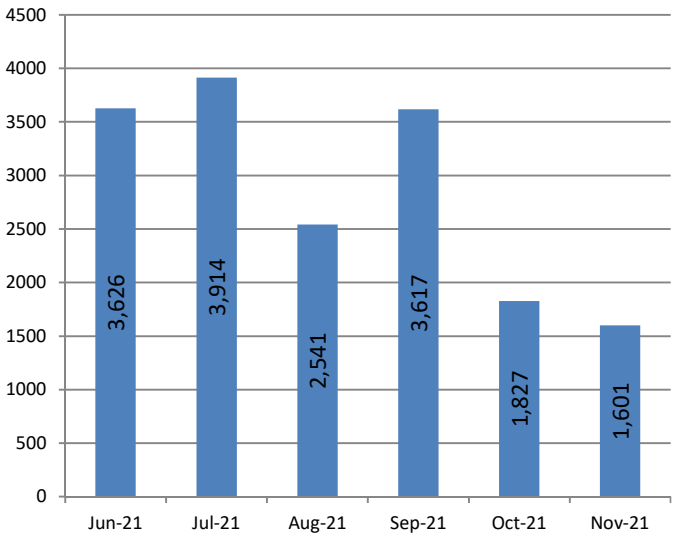
% UTILISATION (EXCLUDES WEEKEND TRAUMA)



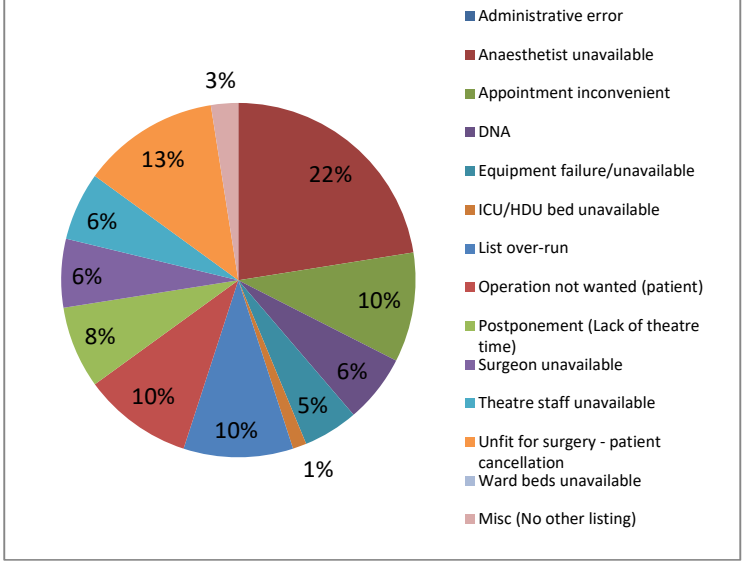
THEATRE CANCELLATIONS ON DAY (EXCLUDES WEEKENDS)



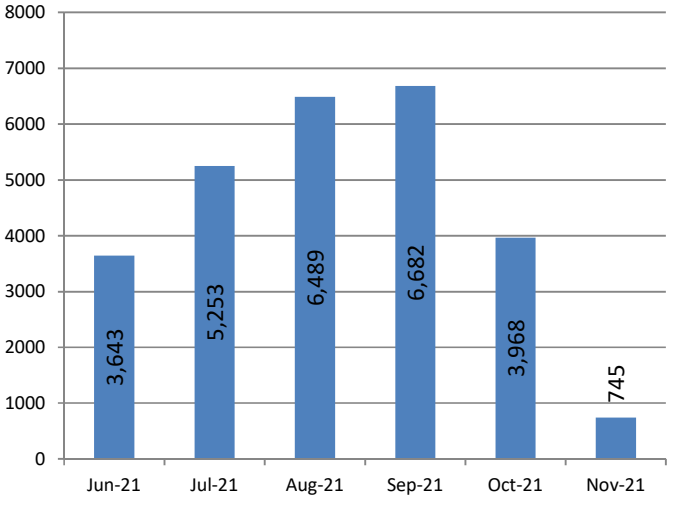
LATE STARTS IN MINUTES (EXCLUDES WEEKEND TRAUMA)



NON-CLINICAL CANCELLATIONS ON DAY (EXCLUDES WEEKENDS)

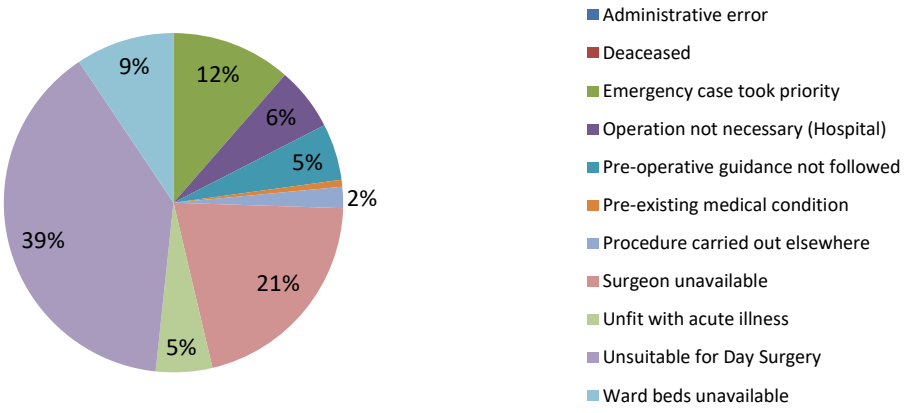


EARLY FINISHES IN MINUTES (EXCLUDES WEEKEND TRAUMA)

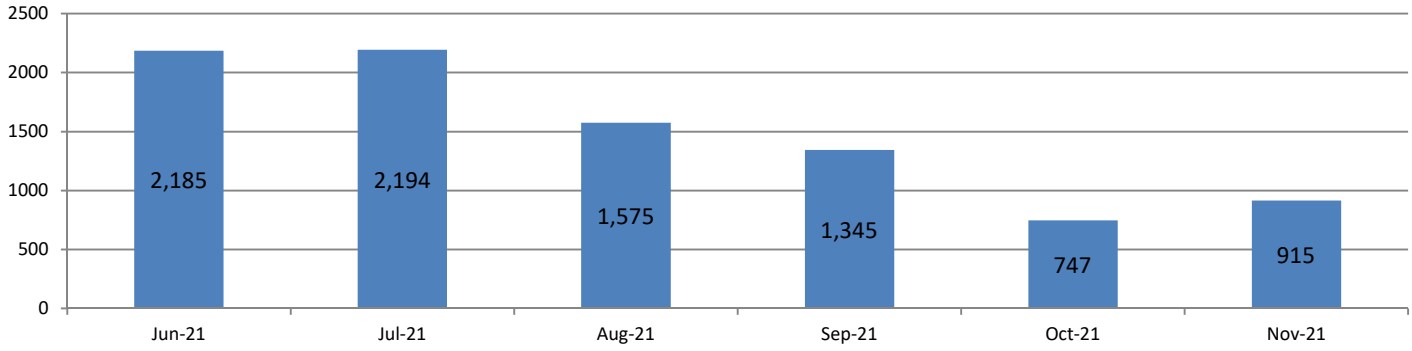


MAIN THEATRE INFORMATION - 2021-22

CLINICAL CANCELLATIONS ON DAY (EXCLUDES WEEKENDS)



LATE FINISHES IN MINUTES (EXCLUDES WEEKEND TRAUMA)



Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Theatre Services	619	714	94	13%

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Theatre Services	5,130	5,710	580	10%

MAIN THEATRE INFORMATION - 2021-22

Theatres Narrative - November 2021

Theatre sessions
Total theatre sessions utilized has reduced due to staffing unavailability and therefore providing minimal routine elective sessions. Cancelled sessions reduced this month in line with the above. Recruitment is ongoing in addition to covering vacancies with Agency staff. Future work to be undertaken on establishment and skill mix review as well as recruitment and retention strategies.

Theatre Cancellations on the day
There were 6 clinical decision cancellations:
2 due to bed capacity issues
1 Procedure carried out elsewhere
1 Pre-existing medical condition
1 Admin error
1 Unfit due to acute illness
All but the 2 cancellations due to bed issues were preventable on the day cancellations. Work needs to be undertaken to reduce cancellations as this is a poor patient experience and causes undue stress, this will require integrated team review to ensure processes are in place to manage these.

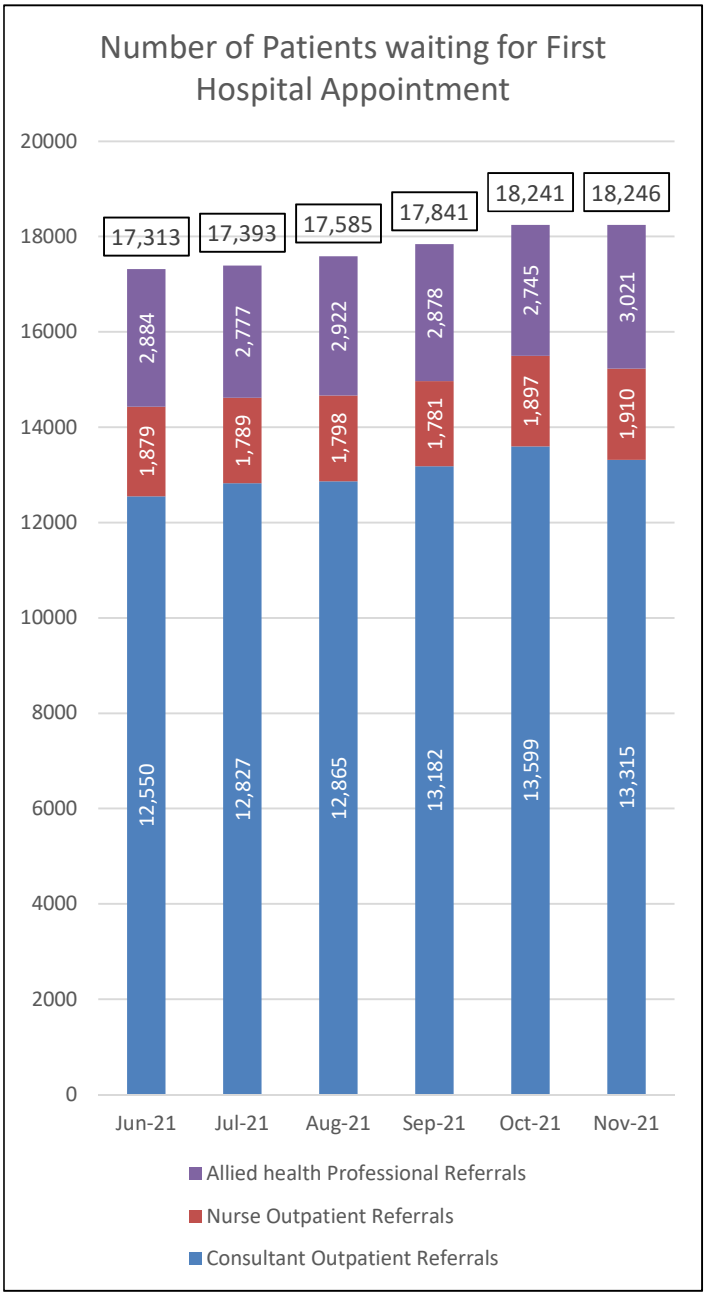
Non clinical cancellations on the day
These remain higher than would be acceptable; this is partly down to poor management of the cancellation process and also a high incidence of preventable cancellations.
Commencing in December there will be a focus on scheduling to ensure surgeons and anaesthetists are available for their lists as well as reviewing the theatre booking and scheduling processes. We should see a reduction in emergency cases breaking into routine lists as Trauma and NCEPOD lists are planned every day. There needs a concerted effort of ensuring patients attend Pre-assessment and receive the correct information to prevent cancellations as well as ensuring they are appropriate for a day surgery procedure.
There will be an impact with the prevalence of Covid -19 which has an impact on patients being unable to attend for surgery and restrictions on bed capacity which will be monitored.

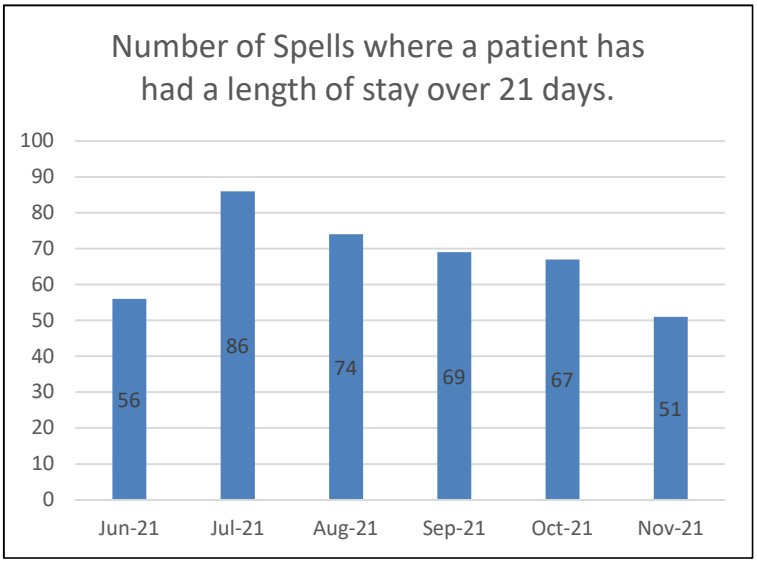
Clinical cancellations on the day
As with Non-clinical cancellations the majority of these is preventable and appears unacceptably higher than expected.
As above review of practices and processes is being undertaken to decrease cancellations and improve patient experience
Utilization
This will be monitored and further work will be undertaken to ensure this is an accurate refection of the work undertaken, effective and efficient use of the sessions. Though November showed the highest utilization for the previous 5 months

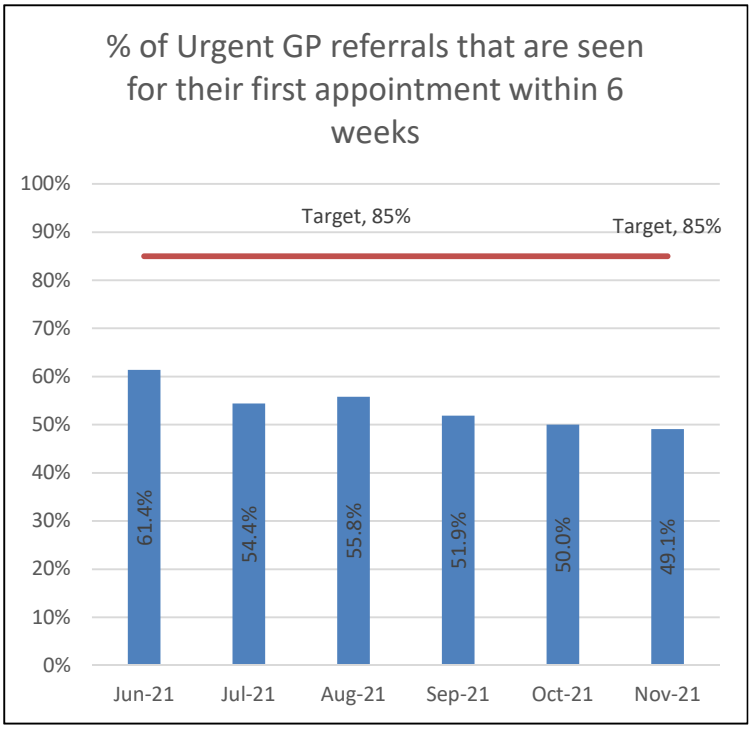
Late starts and finishes/Early finishes
Late starts have reduced since October though late finishes have increased slightly and is most likely due to the reduction in elective sessions being undertaken, which is also reflected in the early finishes being significantly lower. Review/Audit needs to take place to see if there is a correlation with late starts and late finishes.
As we ramp up with elective surgery this will be monitored and managed more effectively but will require a integrated team approach to ensure patients and staff are prepared for theatre lists.

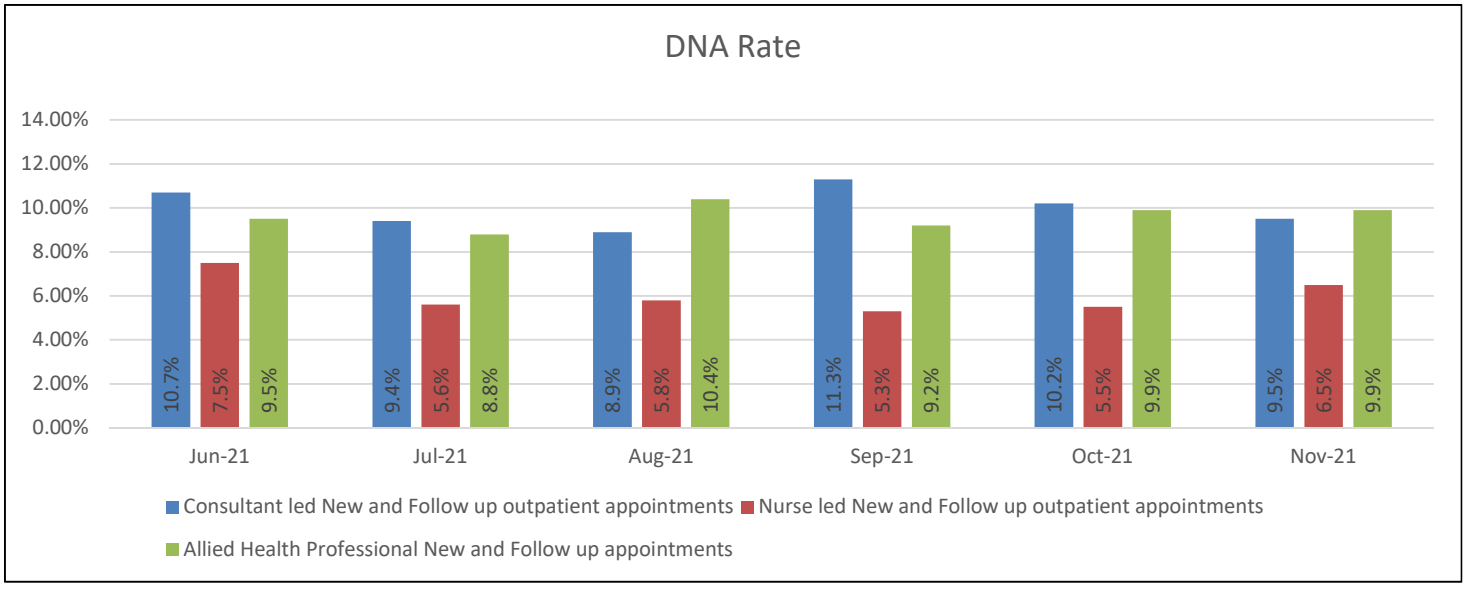
Financials
The department is under budget which is expected as productivity is reduced. The spend is higher than would be expected due to use of Agency staff.

Planned Care 2021-22

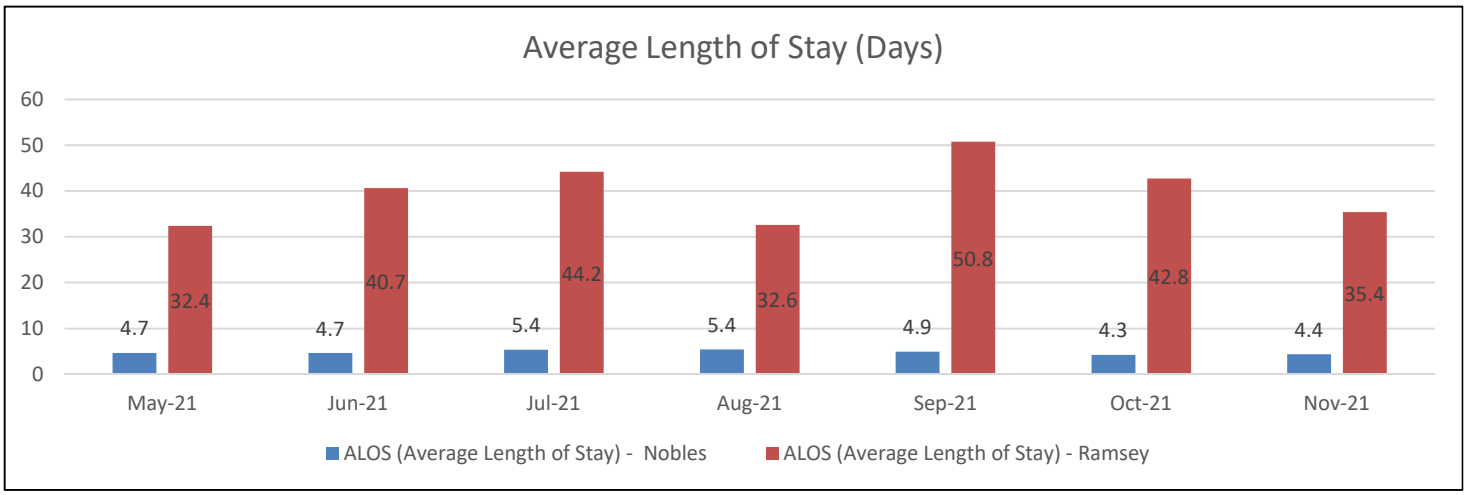








Planned Care 2021-22



Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Medicine Services	1,145	1,131	(14)	(1%)

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Medicine Services	9,683	8,715	(967)	(11%)

Hospital Planned Care Services - Narrative - November 2021

Number of Patients waiting for First Hospital Appointment

This combined data for both surgical and medical patients.

Due to staff vacancies, annual leave and other absences coupled with difficulties in recruiting locum cover , there has been a reduction in outpatient clinic capacity which has resulted in an increase in number so patents awaiting a first appointment. In addition as GP practices began to see more patients face to face this has led to an overall increase in referrals.

Number of Spells where a patient has had a length of stay over 21 days

This combined data for both surgical and medical patients.

The acuity of patients being admitted is increasing for surgical patients as an indirect consequence of surgical procedures being delayed / cancelled due the reduction in elective surgical and orthopaedic procedures in theatre. Given the overall pressure on beds for medical admissions coupled with reduction in number of surgical patients there has been daily activity to ensure patients as discharged as soon possible where clinical appropriate. However some patients whilst medically fit for discharge are unable to be discharged for a variety of reasons such as re-enablement delays, and non availability of residential and nursing care beds.

Planned Care 2021-22

% of Urgent GP referrals that are seen for their first appointment within 6 weeks

This combined data for both surgical and medical patients.

Due to staff vacancies, annual leave and other absences coupled with difficulties in recruiting locum cover , there has been a reduction in outpatient clinic capacity which has resulted in an increase in number so patents awaiting a first appointment. When coupled with an overall increase in referrals this has led to a continuing reduction in number of patients seen within 6 weeks.

DNA Rate

This combined data for both surgical and medical patients.

As the number of cases of COVID within the community increased, this has been matched by an increase in patients who DNA either due to isolation or a reluctance to attend the hospital.

Average Length of Stay (Days)

This combined data for both surgical and medical patients.

The acuity of patients being admitted is increasing for surgical patients as an indirect consequence of surgical procedures being delayed / cancelled due the reduction in elective surgical and orthopaedic procedures in theatre. Given the overall pressure on beds for medical admissions coupled with reduction in number of surgical patients there has been daily activity to ensure patients as discharged as soon possible where clinical appropriate. However some patients whilst medically fit for discharge are unable to be discharged for a variety of reasons such as re-enablement delays, and non availability of residential and nursing care beds. As a consequence the length of stay is remaining fairly static.

Variance on Budget 2020-21

The main reason for the budget overspend in Surgical Services is due to the significant number of roles that need to be filled by locums due to vacant posts, combined with the need to cross cover on call and other activity using internal bank shifts due to annual leave and other absences.

Manx Care KPI Reporting

Medicine, Urgent Care & Ambulance Service

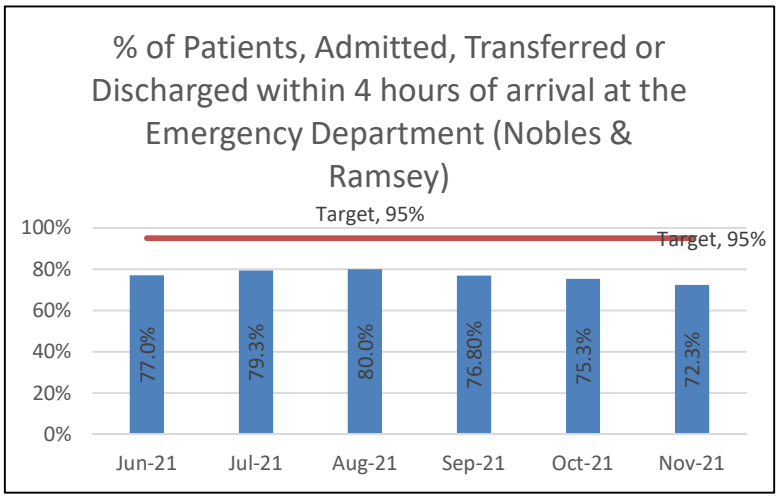
Care Group Reporting

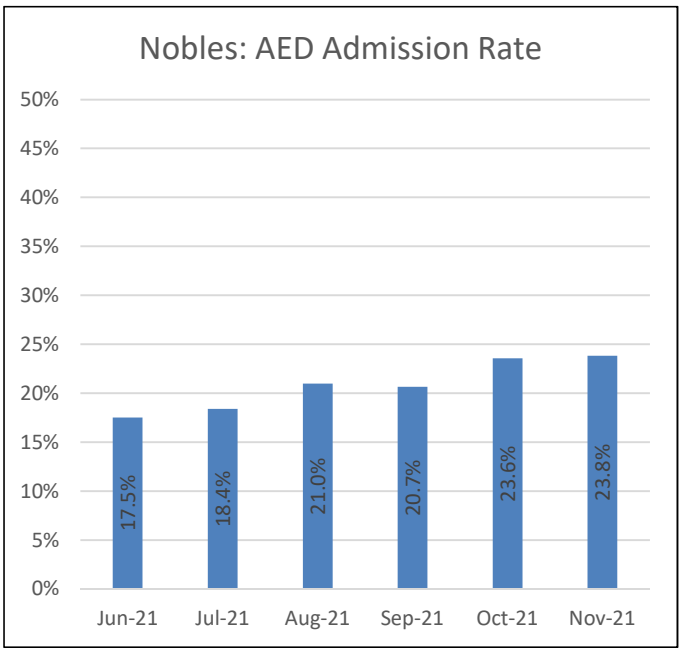
(November 2021)

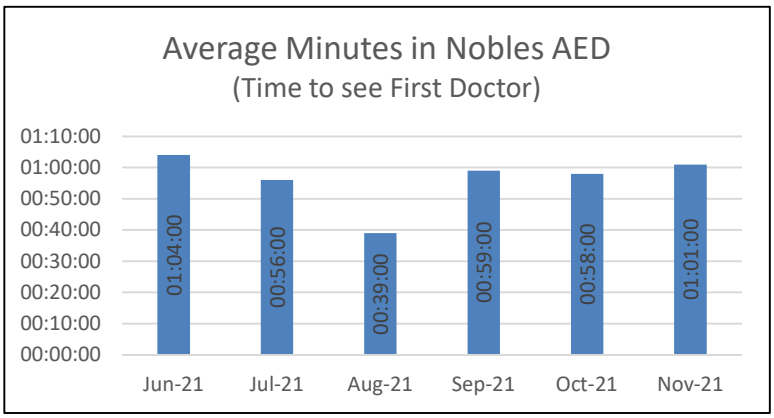
Contents:

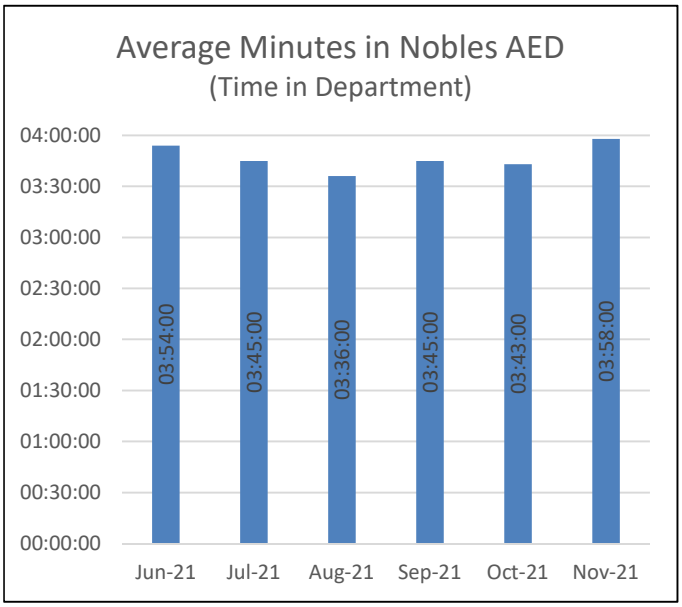
Urgent & Emergency Care KPI Dataset
Ambulance Service KPI Dataset

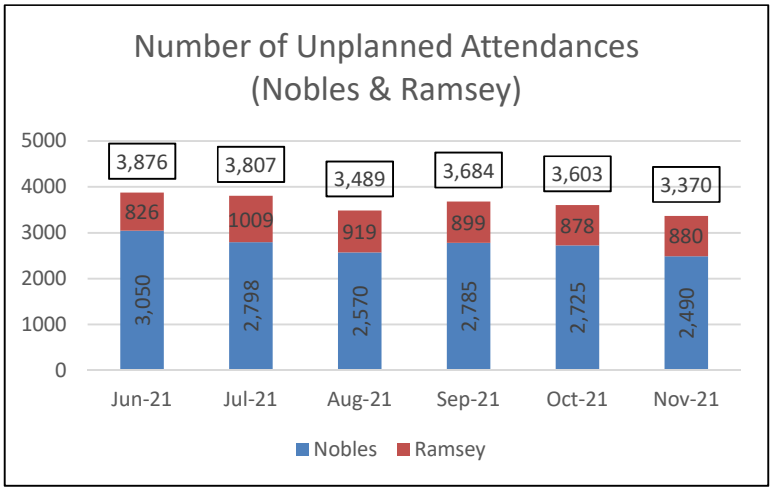
Urgent and Emergency Care -2021-22











Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Urgent Care	648	568	(81)	(14%)

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Urgent Care	4,961	4,368	(593)	(14%)

Urgent and Emergency Care -2021-22

Urgent & Emergency Care Narrative - November 2021

MEDICINE

Number of patients awaiting first appointment
The number of patients awaiting their first appointment has increased by 5 patients. However, there was a decrease of patients awaiting a consultant appointment by 284 but an increase of patients awaiting an Allied health Professional appointment by 276. Within Medicine there have been some staffing issues in the cardio-respiratory department that have contributed to the increase in the waiting time for appointments, but this is being addressed with vacant posts being advertised. Furthermore as the data is not separated between Medicine and Surgery it is hard to comment on where the rise is as Surgery have a large number of specialities with large waiting lists also. However, within Medicine the longest waits remain in Cardiology, Gastroenterology and Neurology, however, all three specialities are currently working with Medefer to bring down their respective waiting times. Service reviews for Medical specialties such as Gastroenterology, Renal and Haematology are due to take place as these services need urgent review to keep up with increasing demand.

DNA Rate
DNA rates for Consultant led clinics have decreased by 0.7% and nurse led clinics are up 1%. Work is ongoing with the Patient Information Centre regarding the reminders sent to patients about their upcoming appointments as many appointments are booked months in advance. **Suggestion**: Should we be sending regular text message reminders to patients and asking patients to book a time that suits them rather than us dictating when they have an appointment? There is evidence to suggest that self-selected bookings at a convenient time for the patient tend to reduce the numbers of DNA.

% of Urgent GP referrals that are seen for their first appointment within 6 weeks
Urgent referrals seen within 6 weeks has decreased by almost 1% to 49.1% with the national target of 85% (underperforming by 35%). Medicine are currently looking at the establishment for each speciality area. In Gastroenterology we have requested an additional locum consultant to assist our current consultant with waiting times and other clinical activity. Governance structures are in place and looking across other specialities into patient safety and care.

Number of spells where patient has had length of stay longer the 21 days
The number of patients with a stay longer than 21 days is still decreasing compared to September and October. This decrease can be seen for the last 5 months in a row which is very positive as we have gone from 86 patients in July to 51 in November. There has been a substantial push on making sure that patients can be discharged at the earliest opportunity which has included a focus on improved support of daily ward rounds on all medical wards and surgical wards where there are medical outliers by consultants and Social Care colleagues.

Long length of Stay Board Rounds with Social Care representation along with the Geriatric Consultant, the Complex Discharge Co-ordinator and Occupational Therapy continue to be conducted every Wednesday with updates fed back to patients, their families and senior management.

Average Length of Stay
Although the Average Length of stay for patients in Nobles has remained stable there has been another significant decrease of 7.4% for those patients in Ramsey, this is the third consecutive decrease. CHS are now focussing on those patients who have a length of stay between 72hrs and 21 days. The Associate Director of Nursing (Operations) has now commenced in their role and will be looking at new discharge criteria and policies.

URGENT AND EMERGENCY CARE

% of Patients, Admitted, Transferred or Discharged within 4 hours of arrival at the Emergency Department (Nobles & Ramsey)
The percentage of patients Admitted, Transferred or Discharged within 4 hours of arrival at the Emergency Department decreased to 72.3 % from 75.3% the previous month.

The drop in performance can be attributed to the reduced staffing within the Emergency Department throughout November as we saw 235 less patients compared to the previous month.

This performance remains comparable to NHS England, where in November 2021 around 74% of patients were seen within 4

hours. However, with a lack of beds within the hospital is causing delays in admission this contributed significantly to driving up waiting times and affecting 4 hour performance figures as staff were nursing patients awaiting admission to hospital beds.

Nobles: AED Admission Rate
The admission rate increased compared to the previous month with 0.2% increase. This remains consistently approximately 25% below that of the NHS England admission rate.

This increase in admissions can be attributed to the increasing winter pressures across Manx Care. It is hoped that the work being done with Medicine to provide ED in-reach and ensure senior clinical decision making is happening earlier, is avoiding admissions where it is safe and in the best interests of the patient to do so. The work undertaken in the Medical Ambulatory Care Unit and by the Ambulatory Emergency Clinic and Acute Oncology is also a significant contribution to keeping admission numbers low and ensuring ED deals only with those who need their attention and in enabling early discharge to their care from the hospital bed base. However, even with the focus on admission avoidance and early discharge, pressure on medical beds in the acute settings is constant and sustained. Manx Care have moved to the OPEL framework to evaluate hospital pressures on a four times daily basis. In the future the OPEL framework will be used to communicate these pressures, both internally (within Manx Care) and externally (to the public).

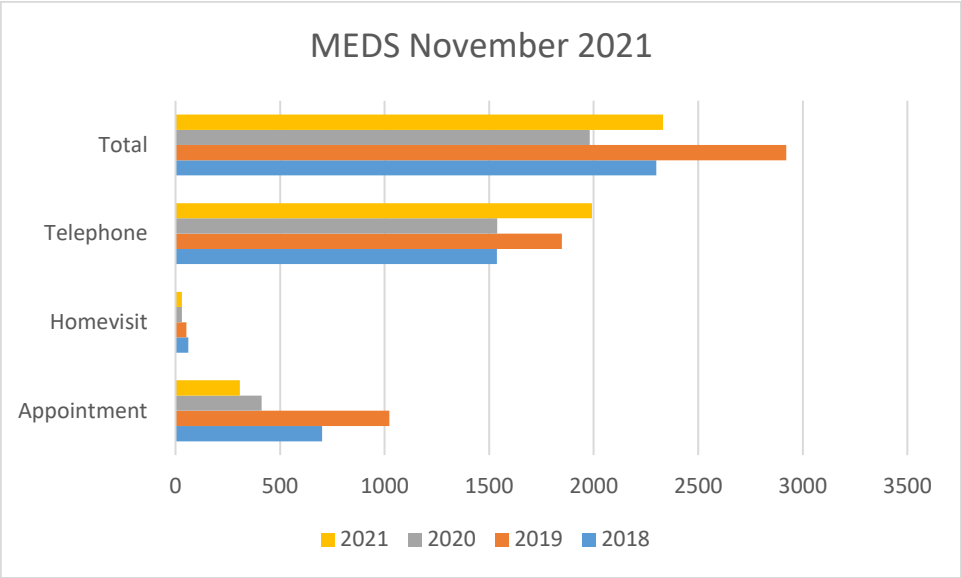
Average Minutes in Nobles AED (Time to see First Doctor)
There has been an increase of 3 minutes for average time to first see a doctor. This is mostly attributed to the staffing in the department and to winter illnesses and Covid related sickness. We continue to push on recruitment led by the Clinical Director and Service Manager.

Average Minutes in Nobles AED (Time in Department)
A 15 Minute increase this month on average minutes in the department can again be attributes to staffing and winter illness. The department are sourcing a further consultant to support senior decision making for further hours of the day covering till 11pm.

Number of Unplanned Attendances (Nobles & Ramsey)
Ramsey and Nobles have seen an average of 112 patients per day in November. The Care Group continues to look at ways to mitigate the long-term rise in attendances and subsequent demand (the figure for November 2021 is 12 patients per day greater than the November 2020 figures), including the use of medical specialties in-reach into the ED (to speed up senior clinical decision making) and the increased and sustained use of the Medical Ambulatory Care Unit and the Ambulatory Emergency Clinic, which has now also incorporated in to its facilities the Acute Oncology team as well. However, space (the real estate available to us for use) and staffing remains the rate limiting factor. These issues are being addressed via the submission of a business case requesting additional resources as part of the Urgent and Emergency Integration of Care.
In the longer term Manx Care will seek to redefine patient pathways and ensure that clinical input is provided earlier in the patient journey to facilitate the more appropriate delivery care, in the most appropriate locations, by the most appropriate people. This is part of the ongoing transformation work.

Urgent and Emergency Care -2021-22

MEDS Total Contacts November 2021



In November 2021 the service received a total of 2331 Patient contacts which was a 17% Increase on the same period in 2020 and a 21% decrease in Pre Covid Demands (2019)

Contacts

The contacts were broken down as follows:

339 Face to face contacts (either Home visit or Appointment at the centre) which represent 15% of the contacts.

1992 contacts were dealt with via telephone and telemedicine making up 85% of November contacts

This switch in the way the service operates significantly shows the positive impact that the change to working practices has had on the services and the learning that has been taken on board during the pandemic.

Appointments

1% of patients seen face to face had turned up without contacting the service by telephone first.

2% of patients offered an appointment Did Not Attend – in all of these instances in November the patient choose to call an ambulance or present at Emergency Department rather than attend the MEDS appointment offered.

Urgent & Emergency Care -2021 -22

Waiting Times

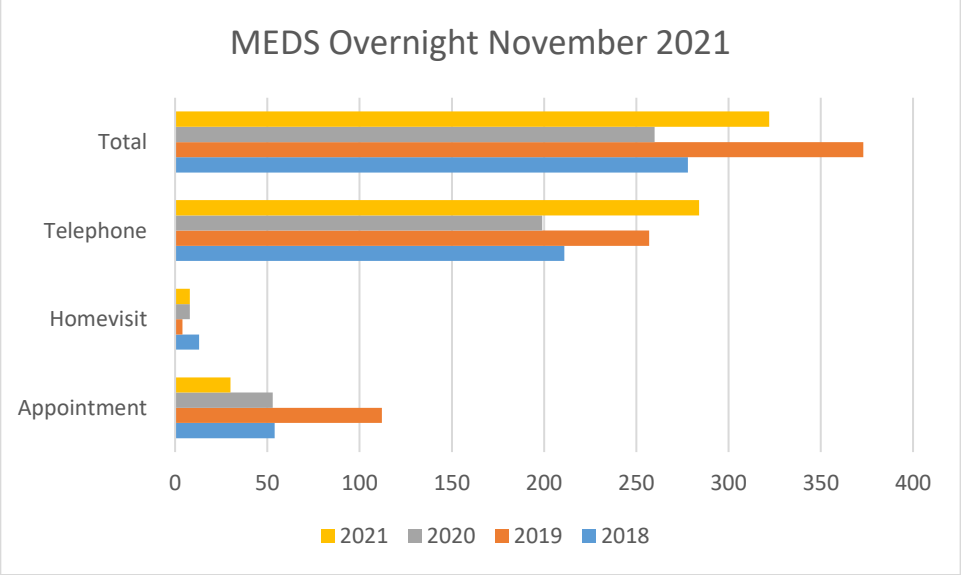
MEDS Target time to call back a patient is 2hours from patient's initial contact

November saw 99% of patients called back within 2 hours.

Wait Times for Call back	< 2Hours	>2Hours
Number	1894	92
Percentage	99%	1%

This is testament of the hardworking team within the service who continue to put the patient at the centre of service delivery. The 1% of patients not called back had no phone signal/battery and were contacted within an average of 4 hours.

MEDS overnight November 2021



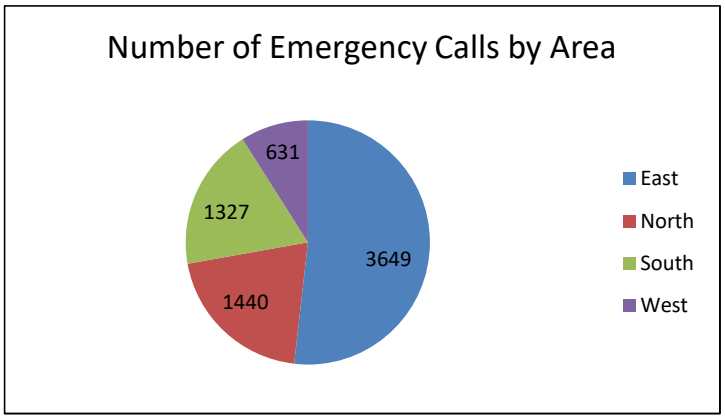
In November 2021 between 00:00 – 08:00

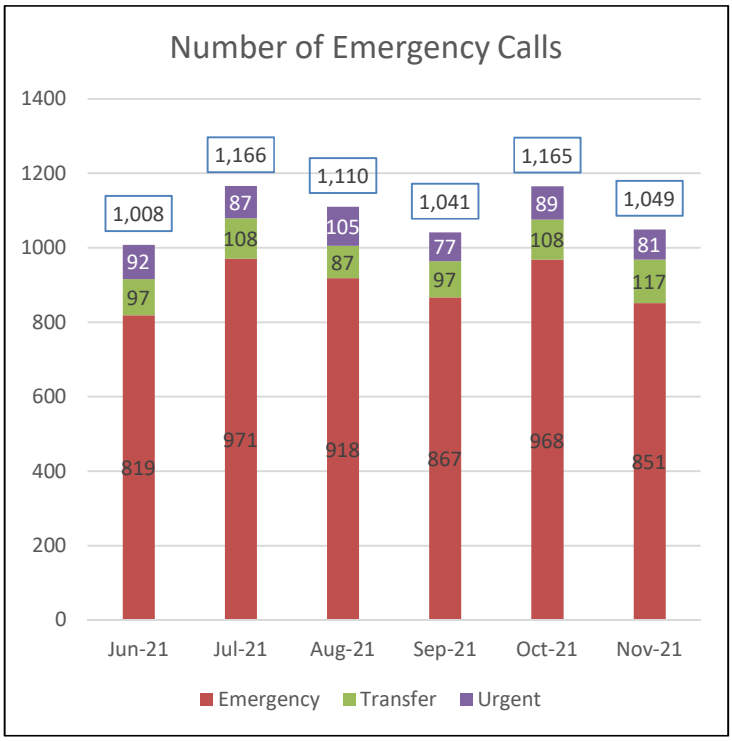
10% of the total MEDS appointments occurred

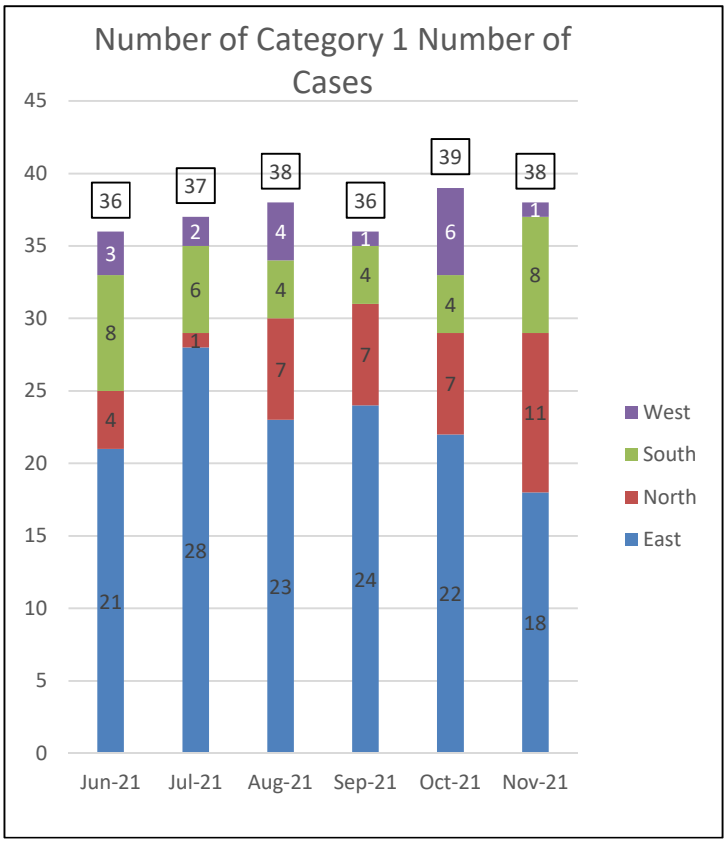
26% of the total home visits occurred

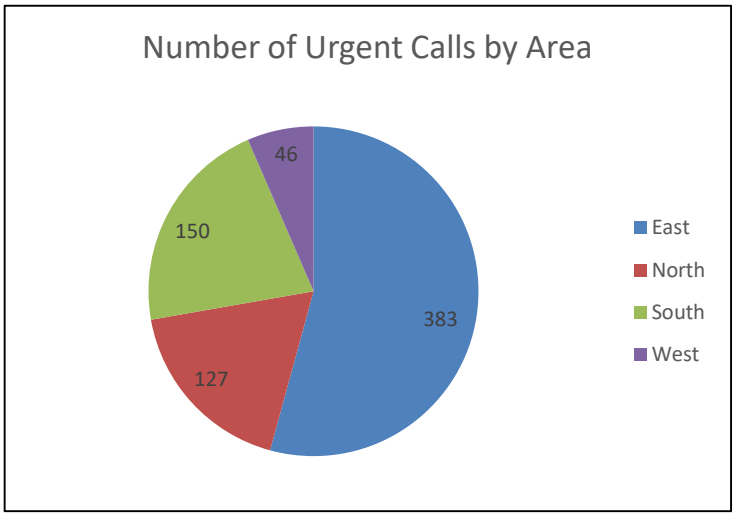
14% of the telephone contacts occurred overnight

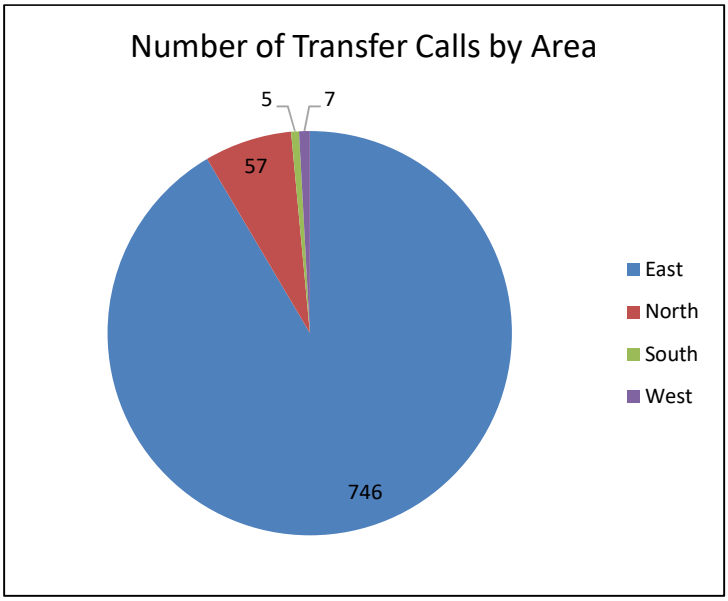
Ambulance Service 2021-22

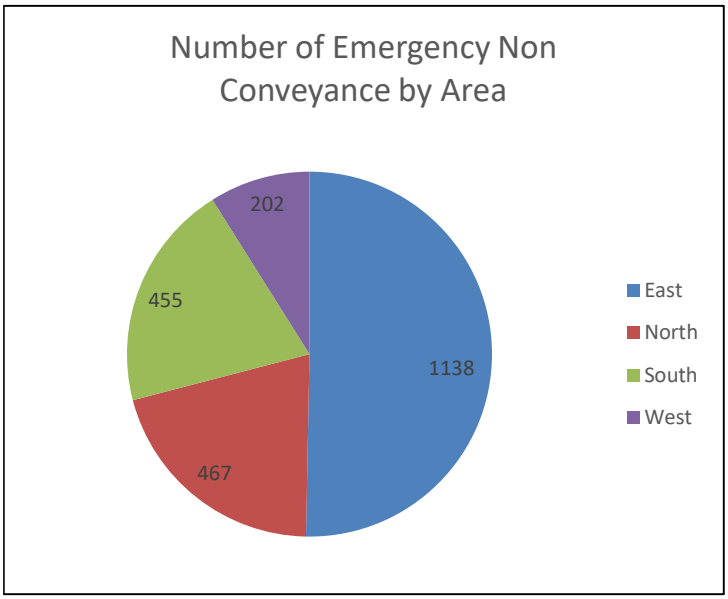




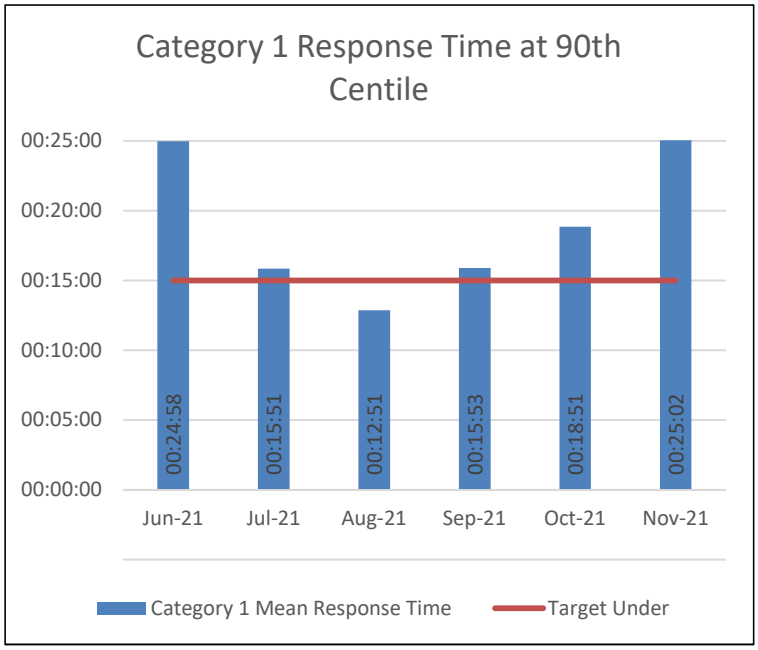


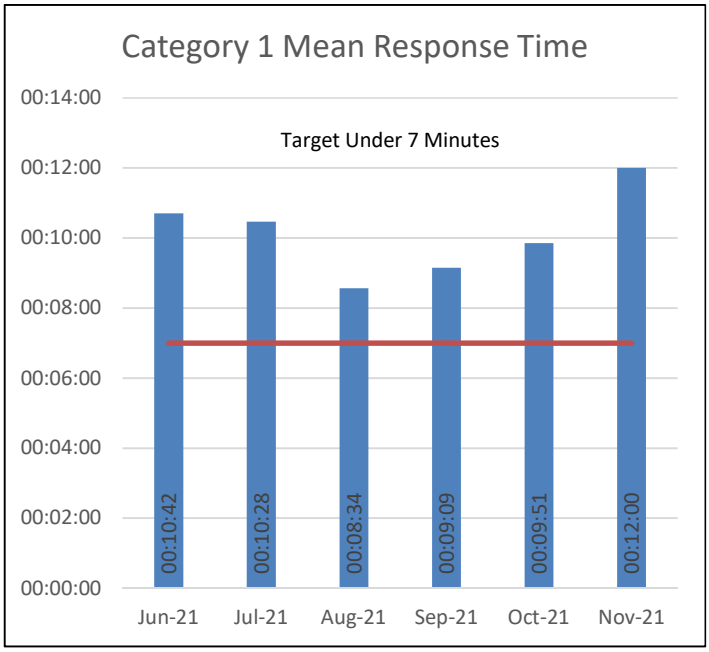


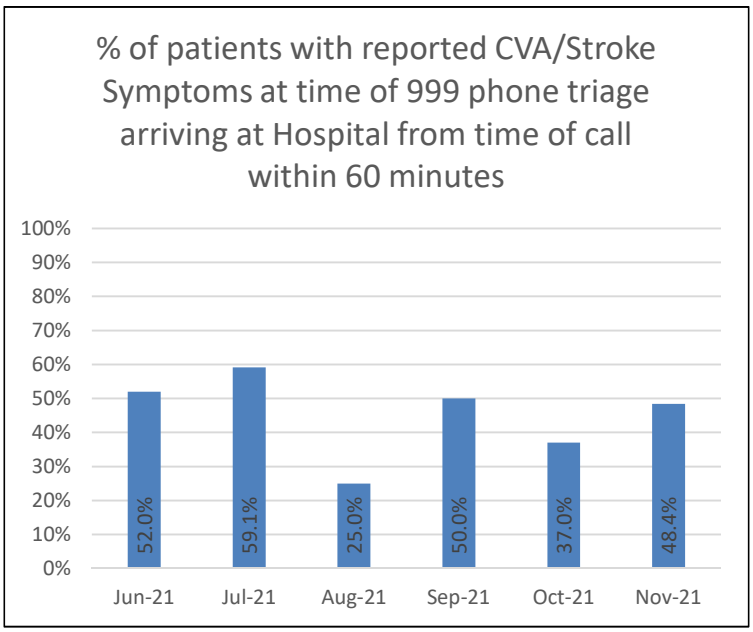


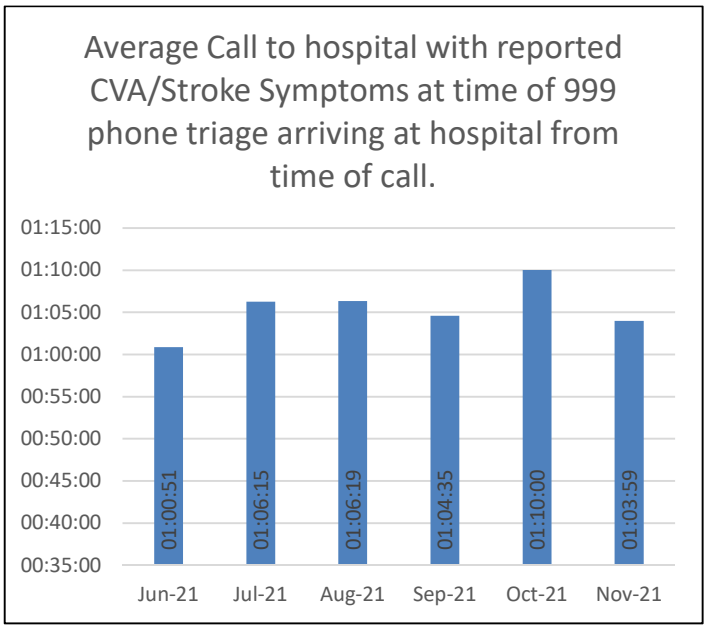


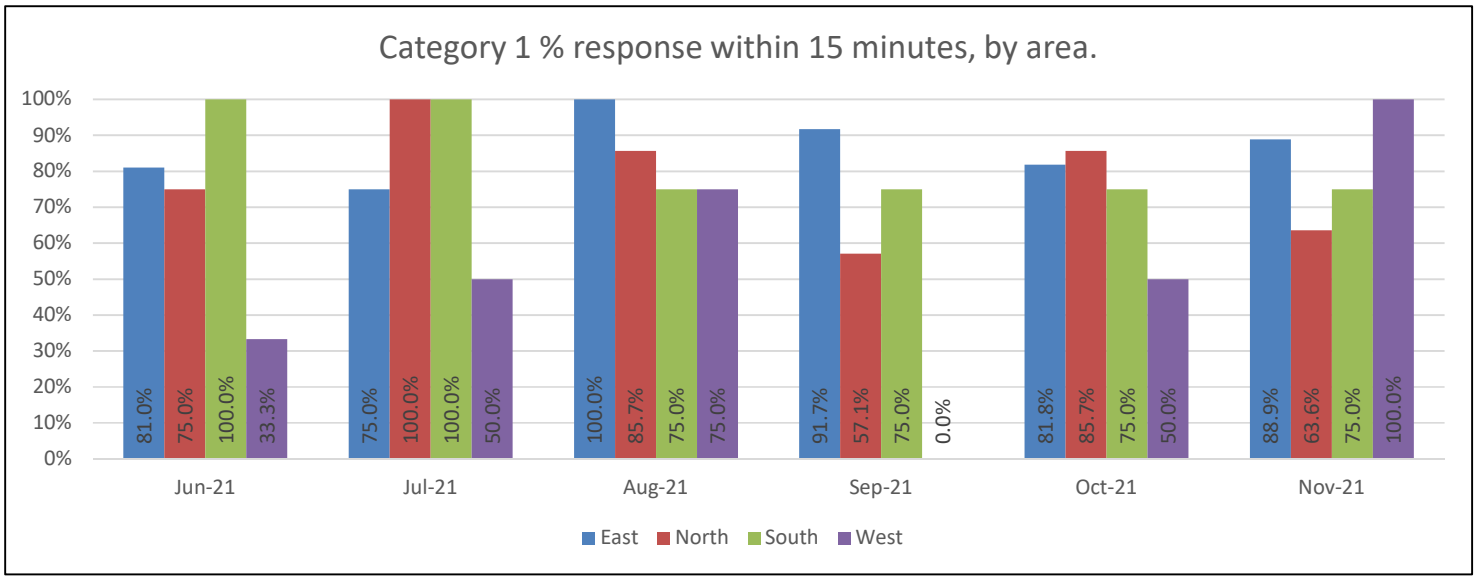
Ambulance Service 2021-22











Ambulance Service 2021-22

Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Ambulance Service	346	330	(16)	(5%)

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Ambulance Service	2,521	2,638	118	4%

Ambulance Service Narrative - November 2021

During November, we have seen an increase in Cat 1 calls in the north and south areas this can extend the response times to these calls. There were also delays at the ED in offloading patients, patients were held on the ambulances with crews waiting tired up and unable to respond. Calls were being held daily not having ambulances available to respond. As a mitigation measure, the ambulance duty officer would relocate to the control room to manage the risk.

Manx Care KPI Reporting

Integrated Diagnostics and Cancer Services

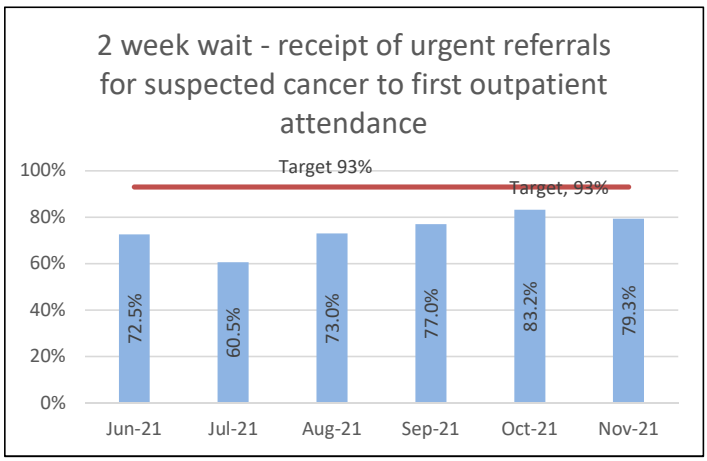
Care Group Reporting

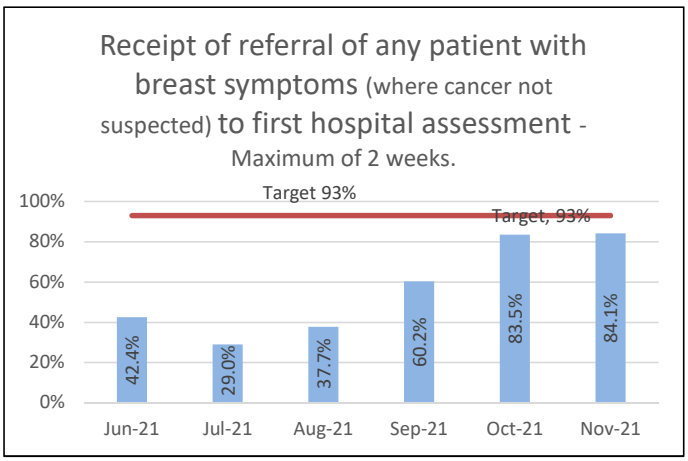
(November 2021)

Contents:

Integrated Cancer Services KPI Dataset
Radiology KPI Dataset
Pathology KPI Dataset

Integrated Cancer Services 2021-2022





Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Cancer Services	547	353	(194)	(55%)

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Cancer Services	4,453	2,920	(1,533)	(53%)

Integrated Cancer Services - Narrative - November 2021

KPI - 2 week wait - receipt of urgent referrals for suspected cancer to first outpatient attendance
For November 2021, the overall monthly average for 2WW performance was **79.3%**.

Tumour Group	Performance
Breast	84.1%
Colorectal	74.3%
Dermatology	74.7%
Gynaecology	80.3%
Haematology	100.0%
Head & Neck	90.2%
Lung	75.9%
Upper GI	85.6%
Urology	77.5%

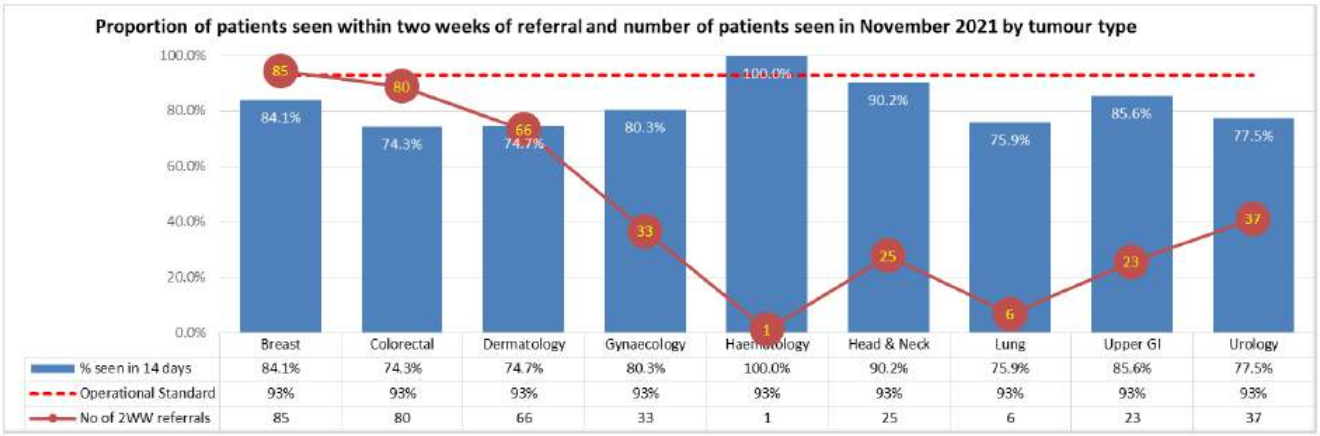
This KPI has been impacted by the volume of 2 week wait referral rates for specific tumour groups:

Tumour Group	Weekly average number of 2WW	
	October 2021	November 2021
Breast	18	21
Colorectal	18	20
Dermatology	16	17
Gynaecology	8	8
Haematology	1	0
Head & Neck	5	6
Lung	2	2
Other	1	0
Upper GI	5	6
Urology	10	9
TOTAL	**84**	**89**

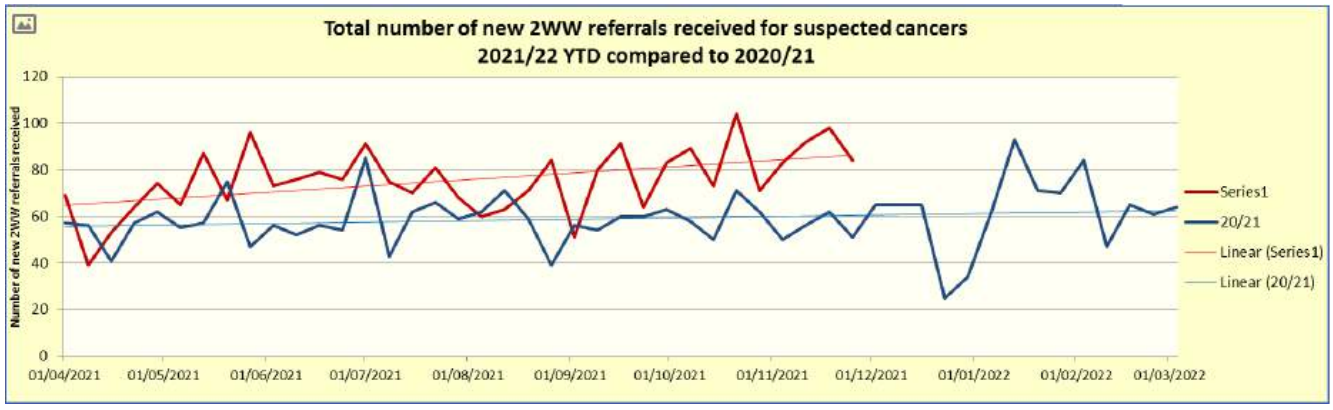
Integrated Cancer Services 2021-2022

The average number of referrals received in 2020/21 for all tumour groups was 59 per week. The recent monthly average 84 which is significantly higher and this has impacted on the breach position.

The graph below summarises the performance and referral rates:



The graph below demonstrates the referral rates for 2021/22 year to date in comparison to 2020/21:

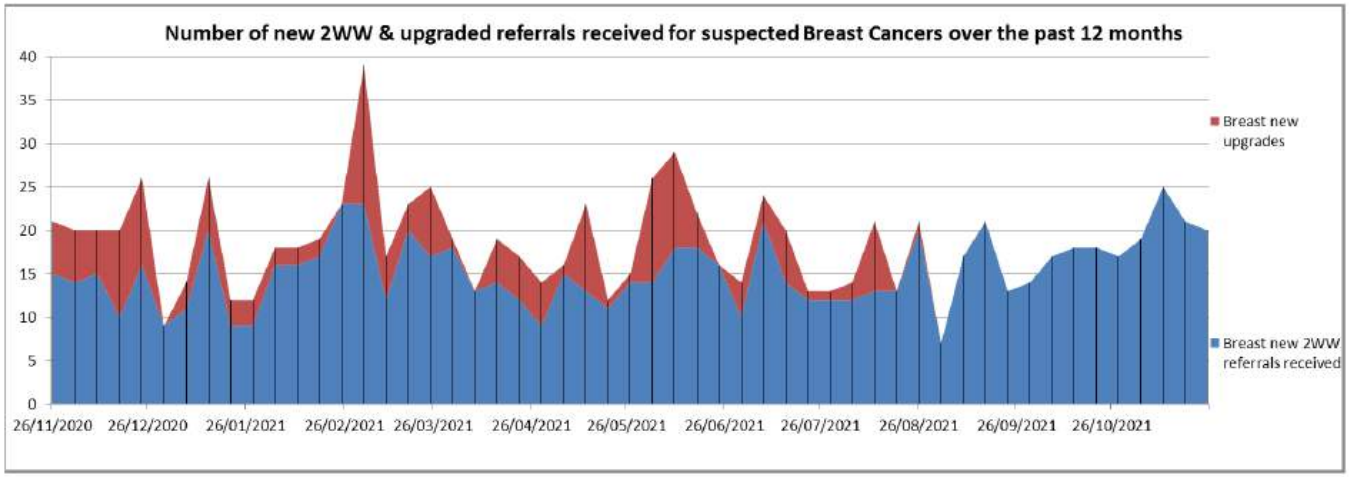


Other issues noted during July for the Cancer PTL meeting impacting on performance were:

Breast – Additional Monday clinics commenced from the beginning of October and this has provided significant capacity increase to accommodate 2WW and symptomatic referrals. There was a slightly higher number of referrals received this month – this may link to Breast cancer awareness month in October
Colorectal – Capacity reported as issue at PTL meeting due to staff leave impacting on Outpatient capacity and Endoscopy capacity
Dermatology – the continued high number of referrals is noted for Dermatology which has impacted on the breach position. The Dermatology team have provided additional clinics and moved other clinic appointments to accommodate the 2WW referrals wherever possible.
Gynaecology – Colposcopy clinic capacity continues to be a concern – the Care Group are reviewing capacity but limited by Outpatient capacity, nursing support and equipment for clinics. A small number of additional clinic slots have been accommodated.
Upper GI – Capacity reported as issue at PTL meeting due to staff leave impacting on Outpatient capacity and Endoscopy capacity

The Breast 2WW performance is used as an estimation of this figure as these patients are seen in line with those referred on a 2WW pathway – for November 2021 this is **84.1%**

Both 2 week wait referrals and breast symptomatic referrals not on a cancer pathway are seen in the one-stop triple assessment clinics – Symp1 or under 40s clinic. (Previously breast symptomatic were 'upgraded' but these are now reported on the Somerset Cancer Registry in line with the 'exhibited breast symptoms – cancer not suspected' category in line with UK reporting ahead of the transition to BI reporting of Cancer KPIs).The combined number of referrals received has impacted on the performance of this KPI. The volume against the number of clinic slots is demonstrated in the group below:

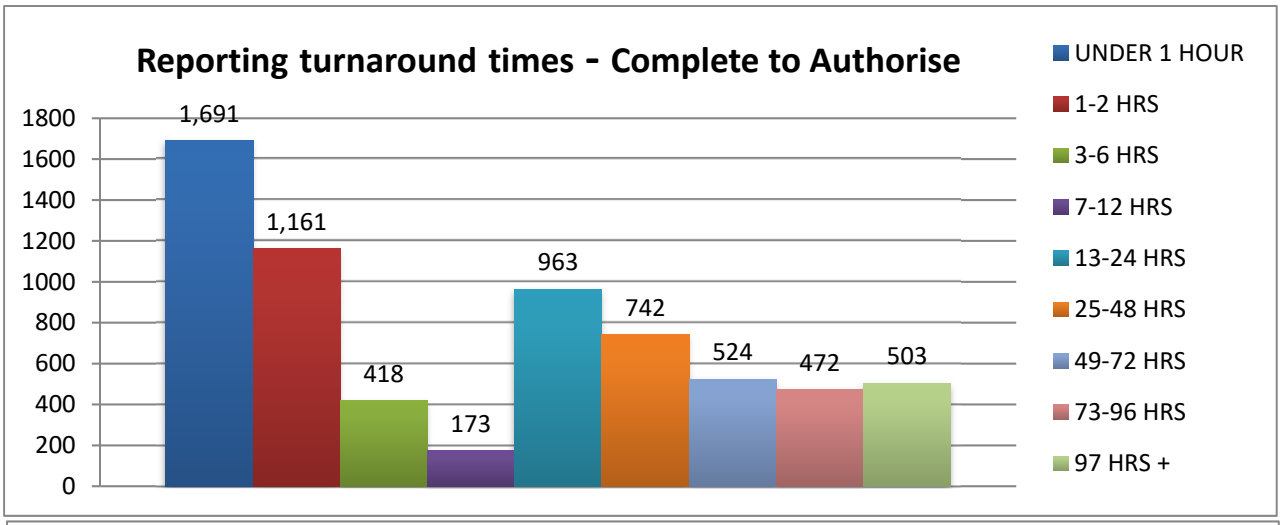


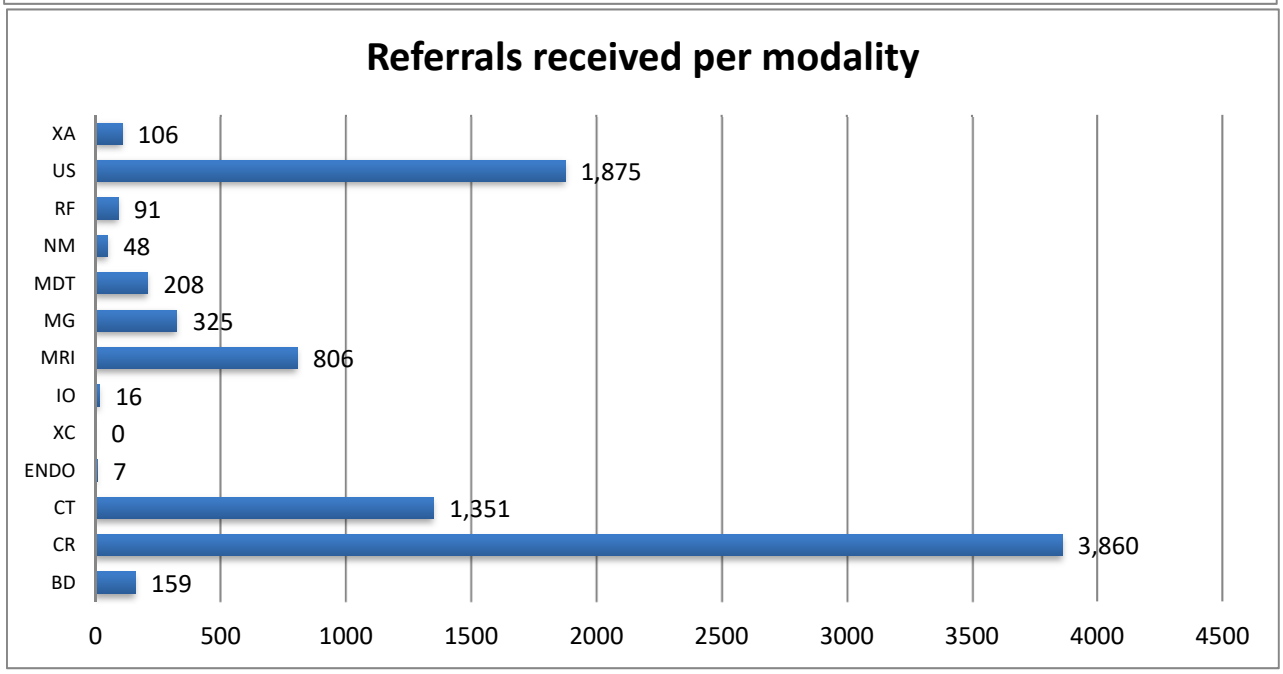
Additional Monday clinics commenced from the beginning of October and this has provided significant capacity increase to accommodate 2WW and symptomatic referrals:

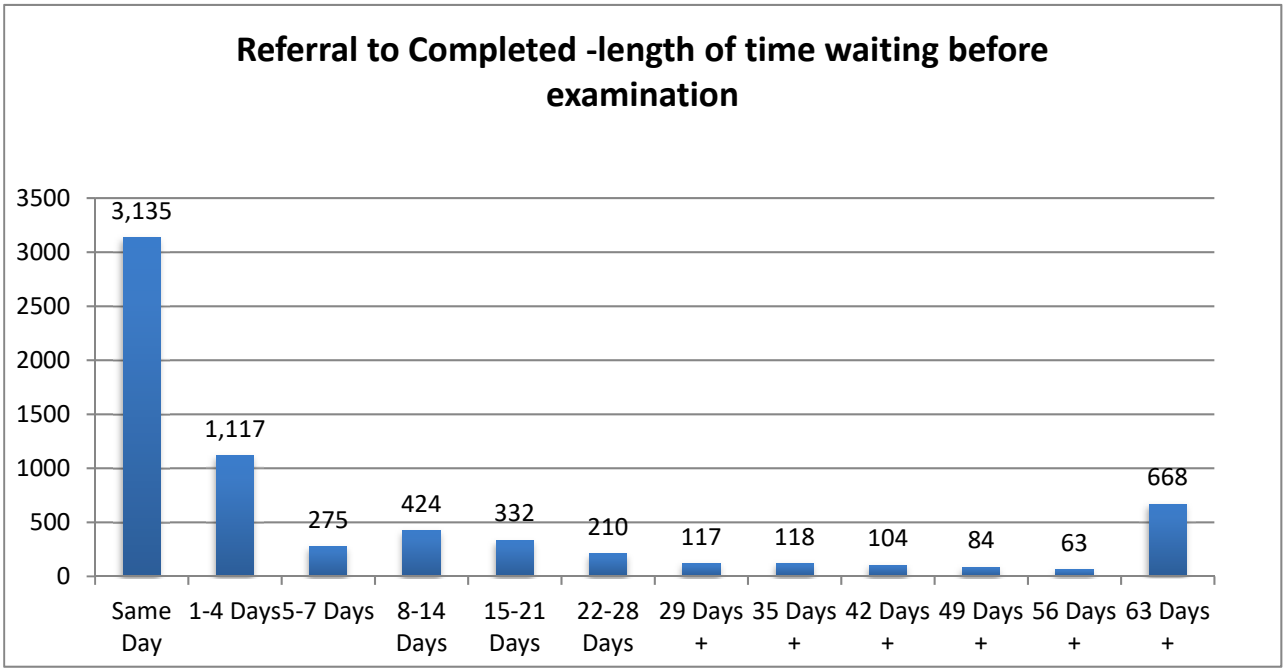
Day of the week	Clinic slots	Clinic Type
Monday	12	Symp1
Tuesday	12	Symp1
Tuesday	5	Under 40s

The average number of referrals since Q2 20/21 combined – 2WW and breast symptomatic – is 19 referrals.

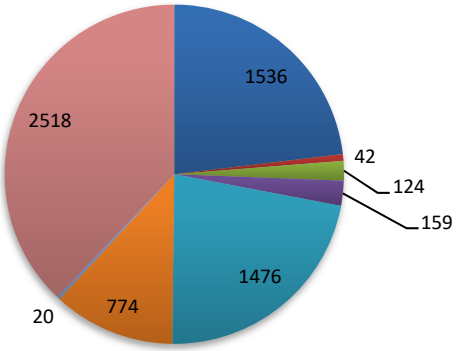
Radiology Monthly Performance Dashboard - November 2021





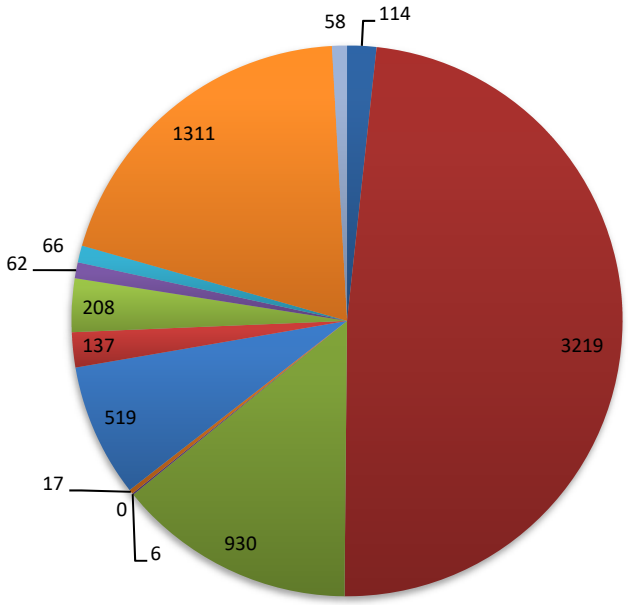


Referral source



- AE
- Community
- Day Case
- Dental
- GP
- In Patient
- Other Hospital
- Out Patient

Activity per Modality



- BD
- CR
- CT
- ENDO
- XC
- IO
- MRI
- MG
- MDT
- NM
- RF
- US
- XA
- NBSS

Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Radiology Services	568	484	(84)	(17%)

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Radiology Services	4,177	3,872	(305)	(8%)

RADIOLOGY NARRATIVE - November 2021

Reporting turnaround times

39% of examswere reported within 2 hours (3% increase on last month), 7.5% have taken 97 hours or more (3.5% slide on last month but this is accounted for with the improvment on less than 2 hour turnarounds).

Referral to Completed

Of the 6469 exams, just over 47% were turned around on the same day (little change on last month) and, a further 35% in 1- 28 days which is slightly up on last month (+3%). These figures include all exams across all modalities including those exams that have been on hold for a variety of reasons (including COVID) -there are projects ongoing to increase capacity to reduce waiting times further. The supplementary tabs on waiting times breaks this down further to show:

- All exams currently waiting by exam status (requested, vetted and on hold)
- All exams currently waiting by exam status (requested, vetted, on hold and scheduled) by exam priority
- All exams currently waiting as a % in terms of less than or greater than 6 weeks but not including scheduled or on hold exams

Referral source

Demonstrates where the requests are being generated from within primary and secondary care with ED, OPD and GP being the primary source of referral and there has been no significant change on the distribution compared to last month. There are no notible changes compared to last month.

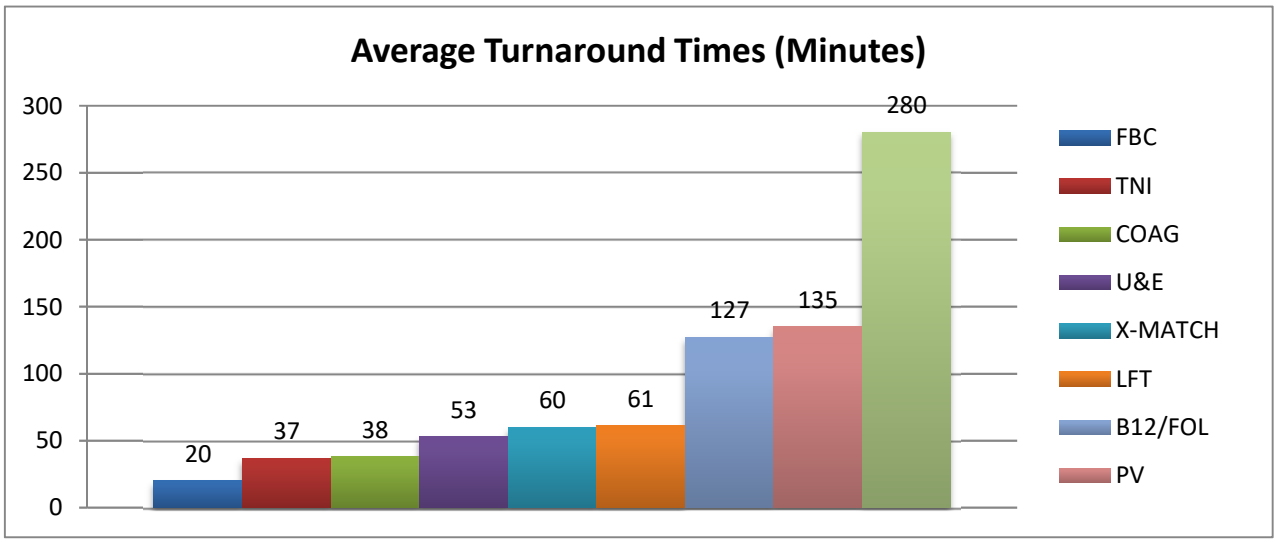
Activity

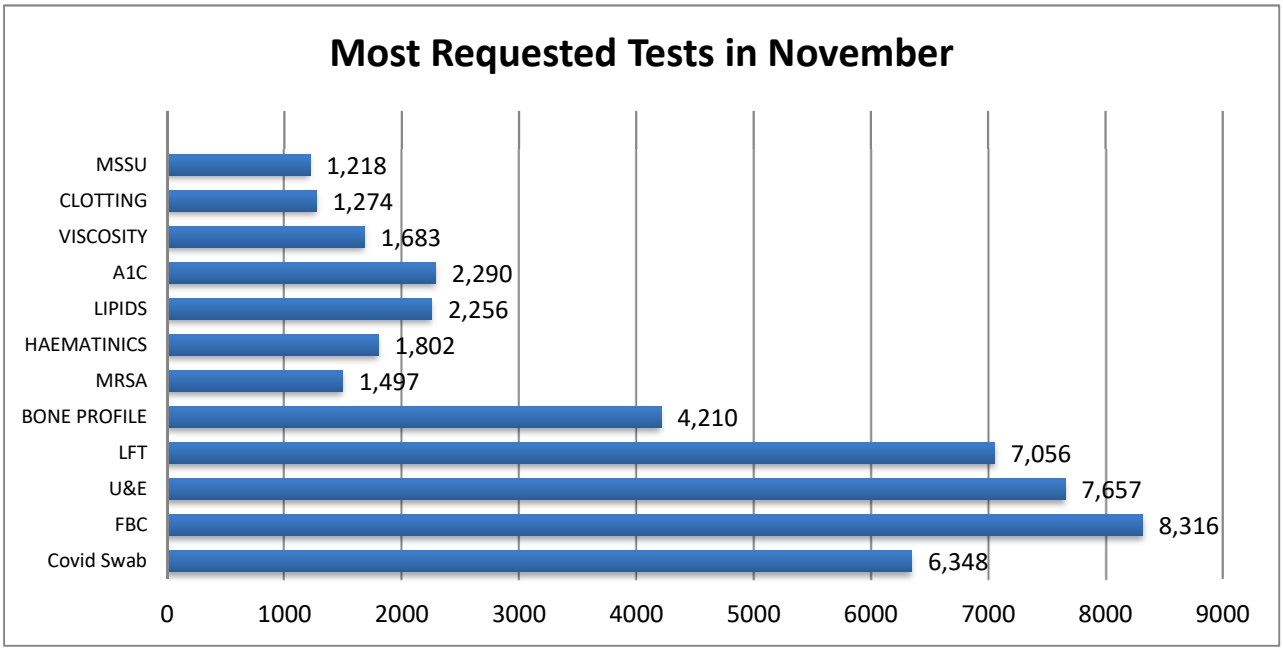
Activity per modality within radiology for November 2021. There has been no significant change in the distribution compared to last month.

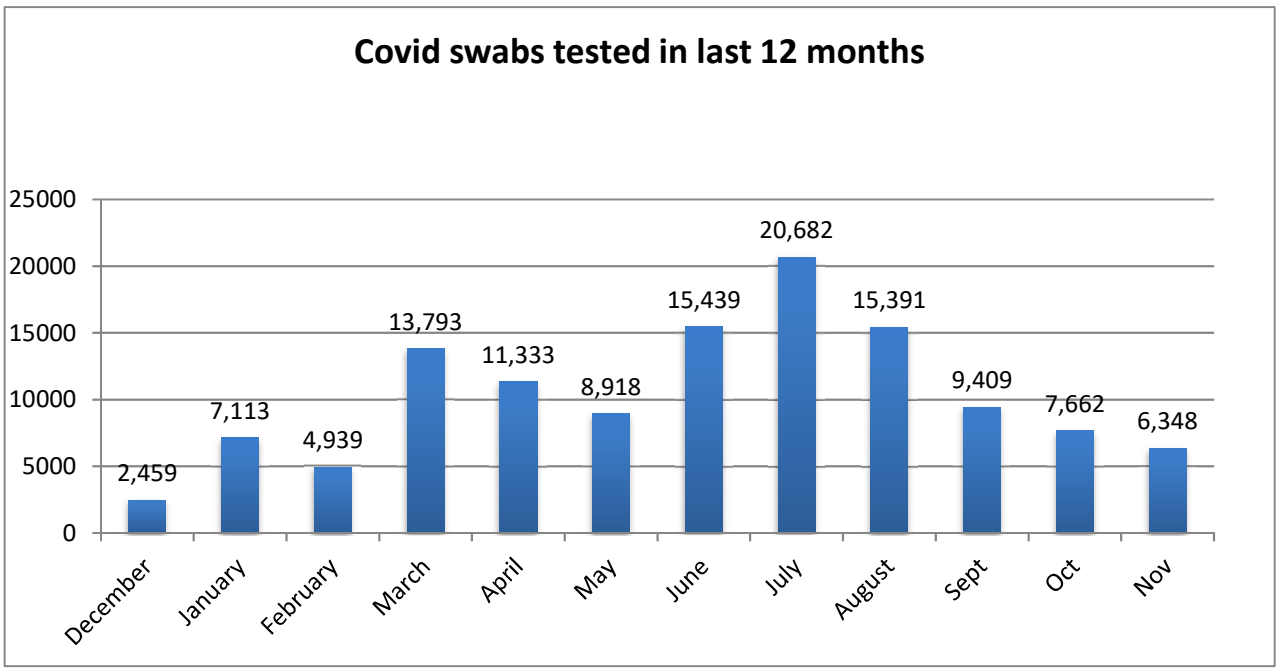
Referrals received

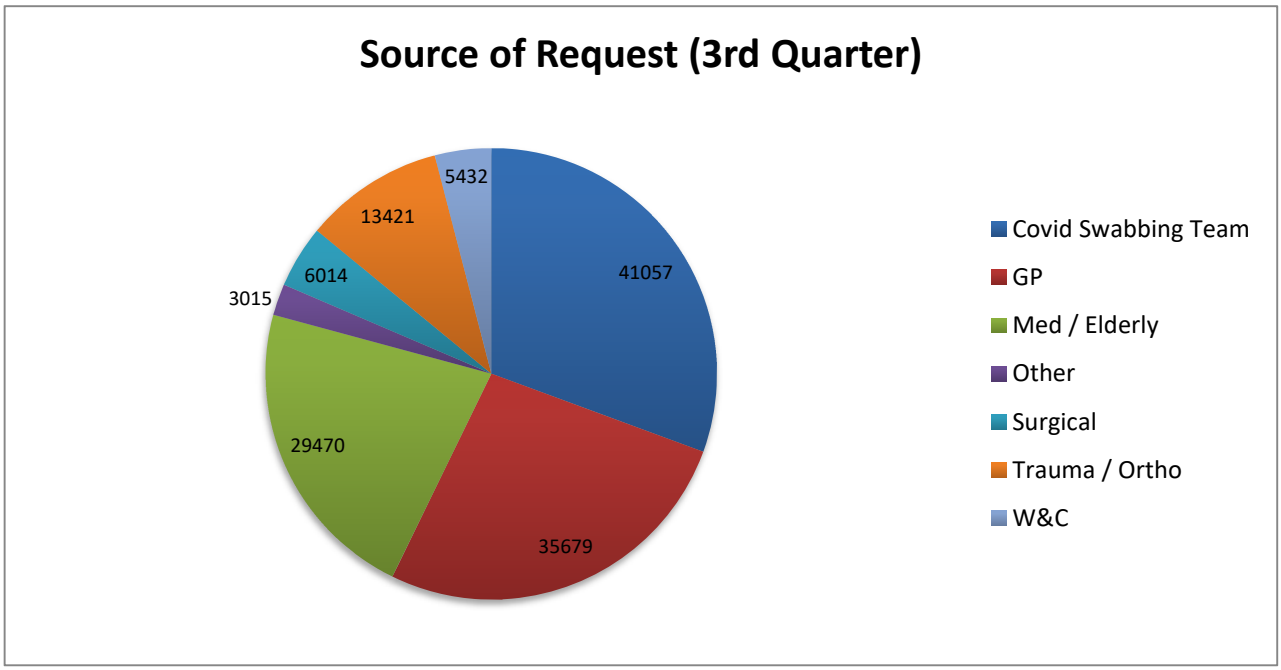
Number of exams requested in June for each radiology modality. No notible changes compared to last month

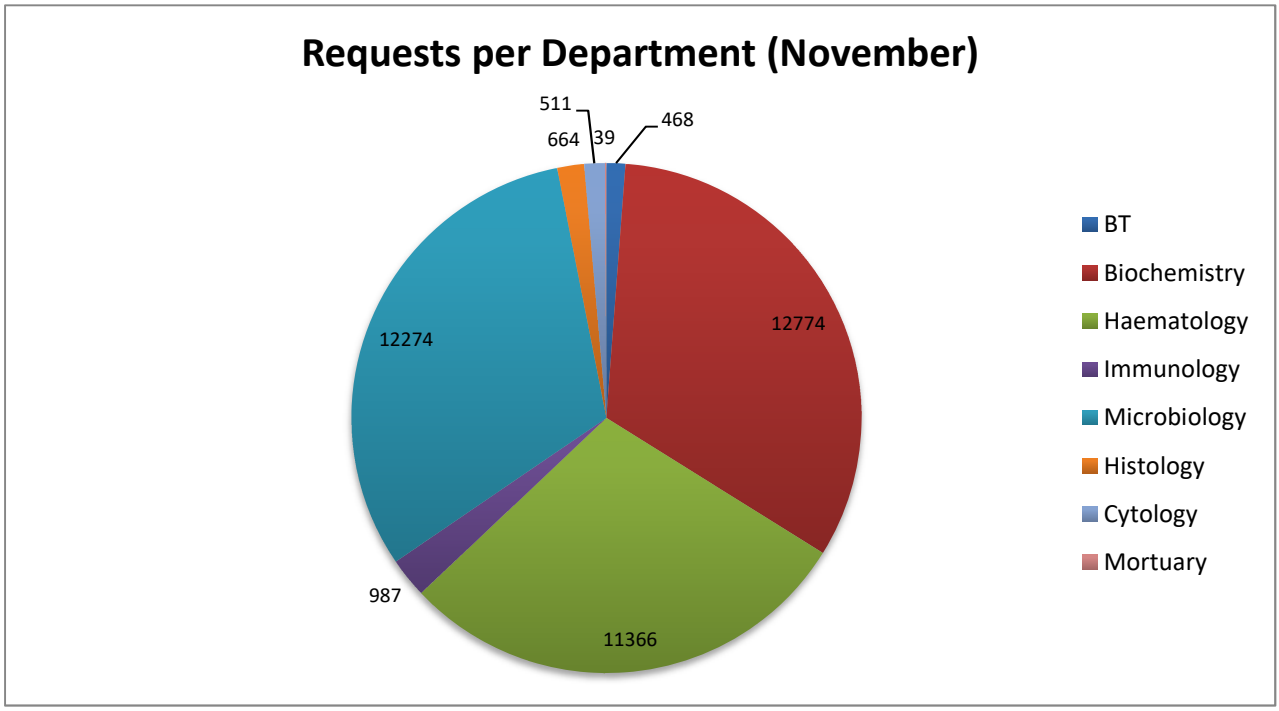
Pathology Monthly Performance Dashboard - November 2021











Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Pathology Services	574	544	(30)	(6%)

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Pathology Services	4,423	4,353	(70)	(2%)

PATHOLOGY NARRATIVE - November 2021

Covid – Numbers of standard PCR tests are falling but increased pressures to carry out Variant testing and send away sequencing.

Annual core audits outlining external quality assurance and benchmarking turnaround times with RCPath and RLUH Standards. 5 out of 7 are complete.

Analytical EQA schemes - participation: BT = 8 schemes; Immunology = 18 schemes; Biochemistry = 16 schemes; Microbiology = 21 schemes; Haematology = 9 schemes; Histology = 5 schemes. No poor performance notifications received.

Analytical Internal Quality Control monitoring, Nearly all tests have routine IQC monitoring (often twice daily).

Quality of training for on-call laboratory staff. All on-call laboratory staff are up to date with training requirements.

All Biomedical Scientists are currently registered with the HCPC and so can evidence Continuous Professional Development.
PDPs are run on a rolling window around April / May. 100% of staff have PDP.

Compliance with Mandatory training: Fire 79%; Equality and Diversity 87%; Moving and Handling 87%; Infection Control 82%; Safeguarding Children 82%; Safeguarding Adults 92%

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Manx Care KPI Reporting

Integrated Women's, Children's and Families Services

Integrated Women's, Children's and Families Services

Care Group Reporting

(November 2021)

Contents:

Women & Childrens Integrated Care KPI Dataset

Women Childrens Integrated Services 2021-22

Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Integrated Women, Children & Family Services	**1,323**	**1,301**	**(22)**	**(2%)**
Management & Support Services	80	83	3	4%
Women's Services	522	525	3	0%
Children's Services	561	488	(73)	(15%)
Community Services	160	205	45	22%

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Integrated Women, Children & Family Services	**10,612**	**10,317**	**(295)**	**(3%)**
Management & Support Services	531	662	131	20%
Women's Services	4,422	4,198	(225)	(5%)
Children's Services	4,358	3,893	(464)	(12%)
Community Services	1,301	1,564	263	17%

Women & Children's Integrated Services - Narrative - November 2021

Overall Integrated Women, Children & Families has a variance of £295k compared to budget. Our overspend is almost exclusively in employee costs (£257k). The majority of this is in Children's Services as a consequence of vacancies and agency costs, winter pressures and activity levels. We are looking at remodelling the Paediatric service to ensure safe staffing levels and to reduce agency costs. With regards to Women's Services we've had to utilise agency staff to cover absenteeism at SD level and at Consultant level.

Forecast variance is £450K, however we expect the monthly variance to decrease in the last quarter.

Manx Care KPI Reporting

Integrated Primary and Community Care

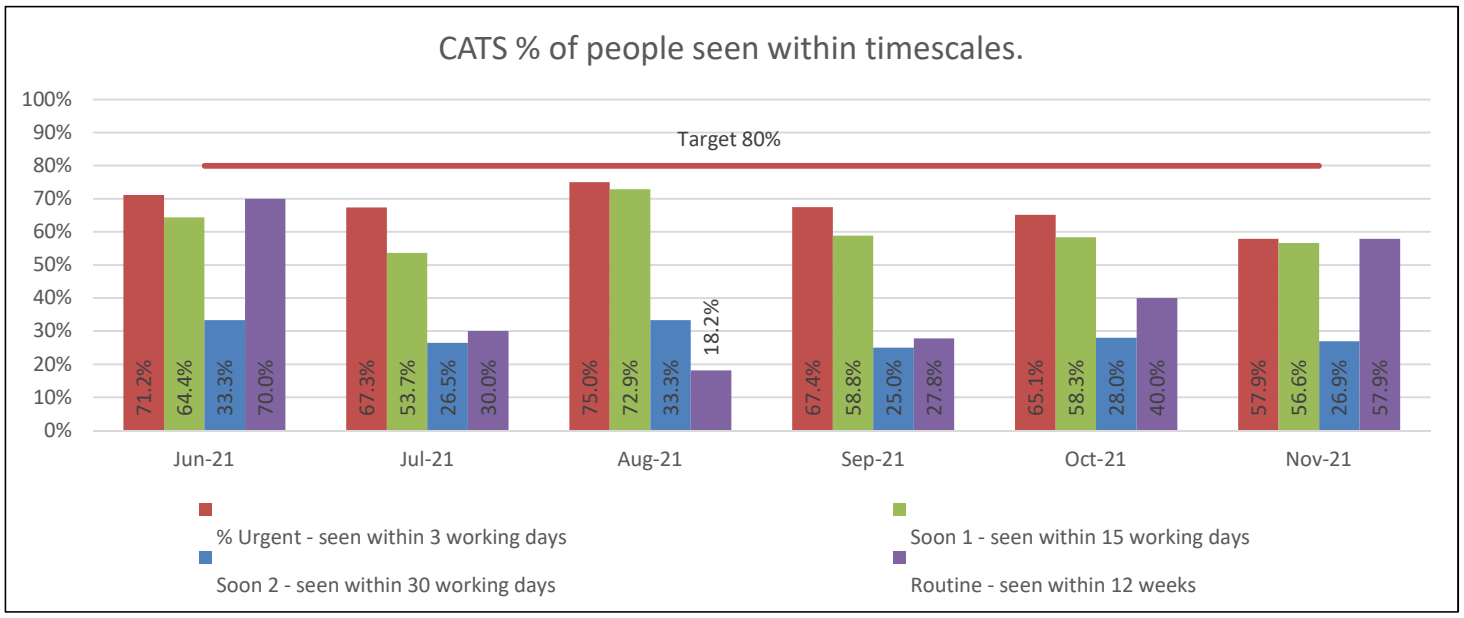
Care Group Reporting

(November 2021)

Contents:

Integrated Community Services KPI Dataset
Primary Care Service KPI Dataset

Integrated Community Services 2021-22



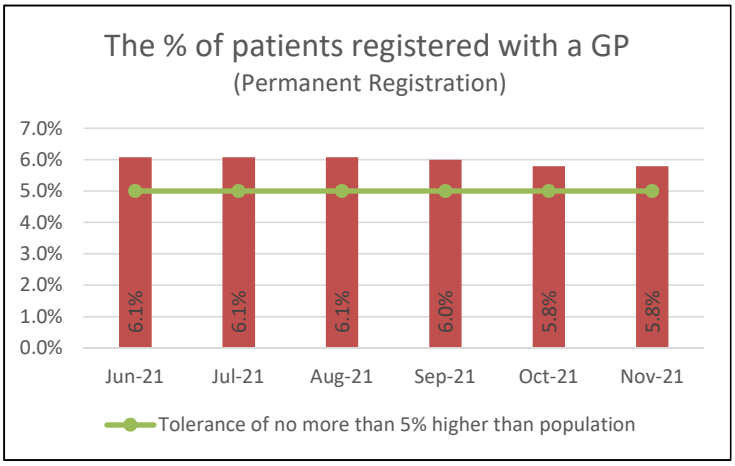
Variance on Budget 2020-21

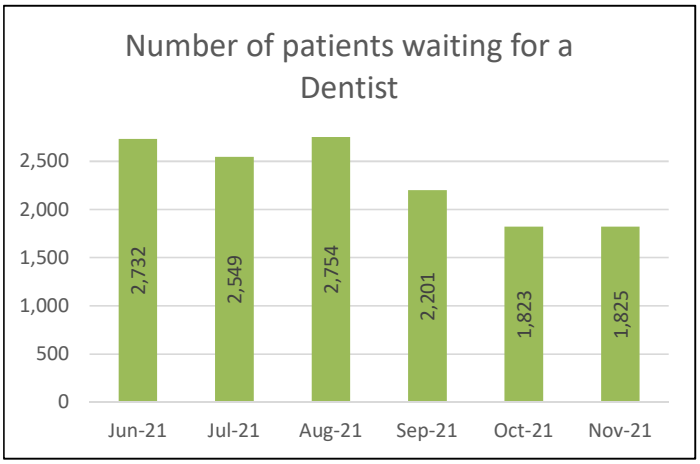
	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Community Care Services	591	664	72	11%

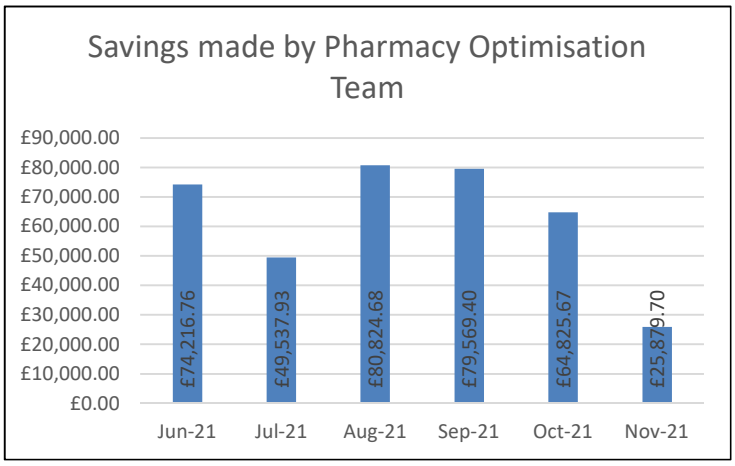
	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Community Care Services	5,231	5,310	79	1%

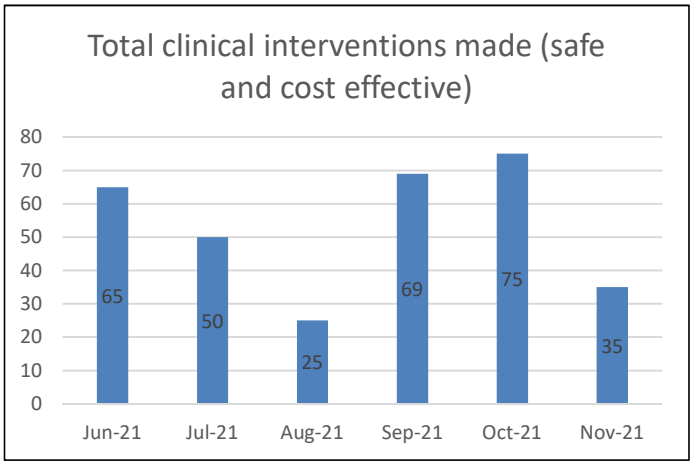
Integrated Community Services - Narrative - November 2021

Primary Care - 2021-22









Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Management & Support Services	96	158	62	39%
Primary Care Services	1,765	1,592	(172)	(11%)
Pharmaceutical Services	2,051	1,680	(371)	(22%)

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Management & Support Services	1,062	1,264	202	16%
Primary Care Services	12,987	12,914	(72)	(1%)
Pharmaceutical Services	14,249	13,443	(805)	(6%)

Primary Care - 2021-22

Primary Care Services - Narrative - November 2021

November 2021

% of patients registered with a GP

Permanent registration is still being measured against the 2016 Census Figures. The expectation is that once the Census figures for 2021 are ready (early 2022) the % of patients registered with a GP (for permanent registration) will be below the 5% tolerance.

Number of patients waiting for a dentist

155 new patients were added to the waiting list in November 2021 and 150 allocations were made. As the new dental contracts are implemented it is expected that the waiting list figure will reduce significantly.

Savings made by Pharmacy Optimisation Team

The savings made in November are slightly less than the month before and this reflects that the team of 5 staff who support the GP surgeries, we have one vacancy now and one person off sick. This has a huge impact on the savings work that can be carried out.

Total clinical interventions made (safe and cost effective)

The numbers of clinical interventions remains constant demonstrating that the pharmacists and pharmacy technicians continue to maintain their clinical and patient safety work, in addition to their efforts on the CIP.

Primary Care Pharmacy is a small team and during this month we were particularly hit by Covid. We experienced sickness and self-isolation, and we remain currently with a vacancy in the team.
From 2 GP pharmacists and 3 technicians we were operating on zero pharmacists and 1 technician.

This has meant that during this month the available staff we limited in both the savings and clinical interventions they could make, and as demonstrated both are reduced.

It has been raised formally to Manx Care and more specifically finance that the situation continued in December and will

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Manx Care KPI Reporting

Integrated Mental Health Services

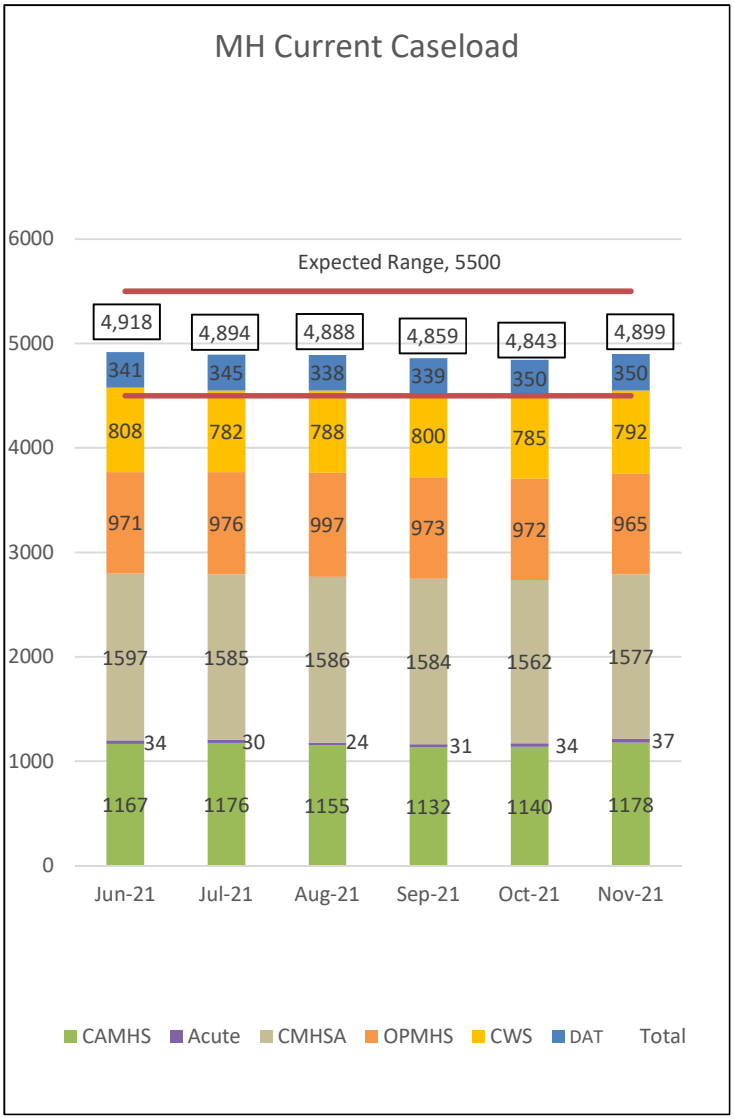
Care Group Reporting

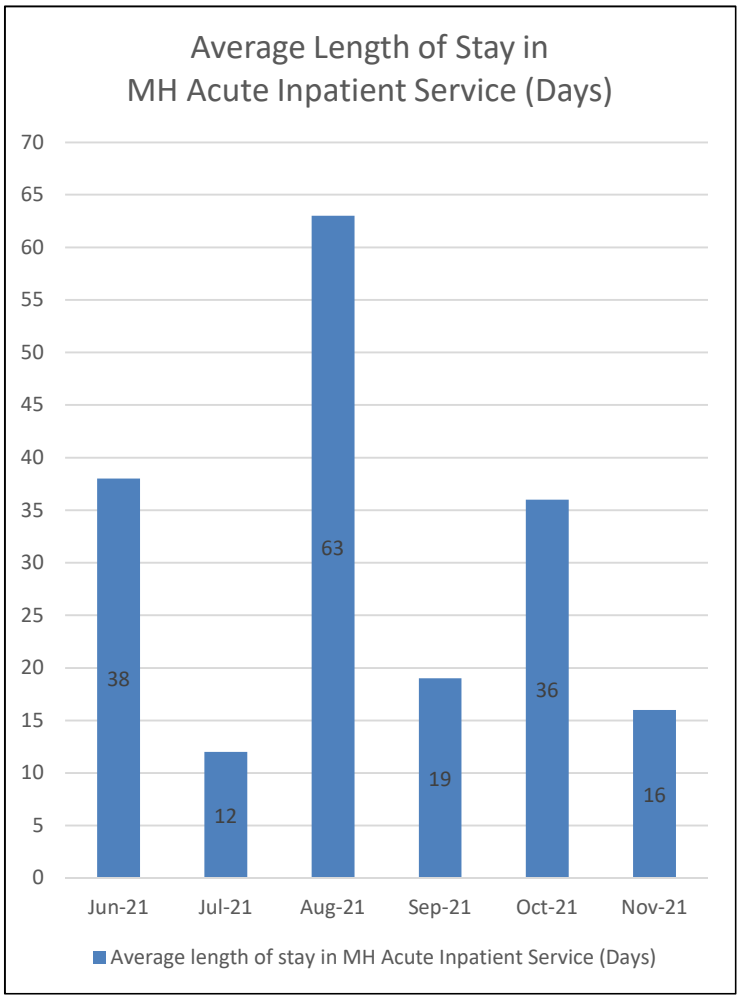
(November 2021)

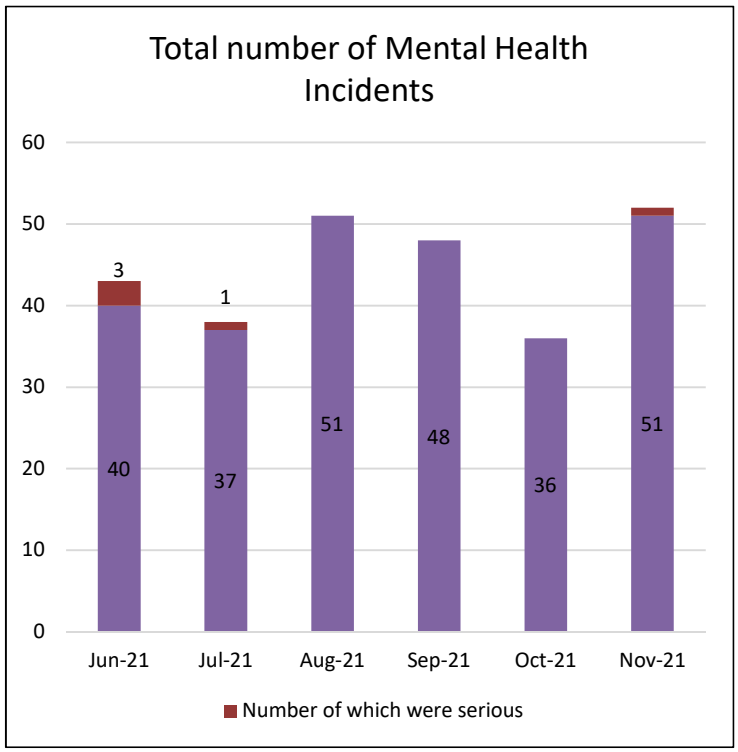
Contents:

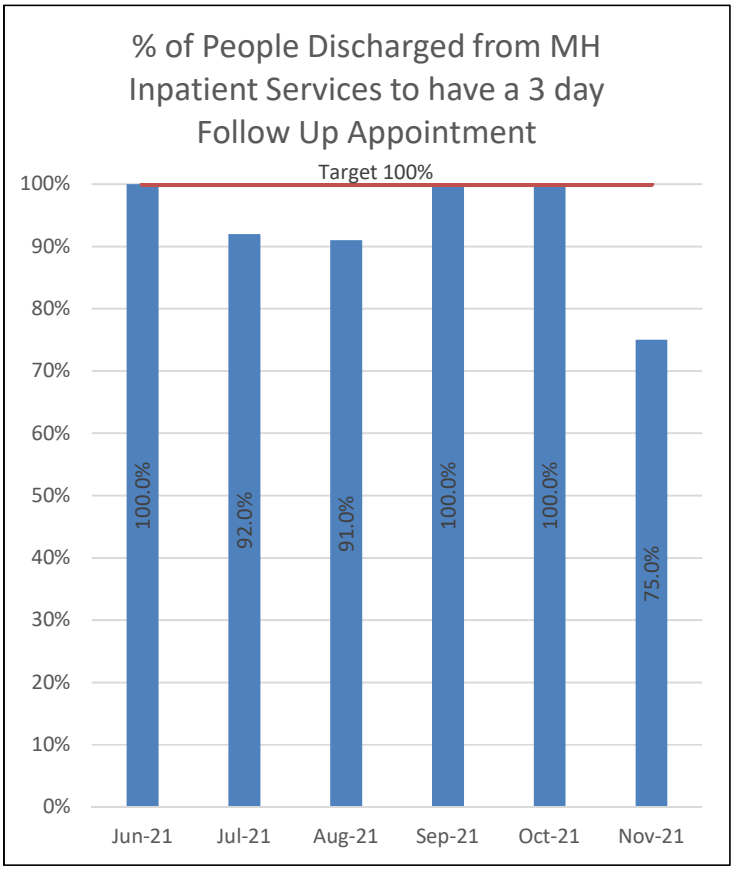
Integrated Mental Health Services KPI Dataset

Mental Health Services Dataset 2021-22









Mental Health Services Dataset 2021-22

Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Integrated Mental Health Services	**1,919**	**1,797**	**(122)**	**(7%)**
Management & Support Services	115	142	27	19%
Mental Health Services	1,220	1,299	79	6%
Nursing Care Placements (s115)	200	167	(34)	(20%)
UK Placements	384	189	(194)	(103%)

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Integrated Mental Health Services	**14,944**	**14,375**	**(569)**	**(4%)**
Management & Support Services	877	1,138	261	23%
Mental Health Services	9,767	10,389	622	6%
Nursing Care Placements (s115)	1,635	1,333	(301)	(23%)
UK Placements	2,666	1,515	(1,151)	(76%)

Mental Health Services - Narrative - November 2021

Caseloads – MHS caseload of 4859 remains relatively consistent with the quarterly average. The ongoing and profound challenges in attracting interest to existing clinical vacancies however, continues to present significant difficulties in mitigating waiting times.

Average Length of Stay – Average LOS has reduced by 20 days when compared to the previous reporting period. As indicated previously the current methodology applied and relatively small cohort does not provide significant insight. There is a considerable variation between the LOS on the adult acute and older persons wards. Separate reporting of the two wards would provide greater insight.

3 Day follow up- 75% compliance with the MHS care group target of 3 day follow. The lack of compliance relates to 2 individuals who were followed up on day 5 post discharge. These are subject to further investigation by the respective service managers. The MHS remains 100% compliant with ROF 4.5.6 (MHS follow up within 7 days post discharge).

Incidents – 52 incidences which represents an increase of 16 when compared to the the previous reporting period and 6 compared to the quarterly average. One SI declared during November 2021. This is currently under investigation and concerns use of the mental health act for a patient treated against his will across both Manannan Court and Noble's Hospital. The overwhelming majority of incidents emanate from Manannan Court.

Finance – Oct negative variance of 122k (7%) . YTD variance of 569k (4%). The overspend is directly attributable to the ongoing demand for Sec 115 aftercare and specialist off island tertiary care. The conclusion of the existing tertiary care block contract with St Andrews Healthcare in March 2022 will immediately result in significant savings in 22/23.

Manx Care KPI Reporting

Social Care Services

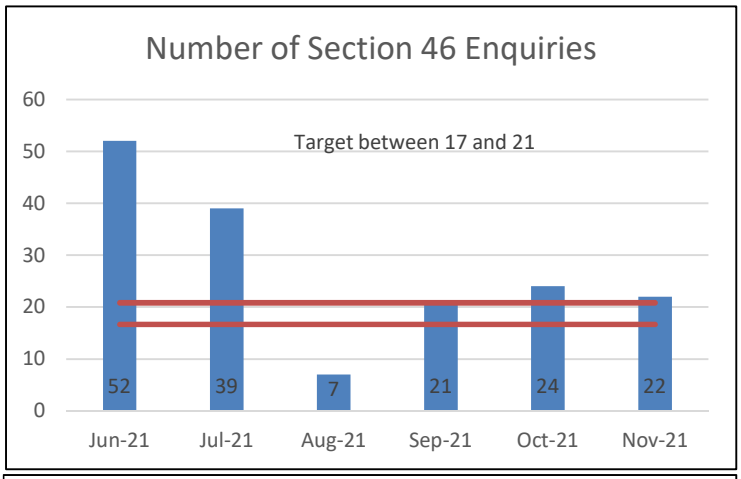
Care Group Reporting

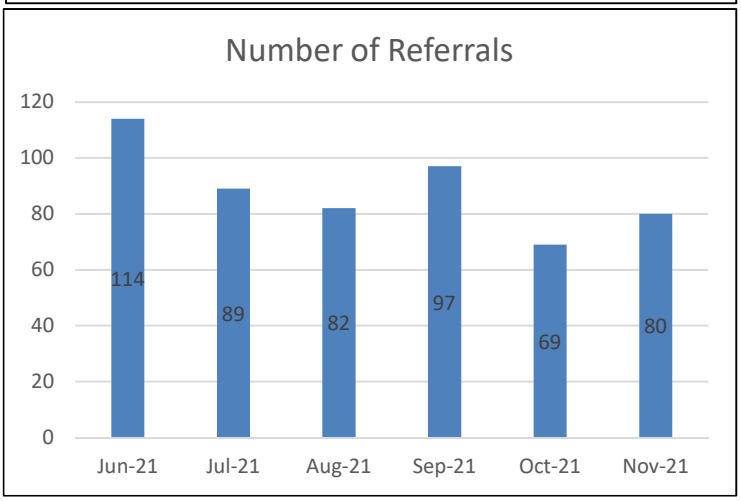
(November 2021)

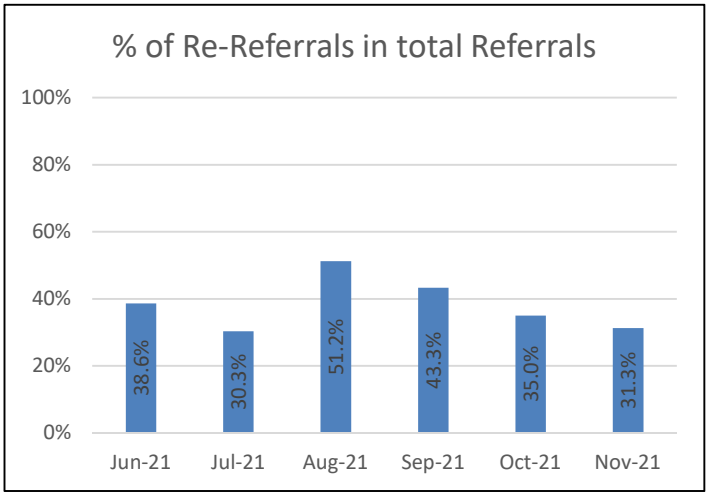
Contents:

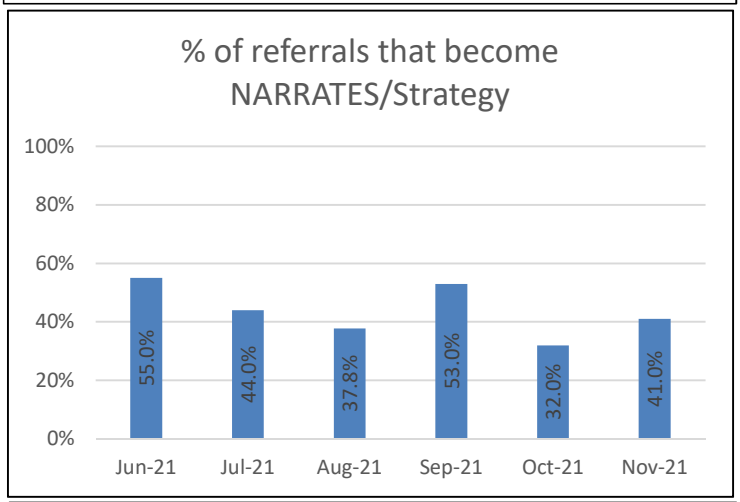
Children & Families Social Work Service KPI Dataset
Adult Social Care Social Work Service KPI Dataset
Adult Social Care Operational Services KPI Dataset

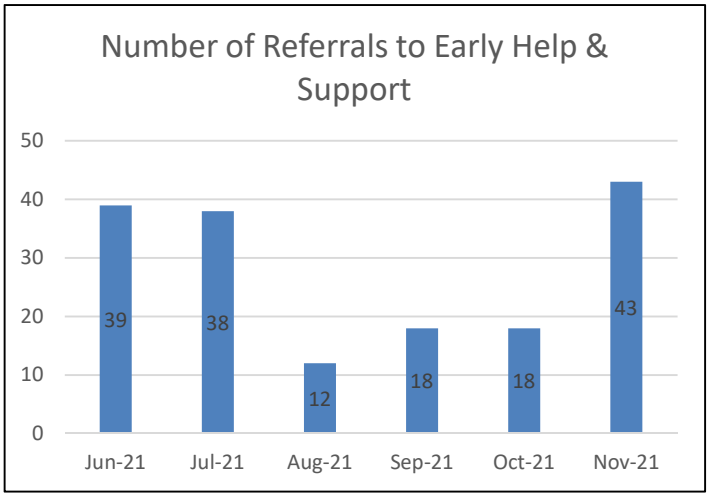
Children Families Social Care - 2021-22

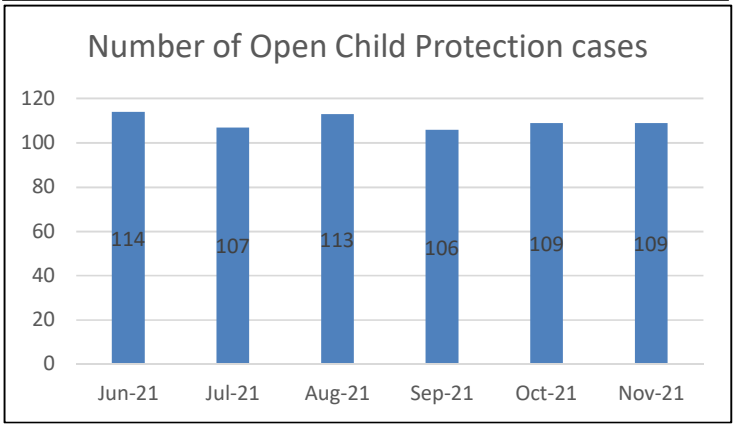


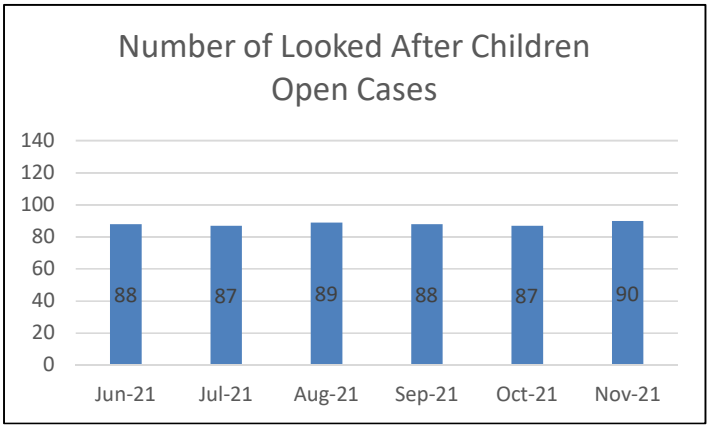




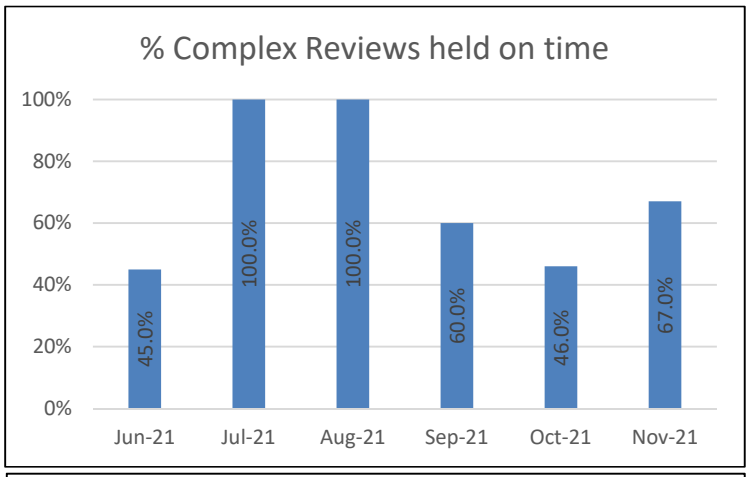


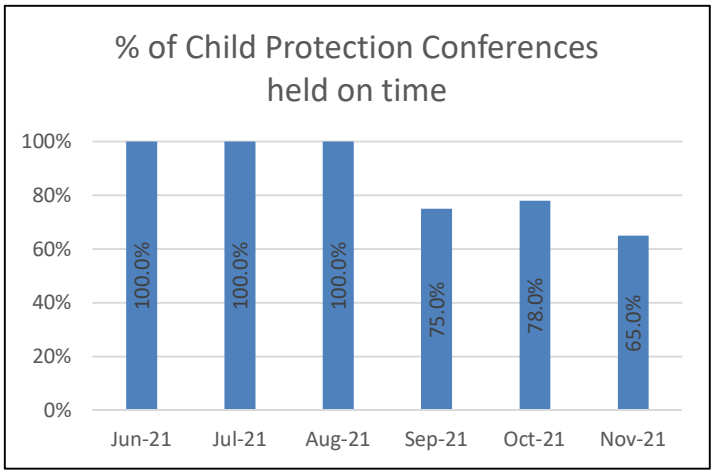


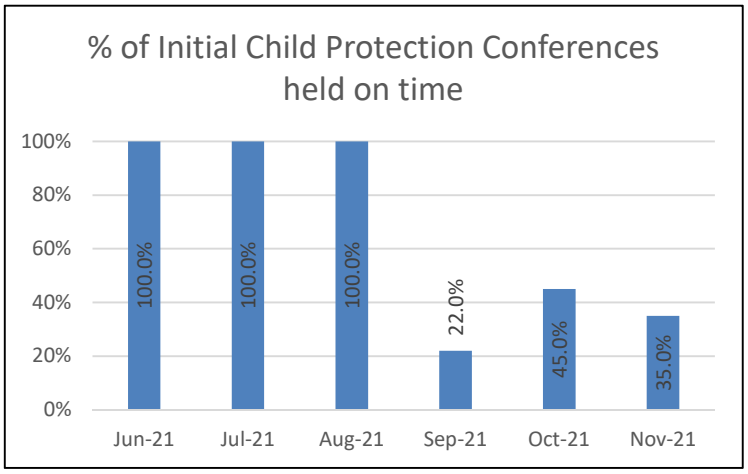


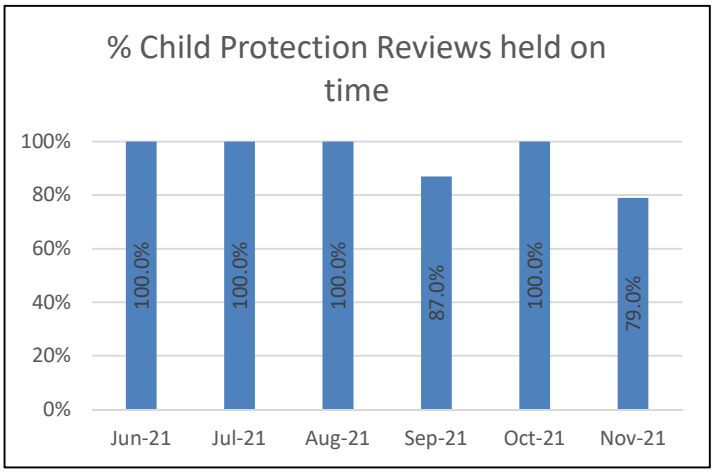


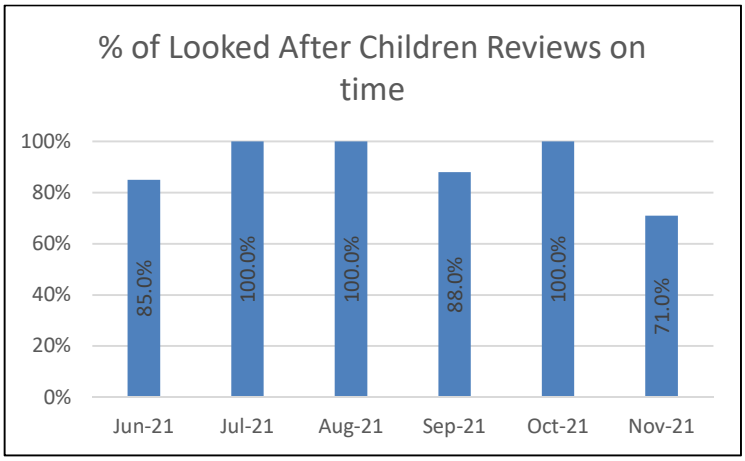
Children Families Social Care - 2021-22

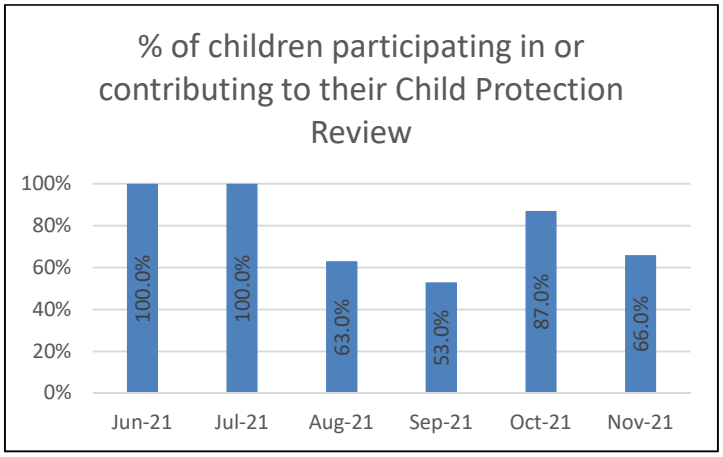


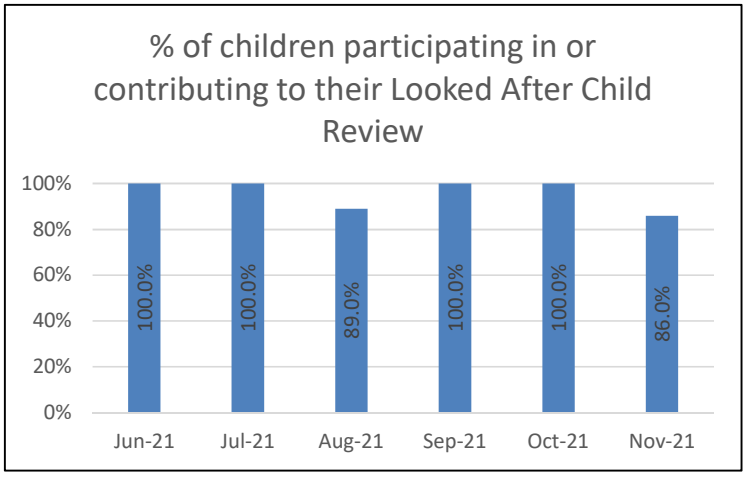


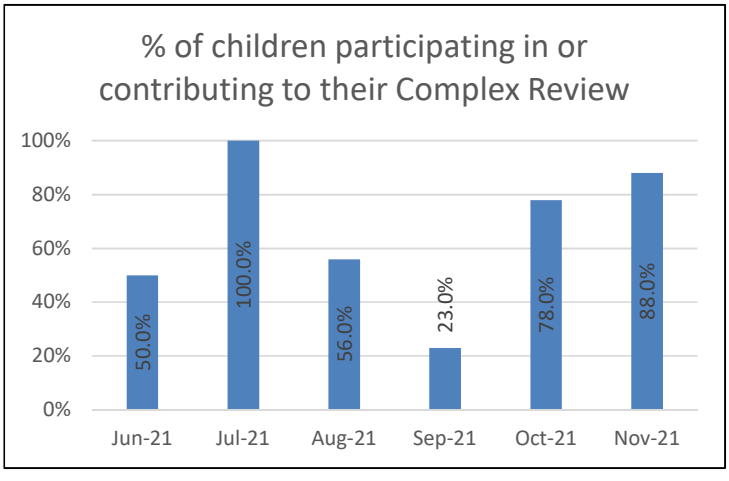












Children Families Social Care - 2021-22

Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Children & Family Services	**1,217**	**1,327**	**110**	**8%**
Management & Support Services	113	91	(21)	(23%)
Children & Family Services	811	906	95	11%
Children & Family Social Work	294	330	36	11%

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Children & Family Services	**9,488**	**10,619**	**1,131**	**11%**
Management & Support Services	607	731	124	17%
Children & Family Services	6,576	7,250	674	9%
Children & Family Social Work	2,305	2,638	333	13%

Children & Families - Narrative - November 2021

S46 Enquiries:
This is within target but as data shows is changeable dependent on need.

Section 46 Enquiries per 1000 population
Annual target. Monthly target range between 0.9 - 1.2. See above.

% Supervisions due that were completed:
The supervision that didn't take place was as a result of staff illness.

Social work service to operate to an agreed average caseload
The average caseload is 14 when based on the service's establishment (27.5). There are currently 22 workers, taking into account vacancies and sickness, meaning that the actual average caseload per Social Worker is 19. It should be noted that these figures represent the overall case numbers only, and do not reflect the caseload capacity of the individual workers which is based on their role and level of experience. When this is factored into capacity, in the context of available experienced Social Workers, the felt experience is more pressured. Capacity continues to be reviewed monthly and there is now a critical need to recruit into key vacant posts accross the service (particularly in Fostering). This recruitment is now underway.

Number of complaints received
One complaint received and concluded at Stage 1.

Children Families Social Care - 2021-22

Number of Referrals to Children's Social Care
Annual target. Monthly target range between 74 - 78. In 2020/21 the monthly average was 93. Slightly outside of expected target however, this is monitored and interrogated regularly. We cant determine the number referrals that come into the department but can identify any themes or threshold isues through our regular audits of referrals.

Number of Re-Referrals to Children's Social Care
The re-referral rate is now showing an ongoing reduction, this is a result of the change of process implemented in August to the 'front door' of the Service (Initial Response Team). This involves more discussion with referrers at the point of referral.

% of re-referrals in total referrals
See comments above.

% of referrals that become NARRATES/Strategy
The service continues to review the conversion rates at each stage of the pathways across the whole system in order to fully understand the drivers for the conversion rate between each process. This percentage when linked with the referrals to early help is understandable.

Number of Referrals to Early Help & Support
This increase is a positive indicator of the amendment to the 'front door' process. More families are being referred for support, rather than potentially unnecessary investigation.

% of CWCN NARRATES completed in Timescale [45 days]
This number is an increase in timeliness from last month, however these numbers are as a result of 2 out of date assessments due to lack of engagement of young person.

% of S46 NARRATES completed in Timescale [15 days]
The timeliness issues this month was as a result of trying to engage parents from 2 separate families and one systems error.

Number of Open CP Cases
The numbers are within parameters and are currently stable. There are exit plans in place for cases where this is approriate. We are above target range and have multi agency audits planned in january to interogate threshold. Consideration needs to be given to review the set target for this area.

CP Open Cases per 1000 population
As above.

Number of LAC Open Cases
This number has increased this month but still within expected parameters.

% Complex Reviews on time
This number relates to 4 children and 3 families within the children with disabilites service, where performance is being monitored due to capacity in the team, this is an improvement in performance from last month**.**

% of CP Conferences on time
55 conferences took place in November 19 were ot of date by no longer than 7 days. This is due to a large sibling group that had to be accomodated for different conferences due to a number of parents, family availability and investigation of recent concerns that required investigation prior to conference. The delay hasnt impacted on outcomes for children or young people.

% ICPC held on time
This number equates to 11 ICPC out of timescale, this represents 3 families. One large family was 6 days out of timescale due to logistics and other factors, including availability of family and chair.

% CP Reviews held on time
This relates to 8 children 3 families 1 family required an investgation due to new information just prior to conference, and availability of other family to attend conference. His will happen from time to time and is not an issue as long as it doesn’t become a theme. At this point the service is not overly concerned as rasons for delay are known and managed.

Children Families Social Care - 2021-22

% of LAC Reviews on time
This number is due to 3 reviews being out of timeframe the explanation for the short delay is acceptable and noted.

% Pathway plans in place
This is an increase in pathway plans completed from last month and is as a direct result of the new process being implemented. This is work in progress and developments continue.

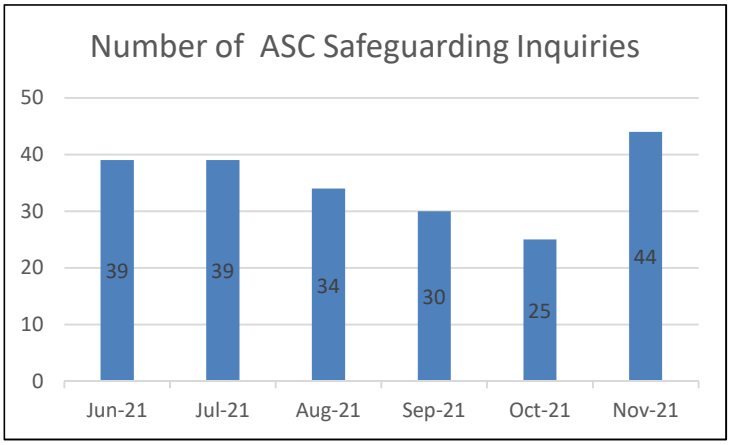
% of children participating in or contributing to their CP Review
These numbers equate to 13 young people and 5 families. Consent not given by parent for 9 young people, 3 innacurate recordings on system, and 1 young person declined to meet. In this field numbers will be determined by consent and agreement from young person.

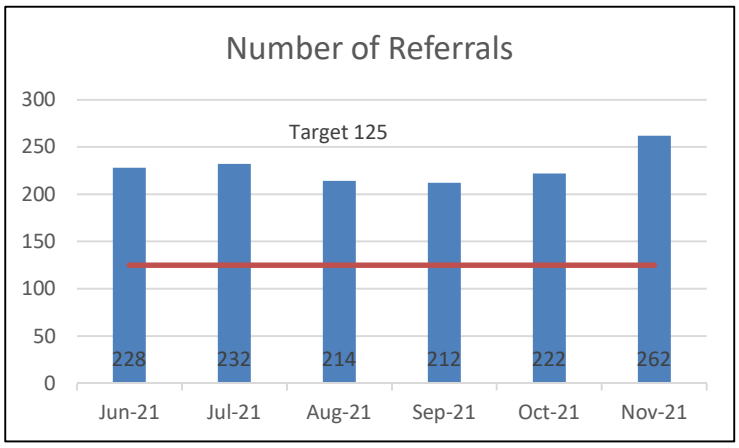
% of children participating in or contributing to their LAC Review
This data equates to 1 young person not wanting to contribute which on occasion is unavoidable, but noted in minutes and revisited at next review.

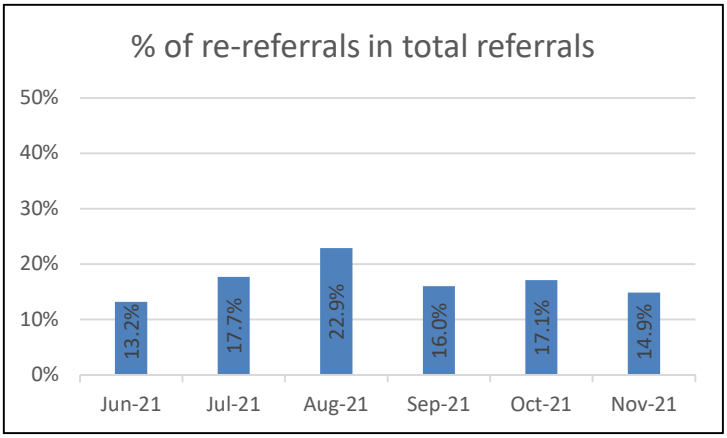
% of children participating in or contributing to their Complex Review
This number is within parameters and is an increase from last month 3 young people chose not to engage.

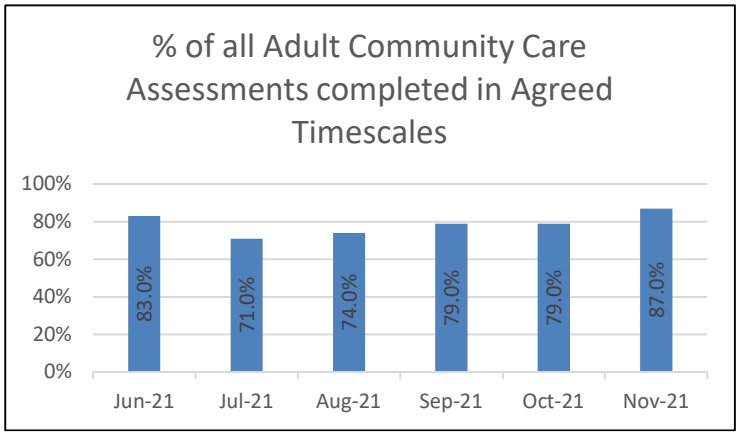
Occupancy at Ramsey O/N Stays
The occupancy is dependant on the staffing levels, and given there are ongoing staffing issues this number is expected to vary month by month until we have a full staffing compliment for which recruitment which is underway.

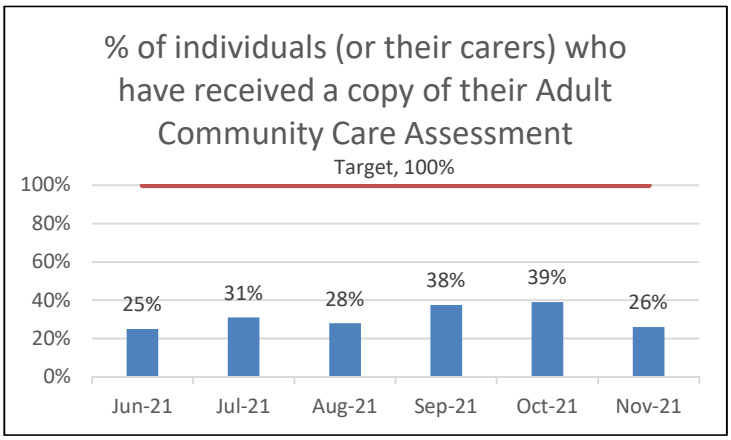
ADULT SOCIAL CARE SOCIAL WORK SERVICE 2021-22











Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Adult Social Work	**301**	**290**	**(11)**	**(4%)**

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Adult Social Work	**2,197**	**2,320**	**123**	**5%**

ADULT SOCIAL CARE SOCIAL WORK SERVICE 2021-22

Adult Social Work Narrative – November 2021

Adult Social Care Social Work Service

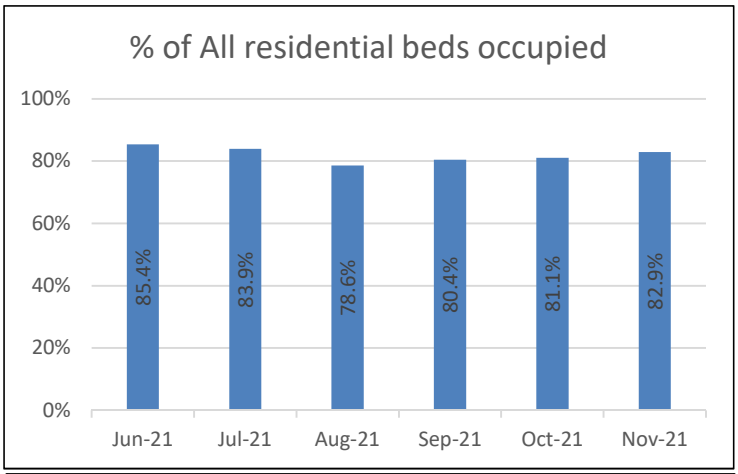
It is intended that work will be carried out as soon as possible with the BI Team to review the data being provided, as well as the data that RiO is capable of generating, to ensure it shows a clear, measurable picture, with any mandate requirements and benchmarks clearly set out. The quality of the data and the narratives in the Integrated Performance Reports will then improve.

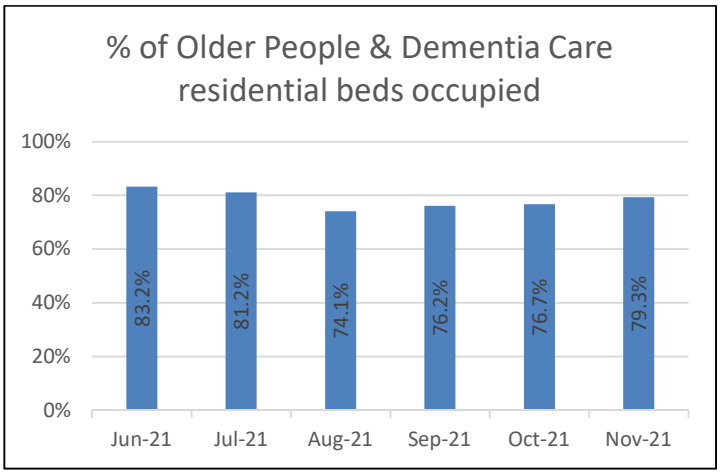
Number of ASC Safeguarding Inquiries
The number of safeguarding referrals was higher than average this month, due to receiving 7 referrals from the Police. The reason for this increase is not clear, however from December the team managers will be interrogating this element, along with other elements within the IPR, to ensure that the data is firstly correct, and that a comparison or explanation is available for any deviations from the regular position.

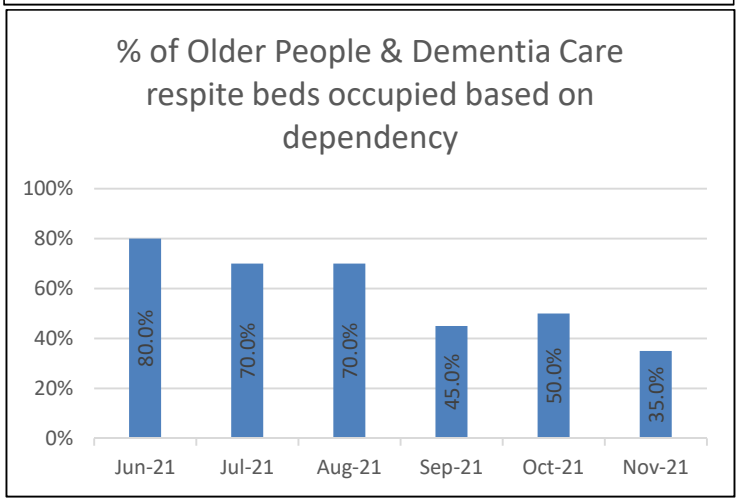
Number of Referrals
The accuracy of this figure is unclear, as there is a likely systems issue with RiO double-counting a number of referrals each time they are reviewed/edited by different staff members. It is difficult to quantify the actual number of referrals at this point. From December, a clearer picture will emerge with the verification of actual referrals versus RiO double-counts to be clarified by team managers.

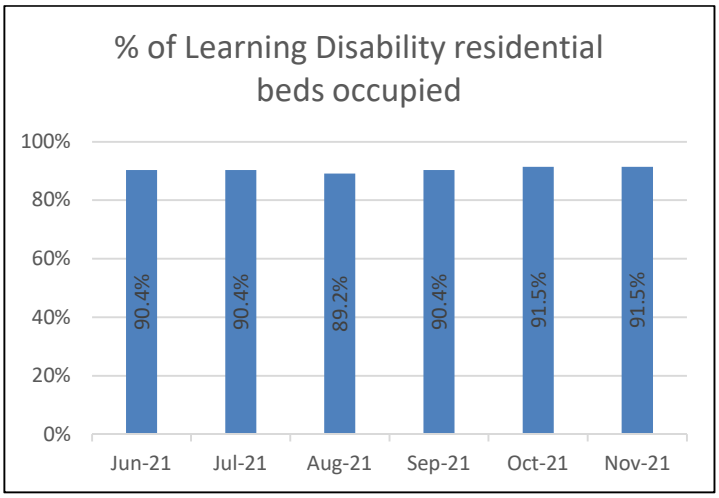
% of re-referrals in total referrals
This is not an accurate figure, as the data set reflects all cases with more than one allocated worker, not actual re-referrals. With the team managers interrogating the information from December, going forward we will see numbers of actual referrals rather than any RiO double-counts, with an indication as to the re-referrals being avoidable or not. In the absence of any clear timescale or Mandated definition of a re-referral, managers will be looking at a period of 28 days.

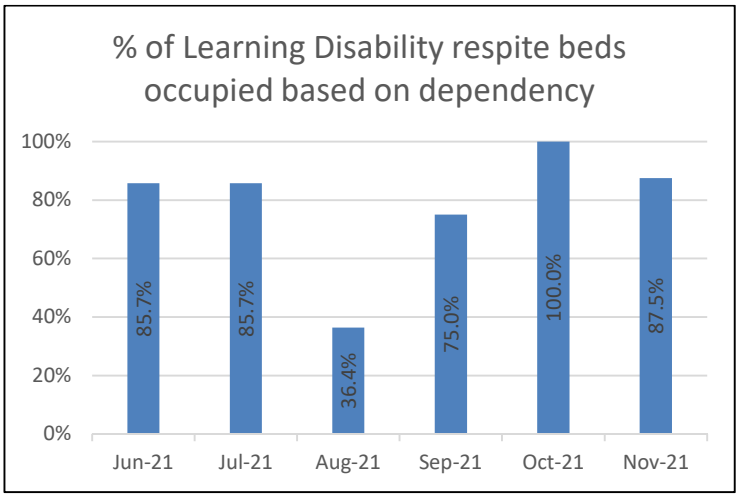
Adult Social Care - Operational Services - 2021-22

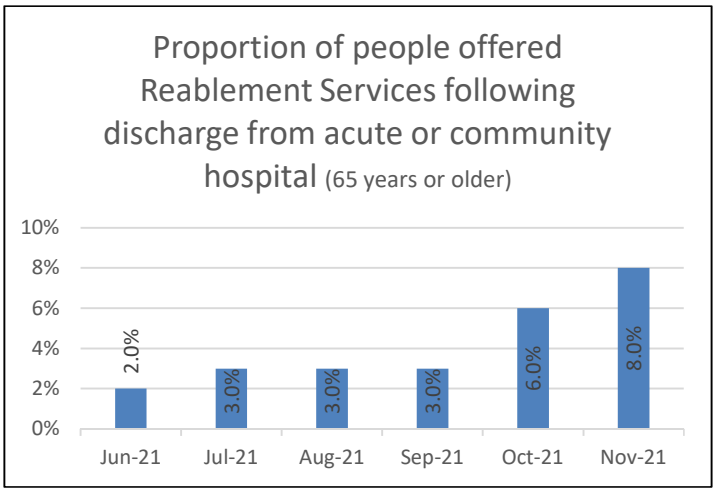




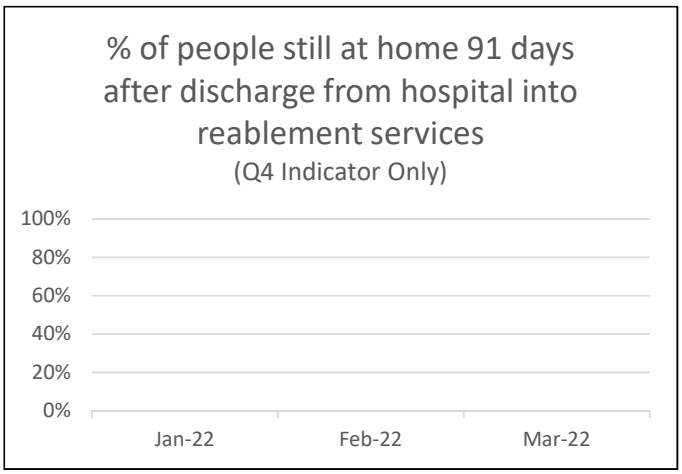








Adult Social Care - Operational Services - 2021-22



Please note: This indicator is only collected for the fourth quarter of each year, as part of a review process.

Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Adult Social Care Services	**2,015**	**1,722**	**(293)**	**(17%)**
Management & Support Services	17	16	(1)	(8%)
Learning Disability Services	907	761	(146)	(19%)
Older Person Services	1,091	945	(146)	(15%)

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Adult Social Care Services	**14,508**	**13,778**	**(730)**	**(5%)**
Management & Support Services	123	128	5	4%
Learning Disability Services	6,124	6,087	(37)	(1%)
Older Person Services	8,261	7,562	(699)	(9%)

Adult Social Care - Operational Services - Narrative - November 2021

% of Older People and Dementia Care residential beds occupied

The overall figure is reduced by the large number of vacancies at Cummal Mooar. Cummal Mooar is an outdated facility with shared bathrooms, where there is a choice paid care facilities, a high number of vacant beds is such older settings is inevitable. Replacement of Cummal Mooar to bring up to provision up to the standards required by ROCA is in the capital programme. By contrast, the more modern facilities at Southlands continue to have a very high occupancy rate. A further factor during November was the knock-on effects of Covid outbreaks from October, with staff continuing to test positive and needing to isolate in November. Cummal Mooar was on outbreak measures until 09/11/2021, with restricted visiting and no admissions.

Adult Social Care - Operational Services - 2021-22

% of Older People and Dementia Care respite beds occupied based on dependency
The figure of 35% occupation of beds is low against the target of 90-100%, bed occupancy at Gansey Unit is particularly low, which is possibly indicative of unsafe staffing levels in that unit (Registrations and Inspections are aware of this). Covid has had an impact on take-up of respite care, there may be a perception by some families that their relative is better off outside a care setting, when considering recent outbreaks.

Proportion of people offered Reablement Services following discharge from acute or community hospital (65 years or older)
It is unclear if this figure of 8% shows a positive or a negative outcome, if 92% of people didn't need Reablement Services that is positive, however the data set is not clear. There is an increase (from 6% to 8%) which is encouraging, however of that 8%, a number may have refused Reablement. It is unclear what the eligibility for Reablement Services are from this data set. We will need to look at how we capture the data in the future as the existing approach does not help us understand the real position.

Budgetary position
The negative variance in November is almost entirely attributable to increased staffing costs, overtime and funding bank

manx care
Kiarail Vannin

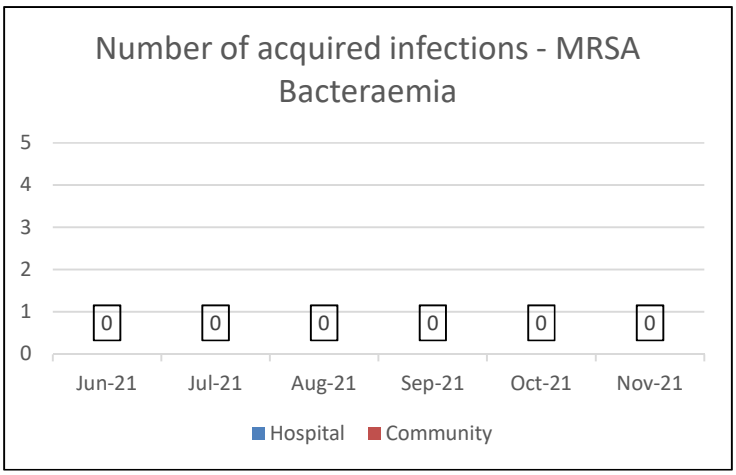
Manx Care KPI Reporting

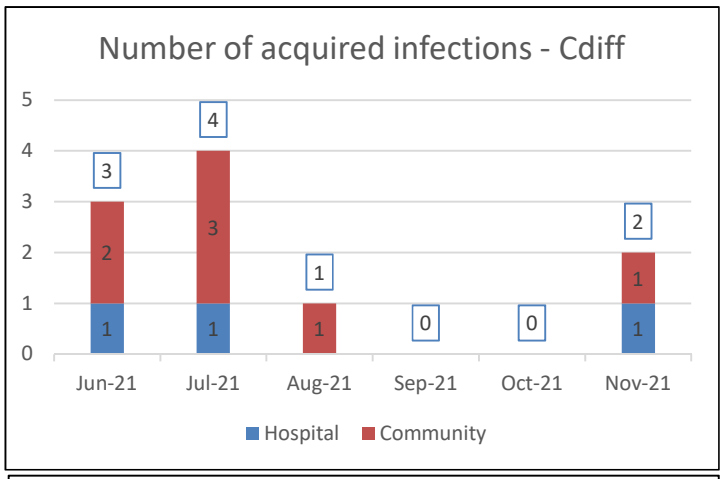
Care Quality Services
(November 2021)

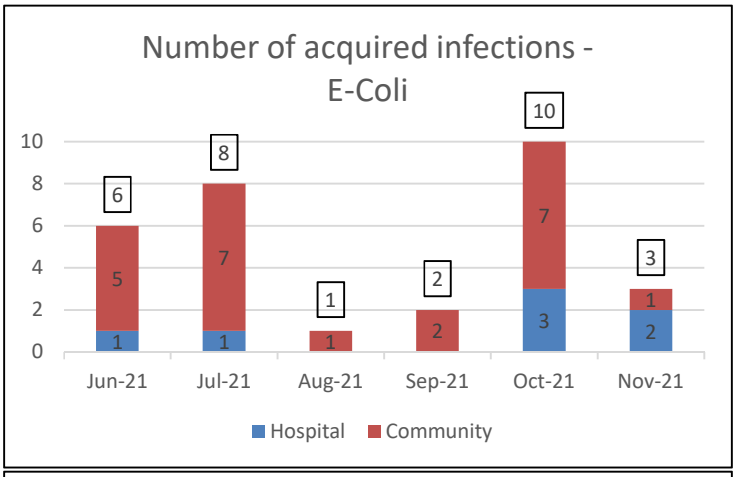
Contents:

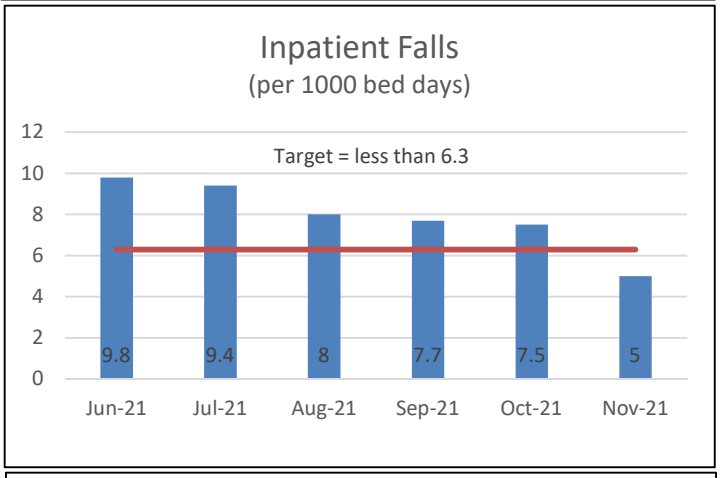
Hospital Care Quality Reporting
Community Care Quality Reporting

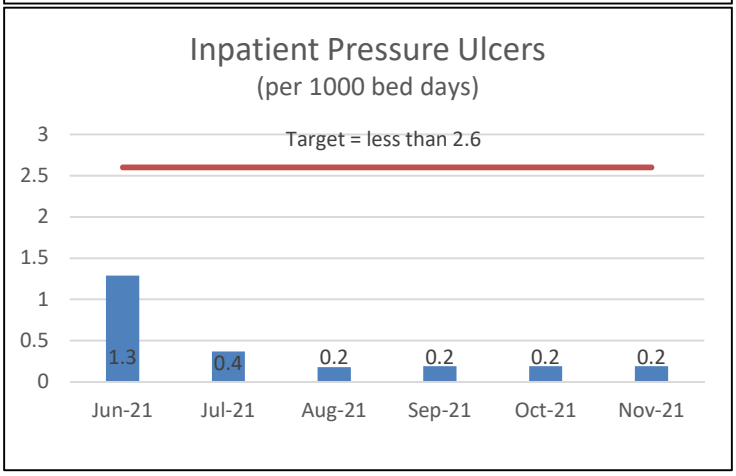
Hospital Care Quality Indicators - 2021-22

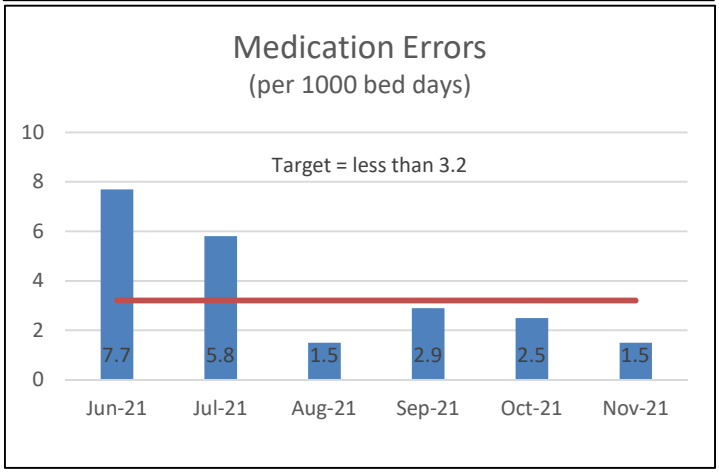


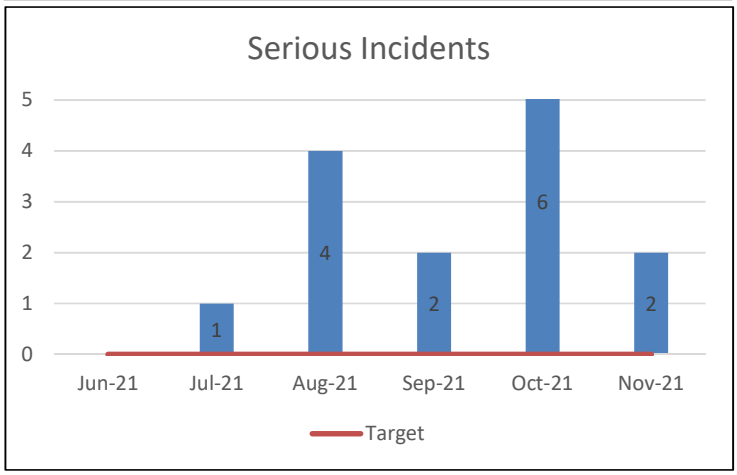


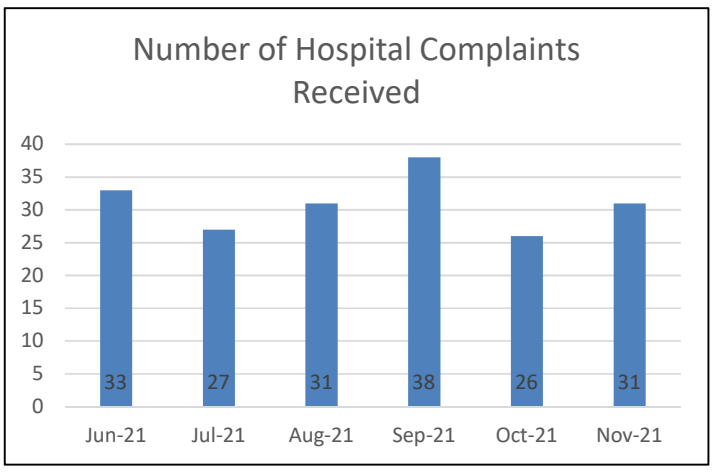




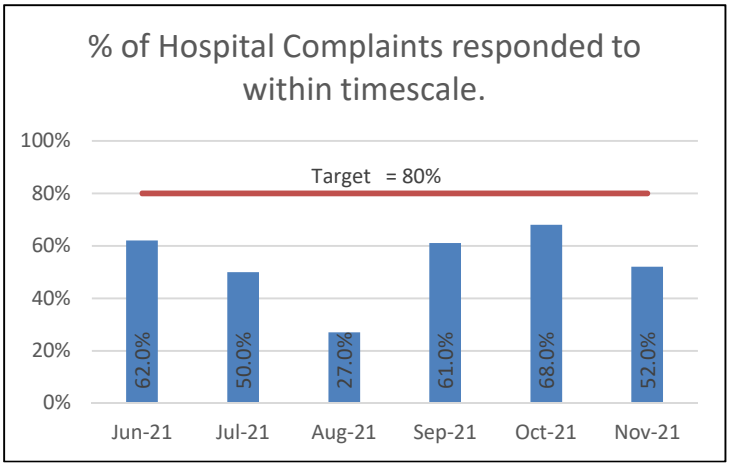








Hospital Care Quality Indicators - 2021-22



Hospital Care Quality - Narrative - November 2021

Total Number of acquired Infections - Cdiff
RCA has been arranged.

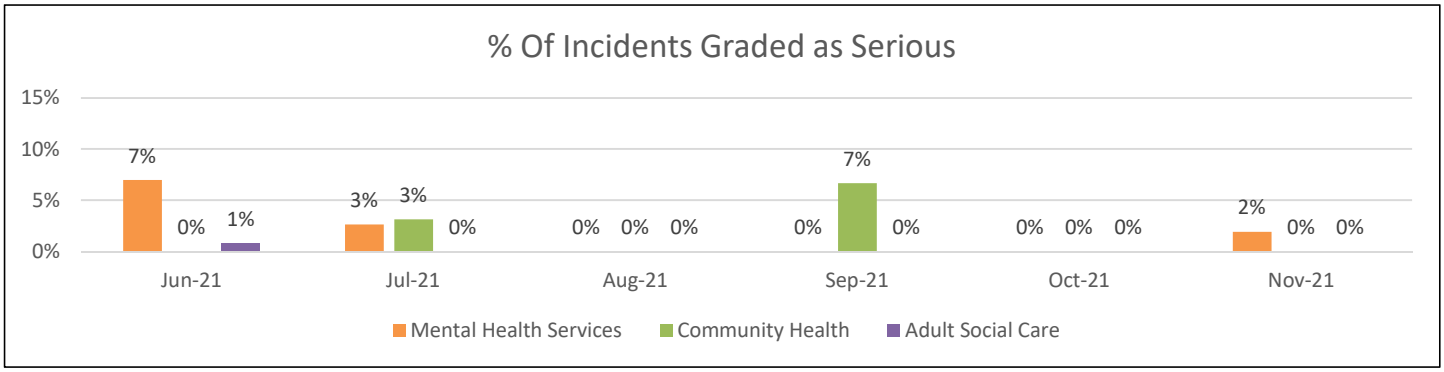
Total Number of acquired Infections - E-Coli
Ralated to UTI's. Consultant in charge of case undertaking RCA

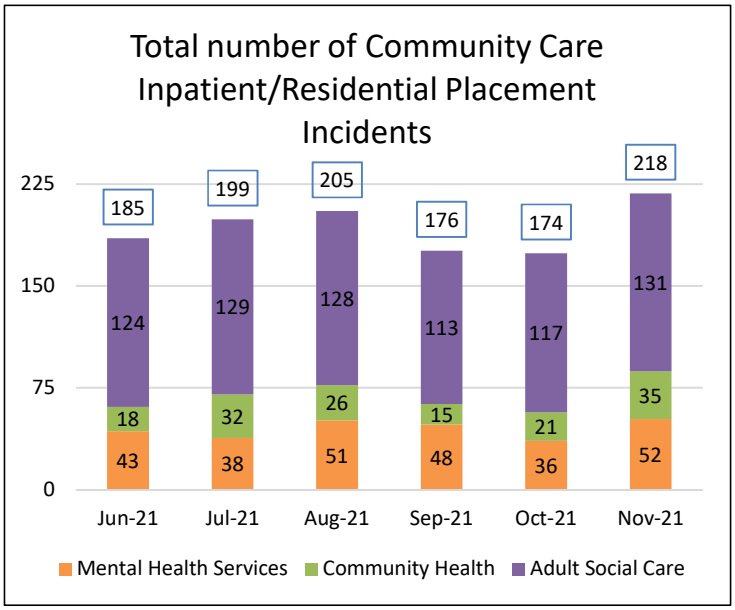
Total Number of Serious Incidents
Both serious incidents are currently under investigation.

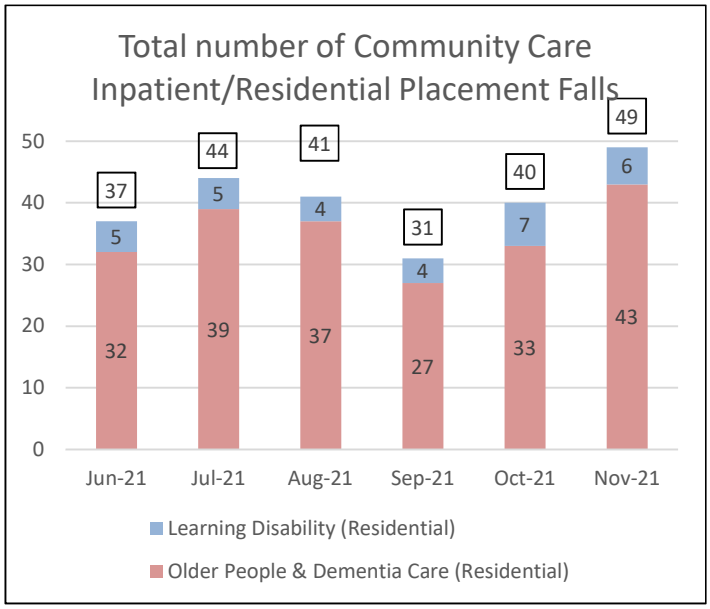
Total Number of Complaints Received
Significant improvement is required in relation to how complaints are dealt with across the General Hospital Care Group. There is targeted support to specific care groups in place, with oversight by the Director of Nursing.

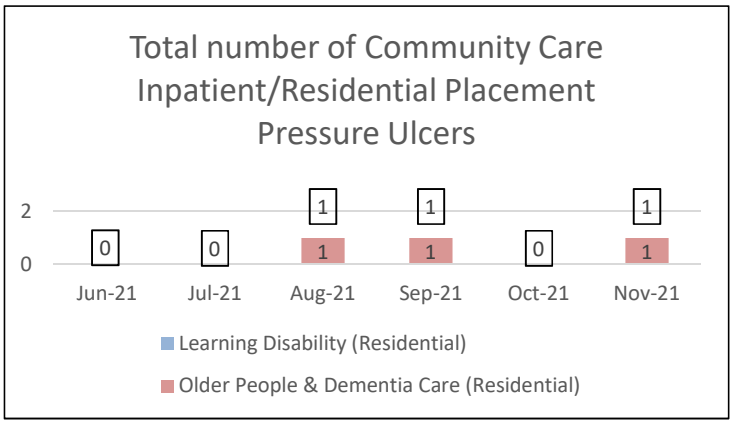
% Of All Complaints Responded To On Time (Within 20 Days Of Receipt)
The team continue to work hard to improve response rate

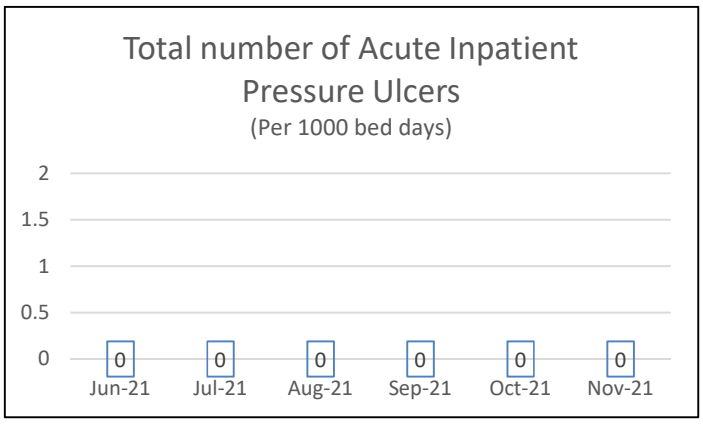
Care Quality and Safety - Adult Social Care; Mental Health; Community. 2021-2022

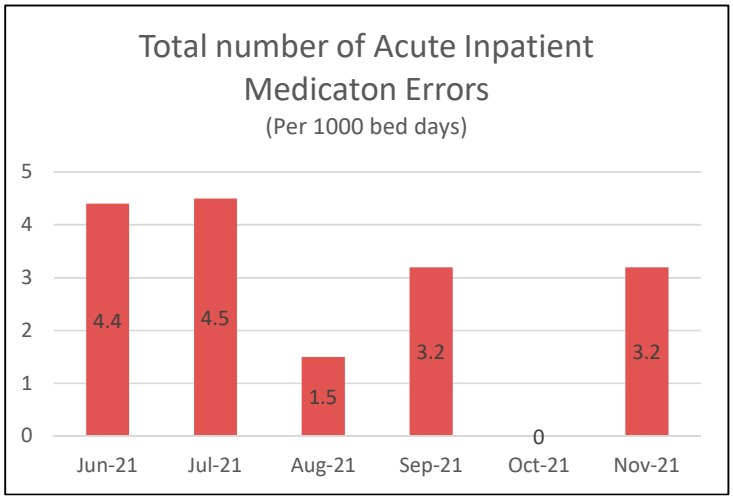


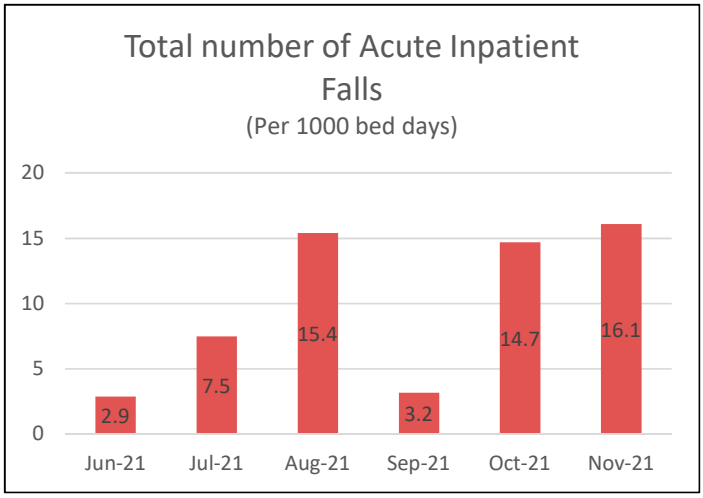




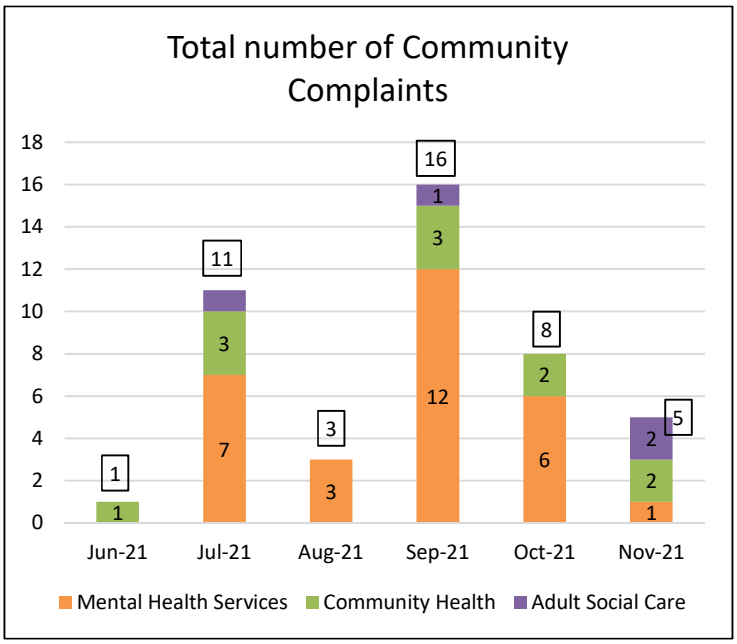


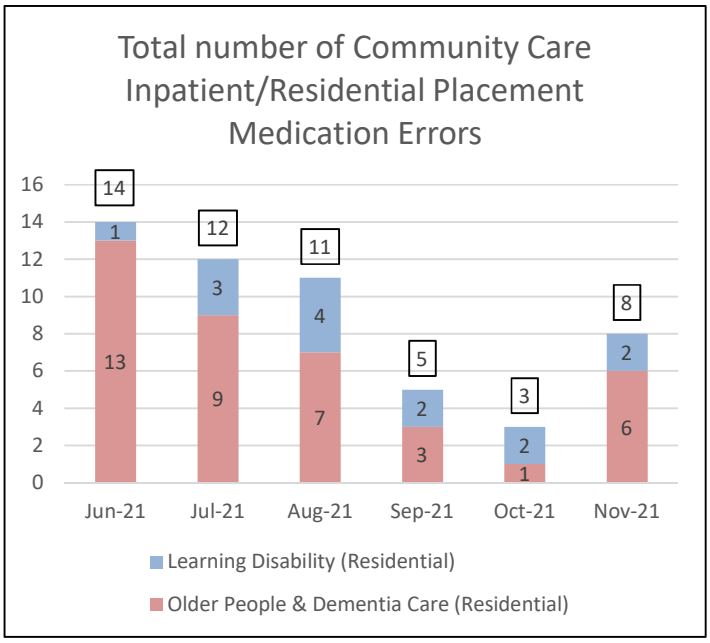


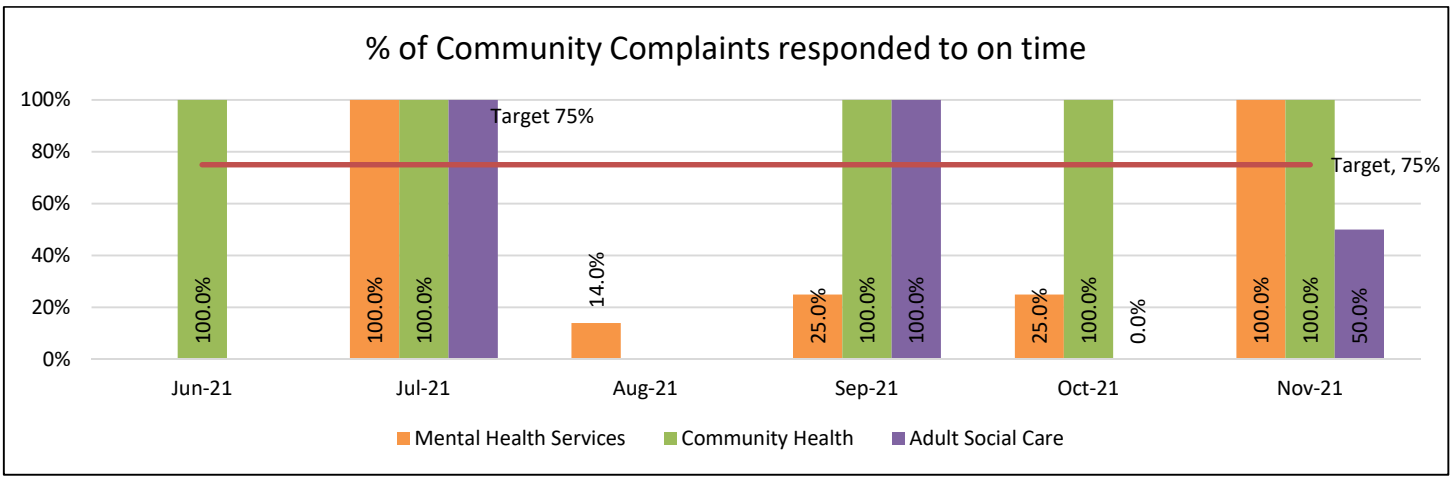




Care Quality and Safety - Adult Social Care; Mental Health; Community. 2021-2022







Care Quality Narrative - November 2021

FALLS

Total Number of Acute Inpatient Falls (Per 1000 Bed Days):
All falls categorised as no harm or low harm. 50% from Harbour Suite and 50% from Glen suite.

Older People & Dementia Care (Residential):
Of the 43 falls in residential settings, 35 were no/low harm, and 8 were moderate harm. Of the moderate harm incidents, all were unwitnessed, with the exception of 2 which took place outside of the unit (one resident blown over whilst having a cigarette, and another being supported by family). The unwitnessed falls all occured in or on the threshold of private bedrooms/bathrooms. A falls policy was ratified in November, and a new falls tool launched in December. Revamped training and a new audit will be introduced in January.
As with other months, there were additional falls in community and day services not captured in the above figure which relates to residential. 2 of the falls in the community were serious and were discovered on arrival at private homes.

Learning Disability (Residential):
All falls were recorded as no/low harm. Actions listed above for older people will also apply to learning disabilities.

PRESSURE ULCERS
Grade 2 ulcer, referred and supported via District Nursing Team.

MEDICATION ERRORS

Total Number of Acute Inpatient Medication Errors (Per 1000 Bed Days):
All medication incidents were catergorised as no harm.

Older People & Dementia Care (Residential):
Single dose of pregablin missed. This followed a change in dose time directed by GP, but night shift did not heed handover information. No harm resulted. Staff member to retrain and redo competencies.

Learning Disability (Residential):
Both errors no/low harm. Both relate to anti-convuslants. Policy followed.

INCIDENTS

Mental Health Services:
Categorisations of harm as follows: No Harm 30, No Harm (Prevented Incident) 16, Low Harm 4, Moderate Harm 1, Death 1. No incidents were classified as SIs.

Number of which were serious:
Alleged enforced treatment in the absence of consent / potential inappropriate application of the Mental Health Act. Incident declared as SI at SIRG, investigation underway.

Adult Social Care:
Of the 131 incidents, 115 were recorded as no/low harm. The spike in the overall number of incidents, and those involving moderate harm can be accounted for by the increase in falls. It should be noted that over this period respite has been reintroduced which is belived to have played a part in the increase. However the main explanation from the areas is a combination of the needs of those presenting at services for the first time following the success of the home first approach, and the staffing estbalishment. People are now accessing residential care for the first time with significantly higher levels of need than the current establishments were designed to cope with. Whilst many of the falls would be difficult to prevent given where and when they occur, there is additional risk associated with trying to manage this within existing resources as these were never designed for this purpose. N/B. overall numbers will differ from those provided to R&I due to a difference in reporting threshold, and a DHSC systems challenge which has now been resolved.

COMPLAINTS

Mental Health Services:
Complaint received from a family member regarding OPMHs care and staff attitude.

Adult Social Care:
Complaint received from a private provider in relation to a safeguarding case that resulted in an EPA being challenged. It was the view of the complainant that the actions of the social work team were insufficient, and led to financial hardship for the provider and the service user. A one week extension to the original deadline was requested. New deadline for response met. The second complaint relates to access to a social work assessment/corresponding services. This response was sent well ahead of the deadine.

Community:
Both complaints pertain to Prison Healthcare. 1 x unhappy at delay for dental appointment. 1 x unhappy about administration of medication whilst in segregation and about nurse not wearing PPE on the wing.

Manx Care Management Accounts

November 2021

Financial Advisory Service

FINANCIAL SUMMARY

FINANCIAL SUMMARY - 30 NOVEMBER 2021	MONTH £'000				YTD £'000				FY £'000				Mov't to Prior Month	Mov't to Prior Forecast
	Actual	Budget	Var (£)	Var (%)	Actual	Budget	Var (£)	Var (%)	Forecast	Budget	Var (£)	Var (%)		
TOTAL - OPERATIONAL	**24,174**	**22,647**	**(1,527)**	**(7%)**	**184,203**	**181,176**	**(3,026)**	**(2%)**	**275,097**	**271,764**	**(3,333)**	**(1%)**	**(746)**	**(22)**
Income	(1,287)	(1,205)	82	7%	(9,825)	(9,642)	182	2%	(14,710)	(14,464)	246	2%	101	241
Employee Costs	14,249	14,142	(107)	(1%)	113,261	113,134	(127)	(0%)	169,395	169,700	305	0%	105	511
Other Costs	11,213	9,711	(1,502)	(15%)	80,766	77,685	(3,081)	(4%)	120,412	116,528	(3,885)	(3%)	(952)	(774)
CIP	**(51)**	**(225)**	**(174)**	**(77%)**	**(786)**	**(1,800)**	**(1,014)**	**(56%)**	**(2,700)**	**(2,700)**	**0**	**0%**	**(56)**	**0**
ADDITIONAL FUNDING	**496**	**0**	**(496)**	**-**	**4,709**	**0**	**(4,709)**	**-**	**0**	**0**	**0**	**-**	**283**	**(226)**
Covid Costs	464	0	(464)	-	4,448	0	(4,448)	-	0	0	0	-	283	(298)
High Cost Patients	32	0	(32)	-	261	0	(261)	-	0	0	0	-	0	72
SV REQUEST	**0**	**0**	**0**	**-**	**0**	**0**	**0**	**-**	**3,805**	**0**	**(3,805)**	**-**	**0**	**(3,805)**
Pay Award (above 1%)	0	0	0	-	0	0	0	-	2,845	0	(2,845)	-	0	(2,845)
High Cost Patient (IFR)	0	0	0	-	0	0	0	-	960	0	(960)	-	0	(960)
GRAND TOTAL	**24,620**	**22,422**	**(2,198)**	**(10%)**	**188,126**	**179,376**	**(8,749)**	**(5%)**	**286,980**	**279,842**	**(7,138)**	**(3%)**	**(518)**	**(4,053)**

Overview

- Since last month's report the overall forecast for Manx Care has been increased due to additional Covid costs, the expected pay award above 1% and a patient receiving a high cost drug. Treasury funding has been sought for this.

- The operational full year expected overspend has remained at £3.3m, although there are a number of changes across the Care Groups and some of the mitigations have been released. The movements are summarised in Table 1 and the operational variances by Care Group are in Appendix 1.

- Confirmation has been received from the DHSC & Treasury that additional funding will be received to cover the Covid Business Case (£10.0m), the detail is provided in Table 2, and the High Cost Patients Business Case (£0.7m). These will be funded from Treasury contingency to the DHSC and will be received as part of the Mandate income in Manx Care.

- Further funding will be required for the pay awards above the amount set in the original budget (which is a 1% uplift). Although negotiations are still ongoing with some pay groups, it is currently expected that this will be an additional cost of £2.8m to cover all pay uplifts. A request for the pay award funding was submitted as a contingency claim to the DHSC and Treasury but was declined and will form part of a supplementary vote request.

- The overall variance to budget of (£7.1m) which includes the operational forecast (£3.3m), the expected pay award funding (£2.8m) and the new high cost patient (£1.0m) are expected to form part of a supplementary vote. The DHSC are currently progressing this with Treasury.

Table 1 – Forecast Movement to Prior Month

Forecast Movement to Prior Month	£'000	
Income	241	The income forecast has been adjusted in line with actuals being received.
Social Care Restructure	200	This restructure has been postponed into the next financial year.
Other employee costs	(1,689)	Additional costs built into the forecast for agency & bank costs due to high levels of sickness and increases in bed usage. Although some recruitment has been undertaken, there is a need for some of the agency to remain in the short term to enable a handover to take place. Further contingency has also been built in for additional winter pressures.
Release of Annual Leave Provision	2,000	Release of annual leave provision for additional holidays carried forward into 21/22.
Children's Home	167	Although there is still a requirement for the Children's Home to be re-opened there are not expected to be any costs incurred in this financial year.
Other Costs - Drugs	(190)	The forecast has been revised based on the latest run rate with winter costs higher than expected (although costs are expected to reduce).
Other Costs	(751)	There are a number of other cost increases across the Care Groups in relation to an increases in supplies and additional contract payments for contract maintenance (although some of these are being investigated further with assistance from the DOI who manage the contracts).
Total	**(22)**	

Table 2 – Summary of YTD & FY Covid Costs

Covid Costs (£'000)	Nov YTD	FY Forecast
Sickness	260	410
PPE	2,298	3,862
Loss of Nett Income - Commercial Units	170	250
Loss of Income - Dental Services	106	132
Loss of Income - Residential Services	270	414
Loss of Nett Income - PPU	542	814
Additional Staffing Requirements	715	1,481
Other Covid Costs	86	183
Tertiary Restoration	0	2,500
Total	**4,448**	**10,045**

- The key drivers of the forecast full year operational overspend of £3.3m remain rising drugs costs, employee costs and increased Tertiary activity, which are discussed in more detail in Table 3 below.

- The full year budget includes a contingency of £4.9m which is held centrally within Corporate Services with the CIP target of (£2.7m) currently netting against this. The contingency budget has already been fully allocated against inherited funding pressures.

- Excluded from the YTD actuals is Covid expenditure of £1.9m relating to testing (£1.0m) and the vaccination programme (£0.9m). Business cases for these have been previously approved to be recovered from a central contingency fund held by Treasury. Further costs of £2.3m are also excluded for Lateral Flow Tests where the money is expected to be recovered from Treasury (approvals have been given to the DHSC).

- A further case for elective activity has also been approved by the DHSC and Treasury for £0.8m to cover in-year costs where patients may need to be transferred to the UK for treatment.

Table 3 – Operational Forecast FY Variance to Budget

Forecast Variance to Budget	£'000	
Other Income	246	The loss of income in commercial areas, Social Care residential services, dental services & the PPU has been included in the Covid business case and excluding these pressures income is expected to be on target
Employee Costs	305	The variance is based on the existing levels of spend with adjustments for known recruitment (in particular for new services where additional funding was given). This variance is nett of the full annual leave provision for holidays carried forward into 21/22.
Other Costs - Drugs	(4,530)	The forecast assumes similar levels of spend for the remainder of the year with all savings currently being included in the CIP work streams.
Other Costs - Tertiary	(1,362)	The Tertiary forecast is based on the latest expected activity from providers & includes the tariff uplift from the 1st October of (expected to be £0.5m). The savings on the Patient Transfer Contract are included as one of the CIP work streams.
Other Costs - Contingency	2,006	Although there are a number of variances across the Care Groups, the forecast reflects the contingency budget of £4.9m which is netting against known cost pressures.
Total	**(3,333)**	

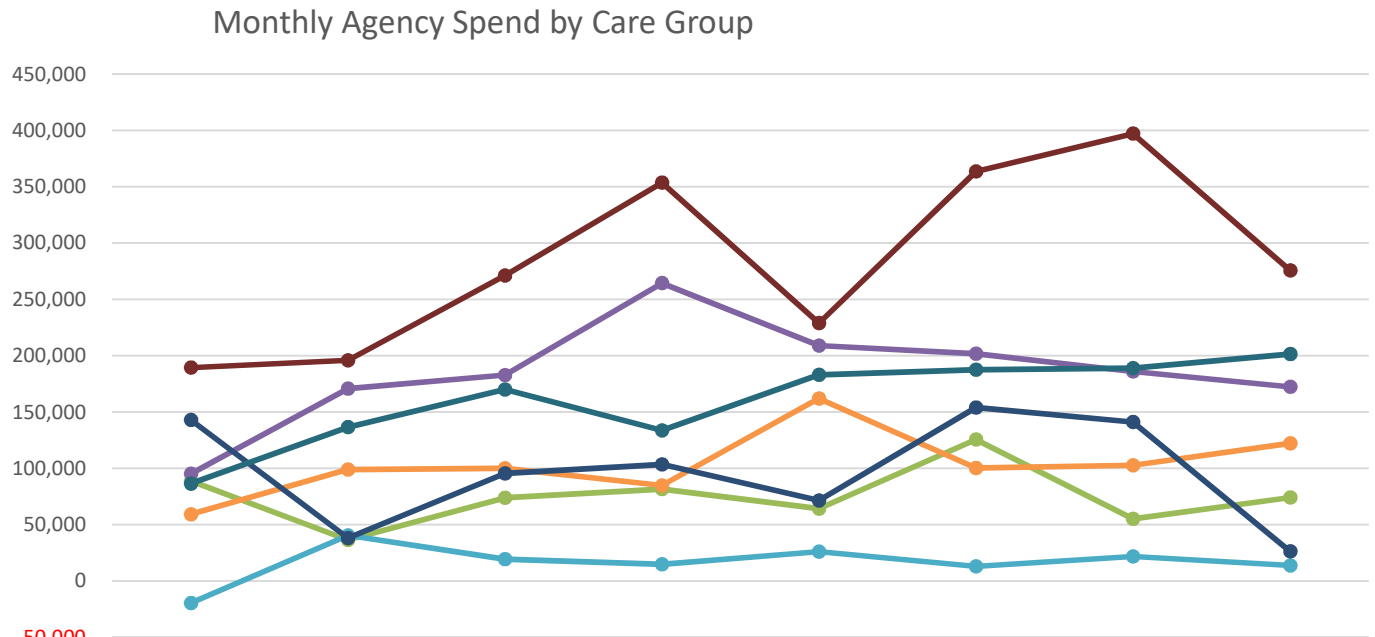
Table 4 - Operational YTD Variance to Budget

YTD Variance to Budget	£'000	
Other Income	182	Excluding income pressures due to Covid, income is on target
Employee Costs	(127)	Variances differ across services as some areas are unable to fill vacancies and/or cover with agency. Other areas, in particular in acute are experiencing additional costs due to the need to cover a significant number of vacancies with agency. There are also some favourable variances in services where additional funding was given as part of the budget process but delays in recruitment will result in part year costs being incurred.
Other Costs - Drugs	(3,103)	Drugs costs have significantly increased and although savings of £0.4m have been delivered as part of the CIP (shown separately) these pressures are expected to continue for the remainder of the year. Due to staffing pressures no CIP savings on drugs were delivered in November.
Other Costs - Tertiary	(1,339)	The change in activity in the month has resulted in the increased overspend in the month although the forecast position is unchanged from last month.
Other Costs - Contingency	1,361	There are a number of variances across the care groups and the impact of the contingency budget YTD is £3.3m (which has been fully allocated to cover some of the cost pressures)
Total	**(3,026)**	

Employee Costs

YTD Employee Costs are £127k over budget and are forecast to be £1,695k over budget by year end (excluding the impact of releasing the annual leave provision). Agency spend is a significant factor driving this overspend, with a total spend YTD of £7.9m, broken down across Care Groups below.

This is concentrated in 3 main Care Groups: Medicine (£2.3m), Surgery (£1.3m) and Mental Health (£1.5m) and is primarily incurred to cover existing vacancies in those areas. Overall spend in the month has dropped by £152k since October although it is expected to rise again during December and January to cover staff absences. Spend in other areas has remained relatively static or reduced since last month. The cost of covering a post with Agency staff is usually much higher than the cost of employment so this contributes to significant overspends on Employee Costs in these areas. There is also evidence of significant upward pressure on rates due to competition in the market for candidates. This figure is currently being mitigated by underspend due to unfilled vacancies in other areas.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Integrated Cancer & Diagnostics Services	88,932	36,448	73,845	81,716	64,270	125,659	55,167	74,087
Integrated Mental Health Services	95,263	170,821	182,767	264,352	208,860	201,817	186,070	172,269
Integrated Primary Care & Community Services	-19,509	40,461	19,399	14,747	26,135	13,093	21,689	13,716
Integrated Social Care Services	59,213	98,970	99,991	84,734	162,025	100,271	102,717	122,061
Integrated Women, Children & Family Services	142,909	38,029	95,518	103,559	71,540	153,993	141,028	26,235
Medicine, Urgent Care & Ambulance Service	189,341	195,851	271,027	353,615	229,089	363,547	397,059	275,579
Surgery, Theatres, Critical Care & Anaesthetics	86,506	136,523	169,945	133,651	183,074	187,524	188,945	201,413

Drugs Costs

Drugs Costs are currently forecast to be £4.5m overspent by year end (excluding the impact of the CIP). A number of market factors are contributing to this with widespread price increases across the system in recent years. Covid and Brexit have also created global supply issues as well as driving stockpiling behaviours in many individuals. Much of this movement occurred in 20/21 and has persisted into 21/22.

During 19/20 spend of £23m was within budget but during 20/21 increased significantly to £26m.

	2019/20			2020/21			2021/22 (Nov YTD)		
	Budget	**Actual**	**Variance**	**Budget**	**Actual**	**Variance**	**Budget**	**Actual**	**Variance**
Primary	15,731	15,191	540	14,950	16,283	- 1,333	9,907	11,202	- 1,295
Secondary	8,187	7,784	403	8,034	9,326	- 1,292	5,445	7,252	- 1,808
Total	**23,918**	**22,975**	**943**	**22,984**	**25,609**	**- 2,625**	**15,352**	**18,454**	**- 3,103**

The increase in Secondary Care spend of £1.5m from 19/20 to 20/21 was driven primarily by increased Cancer drug spend, which increased by £1.2m in 20/21 and again by a further £800k in the current year.

Year	Budget	Cancer Drug Costs	Budget Variance	Spend Increase	% Increase
2019/20	2,416	2,944	- 528	454	18%
2020/21	2,667	4,144	- 1,477	1,200	41%
Projected 21/22	2,667	4,978	- 2,311	834	20%
TOTAL	**7,750**	**12,066**	**- 4,316**	**2,488**	**100%**

In Primary Care spend increased in 20/21 by £1m on 19/20 figures. Much of this was driven by increased drugs prices. Although the actual numbers of items dispensed over the past few years has remained relatively stable, the cost per item increased by 5% resulting in additional spend of approx. £800k.

Significant cost savings of £0.4m ytd have been generated by the Primary Care Medicines Optimisation Team which are netting off against the overspend.

Tertiary

The Tertiary forecast remains volatile with the forecast being updated with the latest data from our UK providers. Currently restoration activity is included in the forecast which is part of the Treasury bid to reclaim Covid costs but investigations are underway with our providers to establish if any restoration activity is included in the YTD position. The tariff uplift which has been agreed in the UK from the 1st October represents an additional £500k cost pressure which has not been budgeted for as the Treasury funding bid for 2021/22 was not agreed.

Table 5 – Movement in Operational Cost from Prior Month

Movement to Prior Month	£'000	
Reduction in Income	101	Movement in income from the prior month across Social Care & Primary Care services although this is mainly due to timing and is not expected to materially alter the forecast position.
Employee Costs	105	Although there are a number of movements across the Care Groups, overall employee costs have remained in line with prior month's costs.
Flu vaccination costs	(300)	Increase in costs due to yearly vaccinaton programme. Further work is ongoing to identify any additional costs that have been incurred due to the expansion of the programme which can be recovered from funding agreed by the DHSC & Treasury.
Tertiary	(222)	Increase in Tertiary activity from last month.
Other Costs	(429)	Various movements across the Care Groups mainly due to an increase in supplies costs due to timing of invoices being paid.
Total	**(746)**	

CIP

The CIP target for Year 1 has been set at £2.7m, which is reflected in the forecast. However, a stretch target of £3.6m for the programme has been set. To date, full year savings of £1.5m have been delivered as follows:

Workstream	CIP Target	Delivered	Remaining
Secondary Care Prescribing	528,611	-	528,611
Primary Care Prescribing	1,075,786	437,299	638,487
Procurement & Contracting	899,179	126,054	773,125
Workforce	375,000	197,602	177,398
Tertiary	700,000	700,000	-
Total Cash Out Savings	**3,578,576**	**1,460,956**	**2,117,620**

The target of £3.6m is significantly higher than the budgeted amount of £2.7m to allow for slippage and delays, of which there have been some. To date, £1.5m has been delivered, leaving a further £1.2m to be delivered in the coming 5 months in order to reach the budgeted amount of £2.7m.

Delivery of the Secondary Care CIP is at risk with no savings being delivered as yet. However, additional resource has been allocated to the workstream to accelerate delivery and progress is being monitored closely.

There has also been a temporary slow-down in delivery of the Primary Care CIP as a result of sickness absence, although this is expected to return to normal in the coming months.

Data processing issues with NHS Supply Chain have also slowed down the delivery of the Stock Transition Project. However, renewed resource and commitment have been secured from NHS Supply Chain to move this project forward and whilst the current target is at risk, it is still likely that sufficient savings will be identified to meet the £2.7m requirement.

Financial Risks & Opportunities

The following risks and opportunities have been identified but have not yet been incorporated into the forecast position:

Risk / (Opportunity)	£'000	
CIP	1,239	The forecast assumes that the full saving of £2.7m is achieved. Due to the implementation time required for some of the work streams and staff resourcing, the full year target may not be achieved. The risk value is based on the work streams with a red and amber status (less over achievements on some work streams).
UK Placements	200	The current forecast is based on committed and known costs but additional activity may be incurred or existing placements extended and no contingency is included for this.
Swabbing/Testing Costs	1,200	Funding for Covid swabbing & testing is covered by an existing contingency fund claim. Based on current requirements, all the funding has been utilised by the end of November and additional costs are not included in the current forecast. A business case will be submitted to Treasury to request additional funding for this activity and will depend on the testing requirements going forward.
Anaesthetists Cover	200	Decision still to be made on what additional cover may be needed for the anaesthetists & whether additional agency may need to be brought in. It is expected that this will be covered by additional funding from Treasury.
Review of contingency claims	(470)	Requirements were identified at the beginning of the year which would need to be funded by a contingency budget held centrally. These are to be reviewed and the forecast adjusted accordingly.
Total	**2,369**	

Appendix 1 - Summary by Care Group as at 30th November 2021

OPERATIONAL COSTS BY CARE GROUP - 30 NOVEMBER 2021

	YTD £'000				FY £'000			
	Actual	Budget	Var (£)	Var (%)	Forecast	Budget	Var (£)	Var (%)
TOTAL BY CARE GROUP	**184,203**	**181,176**	**(3,026)**	**(2%)**	**275,097**	**271,764**	**(3,333)**	**(1%)**
CLINICAL CARE GROUPS	**161,240**	**152,594**	**(8,647)**	**(6%)**	**241,065**	**228,890**	**(12,175)**	**(5%)**
Medicine, Urgent Care & Ambulance Service	22,897	19,091	(3,806)	(20%)	34,872	28,891	(5,981)	(21%)
Surgery, Theatres, Critical Care & Anaesthetics	24,583	23,227	(1,356)	(6%)	36,871	34,676	(2,195)	(6%)
Integrated Cancer & Diagnostics Services	14,236	12,530	(1,706)	(14%)	21,492	18,749	(2,743)	(15%)
Integrated Women, Children & Family Services	10,598	10,317	(281)	(3%)	15,942	15,519	(423)	(3%)
Integrated Mental Health Services	14,758	14,375	(383)	(3%)	22,470	21,562	(908)	(4%)
Integrated Primary Care & Community Services	33,792	32,932	(860)	(3%)	49,992	49,310	(681)	(1%)
Integrated Social Care Services	25,917	26,948	1,031	4%	38,797	40,422	1,625	4%
Tertiary Care Services	14,459	13,173	(1,286)	(10%)	20,630	19,760	(870)	(4%)
SUPPORT & CORPORATE SERVICES	**22,962**	**28,583**	**5,621**	**20%**	**34,031**	**42,874**	**8,843**	**21%**
Infrastructure & Hospital Operations	5,847	5,871	24	0%	8,657	8,807	150	2%
Operations Services	12,610	13,565	956	7%	19,071	20,348	1,277	6%
Nursing, Patient Safety & Governance Services	3,183	2,980	(203)	(7%)	4,909	4,470	(438)	(10%)
Corporate Services	1,322	6,166	4,844	79%	1,395	9,249	7,855	85%