

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.

AGENDA

Minute number	GOVERNANCE	Lead	Page	Time
38.22	Welcome & apologies - To note apologies from: Katie Kapernaros and Dr Sree Andole	Chair	Verbal	9:30
39.22	Declarations of Interest	Chair	3	
40.22	Minutes of the meeting <i>22 January 2022 (public)</i>	Chair	7	
41.22	Matters arising/Review of Action Log	Chair	17	
42.22	Notification of any other items of business	Chair	Verbal	
43.22	Governance developments <ul style="list-style-type: none"> CQC regulation compliance update report Risk Management Policy (for approval) Board assurance framework for 2022-23 	Dir of Nursing. Interim Dir of Corp Affairs	18 23 47	9.45
UPDATES				
44.22	Chair's report	Chair	61	10.15
45.22	Strategy development	CEO	Verbal	
46.22	Chief Executive's report - Horizon Scan	CEO	62	10.30
47.22	Committee Chairs' Reports <ul style="list-style-type: none"> Quality, Safety and Engagement Finance, Planning and Commissioning People Data and Informatics Audit 	Com Chairs SP NW SP RW AG	71 74 77 79 81	10.45
REFRESHMENT BREAK 11.00 – 11.10				
PRIORITY ONE – PATIENT SAFETY				
48.22	Integrated Performance Report & Executive Overview	Dir of Operations. Dir of Social Care.	83	11.10

49.22	Required Outcomes Framework – Q4 position 2021-22	CEO	140	
50.22	Restoration and Recovery Update	Dir of Operations	171	11.30
PRIORITY TWO - CREATING A POSITIVE WORKING CULTURE				
51.22	Workforce & Culture Update	Dir of HR	Verbal	11.45
PRIORITY THREE – SUSTAINABLE FINANCE				
52.22	Finance Report: January 2022 Management Accounts	Director of Finance	172	12.00
53.22	Supplementary Vote	Director of Finance	184	
ANY OTHER BUSINESS				
54.22	With prior agreement of the Chair	Chair		
FORMAL MEETING CLOSING AT 12.30 - 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 OF NEXT MEETING TO BE HELD IN PUBLIC: 24 MAY 2022				

Additional papers included for information:

- Committee Terms of Reference – Annual Review
- Draft IPR New Version

Register of Directors' Interest

22 March 2022



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 Committee	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 & Europe	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 & Europe	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	Direct Professional	Accepted the role as CEO, Elder Care effective on retirement from Manx Care	June-22		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		
	Andy Chittenden	Interim Director of Corporate Affairs	Non-financial	Co-opted Member of the Audit Committee Liverpool School of Tropical Medicine	Oct 16	-	x		
	Andy Chittenden	Interim Director of Corporate Affairs	Non-financial	Sefton Carers Centre Ltd, NED and Trustee	Sept 19	-	x		
	Andy Chittenden	Interim Director of Corporate Affairs	Non-financial	Worldwide Radiology, NED and trustee	Oct 19	-	x		

Andy Chittenden	Interim Director of Corporate Affairs	Non-financial	Tarporley War Memorial Hospital, Audit Chair, NED and trustee	Aug 20	-	x	
Andy Chittenden	Interim Director of Corporate Affairs	Financial	Governance Health Ltd, director and shareholder	Jan 14	-	x	
Andy Chittenden	Interim Director of Corporate Affairs	Financial	Acuity Heritage Properties Ltd, director and shareholder	Jul 14	-	x	
Andy Chittenden	Interim Director of Corporate Affairs	Financial	Jasmine Commercial & Residential Property Ltd, director and shareholder	Jun 18	-	x	
Andy Chittenden	Interim Director of Corporate Affairs	Financial	Cormorant Developments Ltd, director and shareholder	May 20	-	x	
Dr Oliver Ellis	Executive Director, Primary Care	Financial	Partner, Peel Group Practice	Jan 21		X	
Dr Oliver Ellis	Executive Director, Primary Care	Financial	Partner, Laxey Village Practice	Sept 18	Dec 20	X	
Dr Oliver Ellis	Executive Director, Primary Care	Financial	Zero Hours Contractor, MEDS	Aug 18		X	
Dr Oliver Ellis	Executive Director, Primary Care	Non-Financial	Chair, Isle of Man Primary Care Network ('PCN'). The PCN received funding from Manx Care for its ongoing operation.	Nov 20		X	
Dr Oliver Ellis	Executive Director, Primary Care	Non-Financial	Wife is a physiotherapist employed by Manx Care and a CSP trade union representative				

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

Dr Oliver Ellis (OE)	Medical Director, Primary Care
Andy Chittenden (ACH)	Director of Corporate Affairs
Ann Corkill (AC)	Director of HR Business
Barbara Scott (BS)	Director of Infrastructure
Richard Wild (RW)	Chief Information Officer

In Attendance:

Emma Cannel (EC)	Interim Audit Manager – Internal Audit
Elaine Quine (EQ)	Deputy Board Secretary and Minute Secretary

Apologies

Oliver Radford (OR)	Director of Operations
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GOVERNANCE

Item

Action

1.22 Welcome and apologies

AF welcomed everyone to the meeting. He introduced Dr Oliver Ellis, Medical Director Primary Care and Andy Chittenden, Interim Director of Corporate Affairs who had been appointed to the Board as non-voting Executive Directors. Apologies had been received from Oliver Radford.

AF informed the meeting that former Non-Executive Director, colleague and friend, Vanessa Walker, had sadly passed away earlier in the month. He invited Board members to pay tribute to Vanessa. Directors spoke of her passionate commitment to all patients, to ensuring that their voices were heard, improving quality for patients wherever possible and the provision of first class health services to Island. Her legacy would continue to shape the decisions made by the Board and she would be greatly missed.

(The meeting paused for one minute to remember their colleague and friend Vanessa Walker)

2.22 Declarations of Interest

There were no declarations of interest relevant to the meeting. OE and ACH would forward their interests to EQ for inclusion on the register.

Bd Sec

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3.22 Minutes of the Board meetings held on 23 November 2021 (public)

The minutes of the meetings held on 23 November 2021 (public) were accepted as an accurate record.

4.22 Matters Arising and Review of Action Log

There was one matter on the action log which had been listed at agenda item 6.

5.22 Notification of any other items of business

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

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

Deep Dive on Risk No1

PM led the meeting through the first risk on the register which was entitled 'Manx Care may not be able to provide a consistently safe, high quality service and meet the needs of service users'. He explained that this was a risk that might happen but not necessarily was happening. He outlined examples of factors that could cause the risk to crystallise such as insufficient staffing levels or ineffective clinical governance. If such circumstances were to occur it could result in patients receiving unsafe care. He explained the controls that were in place or would be put in place in order to mitigate the risk of such incidents occurring such as improved recruitment to ensure safe staffing levels, effective rota planning and the undertaking of mandatory training.

A range of controls were described which sought to reduce the likelihood or impact of the risk materialising; these included but were not limited to the development of the MxC quality dashboard; a broad range of policies and procedure to govern how decisions were made; an incident reporting system supported by serious incident procedure and oversight by the complaints handling mechanism such as MCALs being put in place; the operational quality group monitoring and oversight of all the control mechanisms described together with a clear accountability of this group to the Quality Safety and Engagement Committee.

The BAF also identified gaps in control and assurance. PM acknowledged that MxC was in its first year and as such, whilst he would not expect that all control areas would be fully effective, work to improve control mechanisms is being mapped, planned and implemented in a structured way.

The Quality Governance Development Roadmap had been approved by the Board. The implementation of this would be key to improving the control environment. It was queried whether the control framework would extend to primary care and PM confirmed that it would. ACH stated that over the coming months he would be focussing on the BAF and CRR to ensure that the objectives that were contained within the second mandate relating to 2022/2023 were clearly articulated and that risks of failure to deliver the objectives were made visible to the Board.

Quality Governance Development Roadmap ('QGDR')

The QGDR, is a ten point plan to improve quality control and clinical governance arrangements to ensure the best outcome for service users. The ten points being:

1. Establish Manx Care Governance Support Unit
2. Risk Management Process

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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

The Board was reminded that the QDGR sets out the foundation steps for development of a comprehensive control framework. PM led the meeting through the ten points and emphasised the importance of being as thoroughly prepared as possible ahead of the CQC inspection. A governance support unit would be established to bring together corporate functions to achieve value through shared learning and good progress had been made with this. A risk management strategy would be developed and a risk manager would be recruited. The quality dashboard referred to earlier in the meeting contained lead and lag indicators which were based on the CQC Key Lines of Enquiry and had been populated with data from April 2021 to create a thirteen month horizon.

Complaints handling required further improvement and the primary goal would be to measure user satisfaction (of their experience of the complaints process) in real time. Clear plans for workforce establishments, rota management and mandatory and role specific training all required development as a priority. There were several hundred control documents in existence which would need to be reviewed, consolidated and updated where necessary. A mortality review group had been established and a clinical effectiveness framework would be implemented and benchmarked. OE observed that Primary Care was going through a similar evolution and that he was keen to work with MxC to achieve synergies where possible.

The Board thanked PM for the progress made and anticipated frequent updates.

UPDATES

7.22 Chair's Report

The Chair's report was noted. AF reported that this was his 11th 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, albeit reflecting Covid regulations. SP and KK had met with colleagues at Murray House the previous day and SP commented that the opportunity to meet colleagues significantly enriched the knowledge of the NEDs.

8.22 Chief Executive's Report and Horizon Scan

Covid-19 Update

During January, the number of Covid positive cases within the community had increased and as of 18th January there were 10 individuals in hospital. At the end of December, in response to a spike in community cases leading to high staff absence rates and an increase in hospital admissions, 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 which was in line with the Business Continuity Plan. This allowed for out-patient staff to be redeployed to the support safe staffing on in-patient wards areas. From 17th January, face to face appointments had resumed and visitor restrictions had been relaxed. The organisation continued to manage its Covid response through regular bronze command meetings and MxC was now a member of the National Covid Response Group (NCRG).

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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. Since Christmas the uptake of the booster vaccine had slowed significantly and redeployed staff had since been returned to their substantive positions. Work was ongoing to set up a mobile vaccination centre which would be able to travel to more isolated communities to offer local specific service – locations of the mobile service would be driven by uptake data from Medway which was subdivided by postcode. TC on behalf of the Board extended her thanks to all that were involved in delivering the vaccination programme.

111 Service

On the 1st January 2022, the Covid-111 service transferred from the Cabinet Office to MxC as part of the programme to scale down Covid-19 operational services run by central government. The executive team had been supportive of the transfer for some time, as it meant that the swabbing, vaccinations and 111 team were within the same organisation which would allow operational synergies to be achieved.

Communication and Engagement

There continued to be a significant interest in MxC from the public, with high level of media enquiries during 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. It was noted that this wasn't a situation unique to MxC and similar situations were being experienced across NHS provider organisations in the UK.

During December there had been an increase in signposting members of the public to MxC's broad range of services, to try and ensure that members of the public were 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. MxC continued to focus on the provision of responses that educate the public about reasons for issues arising rather than a sole focus on the solution. Given the significant crossover between internal communication and internal culture, the Communications team would be reviewing opportunities to contribute to the workforce development activity moving forward.

Horizon Scan

Progress was being made to reduce waiting lists across all areas. Additional funding had been placed into adult mental health service. CMHS were rolling out the THRIVE programme which focussed on early stage intervention. A recovery college for adult mental health would be established in the spring.

Required Outcome Framework ('ROF') Q3 Update

The update report provided a Q3 status update against the year one priorities outlined within MxC's ROF. The report highlighted the significant progress that had been made during the quarter against delivery of the priorities, during what has continued to an extremely busy and challenging period at an operational level:

- A further 4 priorities were now considered to be complete
- Work had commenced on a further 2 priorities
- The total number of Red / Amber status had increased, from 8 to 11. The reasons for

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which were outlined in the update
TC acknowledged that there was much work to do on improving safety across all services, and accordingly the majority of the report was focussed on how to bring about the improvements.

Theatre improvements work was continuing and phase three had commenced following the Association of Perioperative Practice ('AFPP') audit. There were no significant weaknesses identified from the audit but an action plan had been developed responding to recommendations. Workforce challenges persisted but a number of key roles in anaesthetics had been recruited for. The Access Policy had been approved and the policy would govern how MxC prioritised access to services to ensure transparency.

A programme would be put in place to transform service delivery and digital would be a huge enabler to this to achieve the transformation. Length of stay was improving and the mechanisms to achieve this were reflected in the mandate. In terms of improving patient safety there was only one area rated red which was the Learning Disability Service. The service lead for Learning Disability had been advertised unsuccessfully on two occasions. SS would work with third party providers to progress this.

The Learning Disability Strategy document would be reviewed to ensure that it was fit for purpose. Good progress was being made on Workforce and Culture and the values had recently been redefined. The only other red rated area was CIP Assessment and this was because the original timing had not been met. The quality of each CIP had not been assessed which had been the expectation. The CIP Programme Board would meet the following week and it would take responsibility for governance and ongoing monitoring.

A Board to Board meeting had been held with the Minister, members and representatives of the DHSC the previous day and MxC officer had provided assurance to the Minister and his team. AG queried whether the business case for the Urgent and Emergency Integration of Care should be reviewed by the Quality, Safety and Engagement Committee. TC stated that this was being tracked by the Executive Committee but would consider whether additional scrutiny from a Board Committee would be appropriate.

9.22 Committee Chair Reports

The Chair invited the respective Chairs of Board assurance committees to escalate to the Board matters of note relating to the committees' scrutiny of controls and assurances that strategic risks were being mitigated effectively.

Quality Safety and Engagement Committee Update (re meeting on 13.12.21)

SP stated that the only matter that had been requested for consideration by the Board was to consider and if thought fit, approve of the Policy for the Formation, Ratification and Management of Manx Care Policies and Procedures. The policy provided a framework by which all new or revised policies must be governed. The Committee had reviewed the policy and recommended it to the Board for approval. OE commented that this type of policy was required by primary care and it would be important to align this with the policy being presented for approval. It was noted that the interface between Primary Care and MxC was essential in ensuring alignment and developing a consultation process between the two bodies would be key. It was also anticipated that other primary care representatives would be invited to MxC Committees. KK emphasised the need to ensure any policy was in line with diversity and inclusion legislation.

Resolution

The Board resolved by verbal assent to approve the Policy for the Formation, Ratification and

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Finance, Planning and Commissioning Committee Update (re meeting on 17.1.22)

NW made the following observations:

- He was very encouraged that there was now clarity on the full financial position of MxC which was a welcome development
- The development of KLOE's to enhance the Performance and Accountability review process had commenced and members of the Committee were interested to learn more about the governance arrangements
- There was concern raised regarding the lack of commentary contained within the IPR report as the figures required benchmarking, trend analysis, narrative and context to facilitate effective performance monitoring. The Committee was assured that work to improve the IPR was ongoing.

10.22 People Committee Update (re meeting on 10.1.21)

SP made the following observations:

- An inspirational staff story had been presented in person and the Committee had encouraged the presenter to impress on colleagues how important it was for the Committee to hear such stories
- A presentation had been made by Locate Isle of Man and the Committee had been assured of the steps that were being made to attract skilled employees to the Island
- Pay negotiations were ongoing and remained a concern to the Committee
- 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
- It was suggested that a scheme whereby staff could submit ideas for improvements and receive awards for those taken forward, would be of benefit.

11.22 Data and Informatics Committee Update (re meeting on 11.1.21)

KK made the following observations:

- The recruitment of four Business Information Officer roles by the H&SC Transformation programme remained outstanding which continued to adversely affect productivity levels within the team.
- The clinical alerting system had been successfully rolled out and during a Manx Telecom Wi-Fi outage had rolled over to 4G without any significant business interruption.
- 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 Information Governance Advisory Board had been established
- 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.

12.22 Mental Health Legislation Committee (re meetings on 22.11.21 and 17.1.21)

AG made the following observations:

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- Demand for services continues to accelerate and to outstrip the pace at which patient need can be met.
- There was concern at the poor access to advocacy services. Whilst this was not a statutory service requirement it is considered best practise in England and to be in the best interests of patients.
- The Committee reviewed the s.115 working group terms of reference. The focus of the group would be to consider funding methods for ancillary and after care costs for patients being treated under s.115 of the Act
- The five key focus areas for the CQC inspection were discussed
- The Mental Health Commission report on the unannounced visit was received and the Committee was assured of the progress being made
- S.128 rights were discussed

13.22 Audit Committee (re meeting on 17.1.22)

- The Committee required assurance that all other Board Committees were making sufficient preparation for the CQC inspection
- 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
- The Whistleblowing Policy would be referred to the People Committee to identify a whistleblowing champion for Manx Care, subject to clarification that the Isle of Man Government Island wide whistleblowing policy identified the Manx Care Board Secretary as the Designated Officer

14.22 Integrated Performance Report (IPR)

The report was noted. There was a discussion regarding availability of more recent data given that the data presented was from November. RW confirmed that progress was being made on automation and that the next step would be to provide a hybrid report which contained both automated and manual data. The timing of the Board meant that it was difficult to provide the manual data from the previous month in time for the meeting.

Director of Operations Update

The Director of Operations reported by exception. Assurance was provided that exceptions to planned performance such as ED access had been raised during the recent performance and accountability reviews with relevant Care Groups. OR described a number of iterations to the controls over activity planned to address variance from the operational plan.

These included but were not limited to the following:

- In November there had been reduced theatre capacity due to workforce challenges meaning only emergency and cancer cases had been carried out. The elective waiting list was now increasing. Patients with a long length of stay was reducing with focus on complex discharges at an early stage.
- Did not attend rates remained high but this would be addressed by the Access Policy with patient led follow up. A system whereby texts sent as reminders would also be rolled out.
- A lack of resilience had been identified in overnight care in ED so an additional consultant was being recruited.
- A new head of ambulance had commenced in January and he was looking at

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workforce planning to improve resilience in that area. The ambulance service had seen demand increase so a review of current capacity was required. There was ineffective prioritisation when an ambulance was despatched which was leading to some unnecessary conveyances. The MEDS service continued to perform well.

Cancer and diagnostic performance was improving around the two week wait pathway. Referral rates were increasing and this was due to the campaign to encourage early intervention.

Progress around dental waiting lists had improved significantly.

Director of Social Care Update

The number of s.46 enquiries were reducing and this may be due to improved early intervention strategies. The re-referral rate remained too high and this would need focus.

SS confirmed that an external review of the culture amongst staff within the Social Work care group would take place.

Further work on improving adult KPI's would be developed.

Director of Nursing Update

There was a low incidence of falls and pressure ulcers. Particular scrutiny had been placed on falls with harm and on face value, the incidents were significantly lower than would be expected in the UK. Medication incidents were being scrutinised and PM was focussing on high risk medicines. The medicines optimisation group would monitor any events. As discussed earlier in the meeting complaints handling needed to be improved.

AG observed that the ambulances weren't run at capacity during November. Furthermore, the time for patients waiting in ambulances was not included in the ED waiting time and these needed to be included as these were critical indicators. TC concurred and confirmed that this would be reported on going forward. It was noted that incidents of patients waiting in ambulances was very rare. SA highlighted the importance of measuring what harm, if any, was caused by waiting in an ambulance.

KK requested that the targets were included on the Theatre session graphs to make clear the optimum number.

SP requested that further improvements be made to the Woman's and Children section of the IPR which remained inadequate. TC confirmed that the KPI's would be reviewed for the next meeting. PM added that a maternity dashboard had been developed and would be available soon.

PRIORITY ONE – IMPROVING PATIENT SAFETY

15.22 Restoration and Recovery Update

TC reminded the meeting that MxC had inherited extremely lengthy waiting lists and it had been necessary to submit business cases in order to address these. It had taken some time to get the appropriate contracts in place to engage with third parties and this had mainly been due to the data protection requirements relating to the sharing of data. It was also essential to have a sustainable workforce to deliver the elective programme.

Endoscopy

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Manx Care's in-house endoscopy recovery and restoration elective work stream was progressing. It was anticipated the 347 patient backlog would be addressed by the end of February 2022.

Cataracts

An external provider had been engaged. Patients would be invited to pre-assessment in February and the work would commence in March.

Orthopaedics

This was severely impacted by Covid as these procedures could not be carried out as there was not a separate ward to do so. A partner had been identified in the UK so patients could have a choice as to go to the UK or on Island if the surgery related to hip or knee surgery. All other orthopaedic work would be carried out in Island over the next 6-8 months.

Virtual Hospital

The virtual out patient service contract had commenced.

It was hoped that significant reduction in waiting lists would occur over the next twelve months. The challenge to restoring services was directly related to the availability of workforce. Reviews of establishments had not been carried out regularly so there were mismatches in establishments in addition to having vacancies especially in anaesthetics and theatre staff. During Q1 five anaesthetist would join MxC either as substantive or locum appointments and theatre nurses were also being recruited. It was queried whether the governance arrangements of the third party providers had been mapped to those of MxC. TC confirmed that assurance had been obtained that the governance processes were all of a sufficient standard. Obtaining this assurance had been one of the contributing factors as to the time taken to finalise the engagements.

16.22 Workforce and Culture Update

AC endorsed the comments made earlier in the meeting regarding staffing and recruitment challenges. The workforce and culture and HR teams had aligned their strategies. A new Head of Learning had been appointed to ensure that LEAD provided all courses required by MxC.

PRIORITY THREE – IMPROVING FINANCIAL HEALTH

17.22 Finance Update

The November management accounts were noted.

An options paper had been submitted to Treasury as to how to secure funding to bring the over spend back to balance. Treasury had decided that the required funding should be determined by way of a supplemental vote. Two further business cases had been submitted for Covid and high cost patients and these had been agreed. The impact of additional in year funded business cases would be removed from the management accounts so performance could be measured against approved baseline. The funded business cases would be reported upon separately and this would commence from the December accounts. Funding for any pay award would be determined by the supplementary vote. AF queried when it was likely that management accounts from the previous month would be presented. JL stated that she hoped this would be achievable by the end of the financial year. Whilst the forecast deficit

Abbreviations:

DHSC – IoM Dep't of Health and Social Care
IoM – Isle of Man

MHKs- Member of the House of Keys
MxC – Manx Care

was £7.1m, should a supplementary vote be carried, and further funds made available, the year-end position would be at balance.

18.22 Any Other Business with Prior Agreement of the Chair

There being no further business the meeting closed.

The Chair invited questions from the public observers

Three questions had been received ahead of the meeting and JL addressed each one in turn:

Q1. Could the Board please confirm the current financial budget deficit (taking account of any additional sums paid by Treasury to cover the Covid provisions)

A1. YTD deficit was £8.7m of which £4.4m was Covid costs

(2) Could the Board please confirm the current estimated budget deficit to the end of the current financial year

A1. Current forecaster deficit id £7.1m with anticipated Covid spend of £10m

(3) Could the Board please outline the current anticipated budgetary requirement for the next financial year and what significant improvements are currently planned which do not already have Tynwald, Treasury & DHSC approval.

A1. This was a matter for discussion between DHSC, Treasury and MxC but in accordance with Sir Jonathan Michaels review the growth rate would be 3%.

Abbreviations:

DHSC – IoM Dep't of Health and Social Care
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MHKs- Member of the House of Keys
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
02.22/Jan	ACH and OE to forward their interests to EQ for inclusion on the register	Bd Sec	25/01/2022		Complete	

Quality Governance Development Road-map 10 Point Plan - Summary Status Report - 1 March 2022

Key: Risk Status		Initiating
Done	On Track	Working on it
At Risk	Off Track (at risk)	Off Track (Recoverable)

Work-Stream 1. Establish Manx Care Integrated Clinical Governance & Patient Safety Support Unit

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
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Executive Lead - Executive Director of Nursing

Establish Manx Care Governance Support Unit

Draw up new team structure for integrated quality and safety structure

Initial staff consultation of new integrated quality and clinical governance structure

Complete formal staff consultation

Invite staff side represented for discussions on planned changes

Operational commencement of integrated quality and governance team

Status	Timeline - Start	Timeline - End
On Track	8 November 2021	4 April 2022
Done	8 November 2021	7 February 2022
Done	6 December 2021	3 January 2022
On Track	7 January 2022	1 February 2022
Done	1 March 2022	21 March 2022
Initiating	21 March 2022	4 April 2022
	8 November 2021	4 April 2022

- Initial Staff consultation completed
- Departed structure developed
- Standardised JD's developed and agreed
- Second staff consultation completed
- Staff-side representatives advised that restructure resulted in no redundancies and or banding downgrades
- Staff-side representatives invited to formal consultation meeting if they thought this was necessary

Key: Risk Status		Initiating
Done	On Track	Working on it
At Risk	Off Track (at risk)	Off Track (Recoverable)

Work-Stream 2. Develop Effective Manx Care wide Risk Management Framework

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
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Executive Lead - Executive Director of Nursing

Risk Management Process

Recruit interim Risk Manager (6 months)

Develop business case for permanent Risk Manager

Develop and implement MC Risk Strategy

Work with MC Corporate Secretary to redraft MC Board Assurance Framework

Enhance the development of CGs and corporate departments risk registers

Establish an organisational structure to manage risk at all levels.

Produce a profile of all risks needing to be managed within the Trust by maintenance of a Trust-wide Risk Register (using the Trust Risk/Incident Reporting system).

Promote the development of a healthy open and 'just' risk reporting culture for the organisation.

Strengthen implementation of clinical governance / quality arrangements.

Develop and implement monitoring systems and key performance indicators that will assist the Trust to quantify changes in its risk management performance.

Status	Timeline - Start	Timeline - End
Off Track (recoverable)	8 November 2021	30 November 2022
On Track	1 February 2022	31 March 2022
On Track	1 February 2022	31 March 2022
Working on it	1 December 2021	28 February 2022
Working on it	1 December 2021	7 March 2022
Working on it	1 December 2021	29 April 2022
Off Track (recoverable)	1 December 2021	29 April 2022
Off Track (recoverable)	1 December 2021	30 June 2022
Off Track (recoverable)	1 December 2021	31 May 2022
Off Track (recoverable)	1 December 2021	31 August 2022
Off Track (recoverable)	1 December 2021	31 May 2022

- In principle agreement to recruit interim risk manager for 6 months
- Manx Care Risk Management Framework/Policy iunder development (due for sign-off April 2022)
- Board Assurance Framework (BAF) under development
- Business case for permanent risk manager post is under development
- Strengthened processes for managing risk at care group level (identification, review, mitigation, escalation).

Promote an internal framework in which divisions and corporate departments service level risks can be identified, examined and subsequently managed via the Risk Register.

Inform best risk management practice and provide training for appropriate staff.

Determine local targets and standards to drive quality and efficiency in the light of national frameworks, priorities and guidance, and ensure their delivery.

Optimise the management of risk across MC premises.

Off Track (recoverable)		31 August 2022
Off Track (recoverable)	1 December 2021	31 August 2022
Off Track (recoverable)	1 December 2021	31 May 2022
Off Track (recoverable)	1 December 2021	31 August 2022
8 November 2021		30 November 2022

Key: Risk Status		Initiating
Done	On Track	Working on it
At Risk	Off Track (at risk)	Off Track (Recoverable)

Work-Stream 3 - Develop Manx Care Quality & Safety Dashboard

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
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Executive Lead - Executive Director of Nursing

Develop Quality Dashboard

Define appropriate patient quality and patient safety metrics for inclusion in the QD

Develop reliable data sources for extraction of digital data where available

Establish point prevalence audit for data not available in digital format

Establish standard systems for data collection and reporting

Include review of substantive QDB at operational governance group

Include QDB review as standing item on Quality & Safety Committee

Status	Timeline - Start	Timeline - End
On Track	8 November 2021	31 March 2022
Done	8 November 2021	6 December 2021
Done	8 November 2021	6 December 2021
Done	8 November 2021	24 December 2021
Done	24 December 2021	7 March 2022
Done	25 November 2021	7 March 2022
On Track	3 January 2022	31 March 2022
8 November 2021		31 March 2022

- Care Quality & Safety Dashboard is substantially populated
- High level data accuracy
- Care Quality & Safety Dashboard regularly reported to Quality & Safety Committee
- Work on-going to source Care Quality & Safety Dashboard data automatically from IT systems (Datix, IPC etc.)
- Work on-going to retro-fit data

Key: Risk Status		Initiating
Done	On Track	Working on it
At Risk	Off Track (at risk)	Off Track (Recoverable)

Work-Stream 4. Develop and Implement Operational Clinical Governance Group

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
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Executive Lead - Executive Director of Nursing

Develop and implement Operational Clinical Governance Group

Set terms for reference for the OCG group

Establish business cycle of the OCG group

Align reporting and escalations from the OCG group to the QSC

Status	Timeline - Start	Timeline - End
Done	8 November 2021	31 December 2021
Done	8 November 2021	30 November 2021
Done	8 November 2021	30 November 2021
Done	8 November 2021	30 November 2021
8 November 2021		31 December 2021

- Terms of reference established for Operational Clinical Governance Group
- Business cycle developed and in action
- Operational clinical governance fully established and working to a good standard of assurance

Work-Stream 5. Develop & Implement Improved Complaints Management systems

Executive Lead - Executive Director of Nursing

Develop and Implement improved process for complaints handling/management

Develop and implement effective Service User Experience feedback system

Review complaints policy in response to changes in IOM wide standards for responding to complaints

Introduce a process of executive sign-off of complaints responses

Establish robust systems for tracking operational performance in developing complaints responses

Key: Risk Status		Initiating
Done	On Track	Working on it
At Risk	Off Track (at risk)	Off Track (Recoverable)

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
Status		Timeline - Start			Timeline - End			<ul style="list-style-type: none">● Ongoing work to clear historic backlog of complaint responses● Adoption of process for Executive level sign-off for complaint response from 1 February 2022● Revised IOM complaints response standards due to issued (June 2022)● MC to review operational interpretation of complaints 20 day response standard.				
On Track	8 November 2021			30 June 2022								
Working on it	8 November 2021			30 May 2022								
Working on it	8 November 2021			30 June 2022								
Done	8 November 2021			1 February 2022								
Done	8 November 2021			7 March 2022								
	8 November 2021			30 June 2022								

- Ongoing work to clear historic backlog of complaint responses
- Adoption of process for Executive level sign-off for complaint responses from 1 February 2022
- Revised IOM complaints response standards due to issued (June 2022)
- MC to review operational interpretation of complaints 20 day response standard.

Work-Stream 6

Name

Service User Experience

Establish MCALs service Pilot

Develop service user experience questionnaire (Survey Monkey) for instant feedback

Develop systems for service user to receive sums/text questionnaires

Key: Risk Status		Initiating
Done	On Track	Working on it
At Risk	Off Track (at risk)	Off Track (Recoverable)

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
Status	Timeline - Start			Timeline - End								
Working on it	8 November 2021			30 September 2022								
Done	8 November 2021			19 November 2021								
Working on it	1 December 2021			30 June 2022								
Working on it	1 December 2021			30 June 2022								
	8 November 2021			30 September 2022								
<ul style="list-style-type: none">● MCALS service established● Ongoing challenge to acquire real-time patient experience feedback● Use of SMS/On-line Survey tools for instant patient feedback under development												

- MCALS service established
- Ongoing challenge to acquire real-time patient experience feedback
- Use of SMS/On-line Survey tools for instant patient feedback under development

Work-Stream 7. Workforce Safeguards (WF Planning & Staff Training/Competencies)

Executive Lead - Executive Director of Nursing / HR Director

Workforce Safeguards (WF Plan, Mandatory Training)

Define Manx Care (MC) Mandatory Training Suite (Use NHS Core 10)

Develop e-training modules for any missing mandatory training module

Develop Training Needs Analysis (TNA) process for operational managers

Support implementation of TNA process across MC (use staff profiles developed for mandatory training)

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
Status	Timeline - Start			Timeline - End								
Off Track (at risk)	8 November 2021			31 October 2022								
Working on it	28 February 2022			28 March 2022								
Working on it	1 December 2021			30 April 2022								
At Risk	1 December 2021			31 March 2022								
At Risk	1 December 2021			11 April 2022								
	8 November 2021			31 October 2022								
<ul style="list-style-type: none">● Workforce and Culture team supporting review of staff profiles on PIP/e-learning Vannin (Target April 2022)● Operational managers system access to maintain accurate staffing profiles● Mandatory Training/TNA mapping revised service level staffing profiles● Split out rota work-stream management training (safe staffing)												

- Workforce and Culture team supporting review of staff profiles on PIP/e-learning Vannin (Target April 2022)
- Operational managers system access to maintain accurate staffing profiles
- Mandatory Training/TNA mapping to revised service level staffing profiles
- Split out rota work-stream management training (safe staffing)

Key: Risk Status		Initiating
Done	On Track	Working on it
At Risk	Off Track (at risk)	Off Track (Recoverable)

Work-Stream 8. Review Clinical Policies

Executive Lead - Executive Director of Nursing

Review and update clinical policies and procedures

Priority 1 Policies - (NHSLA Policy Suite)

Priority 2 Policies - (NHS Nationally Mandated Clinical Audits)

Priority 3 Policies - (All other control Documents)

Recruit interim Policy Development Officer

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
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Status	Timeline - Start	Timeline - End
Working on it	8 November 2021	31 March 2023
Working on it	8 November 2021	31 March 2022
Initiating	1 April 2022	31 August 2022
Initiating	1 September 2022	31 March 2023
Off Track (recoverable)	10 January 2022	31 March 2022
	8 November 2021	31 March 2023

- Priority 1. NHLA Key Policy Target date 30 April 2022
- Priority 2. All clinical policies relating to services/care & treatment monitored via NHSE national clinical audit programme 30 August 2022
- Priority 3. Target date 30 March 2023
- Potential for interim Policy Officer appointment

Key: Risk Status		Initiating
Done	On Track	Working on it
At Risk	Off Track (at risk)	Off Track (Recoverable)

Work-Stream 9. Mortality Reviews

Executive Lead - Medical Director

Mortality review and Learning from Deaths

Re-establish MC mortality meeting

Develop MC Mortality & Morbidity Policy

Develop templates for level 1 review and Level 2 (structured review)

Establish governance system for M&M process

Establish targets for mortality review completion

Establish systems of monitoring and reporting mortality review compliance

Commence mortality review in MC inpatient facilities

Include learning from mortality reviews in monthly safety bulletin

Fully embed mortality review process and reporting

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
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Status	Timeline - Start	Timeline - End
On Track	8 November 2021	30 April 2022
Done	8 November 2021	1 February 2022
On Track	8 November 2021	28 February 2022
Done	8 November 2021	28 February 2022
Done	8 November 2021	28 February 2022
Done	8 November 2021	28 February 2022
Done	8 November 2021	28 February 2022
Done	8 November 2021	1 February 2022
On Track	8 November 2021	30 April 2022
On Track	3 January 2022	29 July 2022
	8 November 2021	29 July 2022

- MC mortality reviews recommenced with all CGs undertaking LFD reviews from 1 February 2022
- Reporting through MC OQG/QSG on LFD commence March 2022
- Robust internal governance /assurance systems in place and operating effectively
- Discussions with Datix reference system upgrade are on-going
- 34 in-patient deaths have been recorded (13 38%) have been successfully reviewed . The remaining 21 deaths (62%) are in process with none breaching the 28 day standard

Key: Risk Status		Initiating
Done	On Track	Working on it
At Risk	Off Track (at risk)	Off Track (Recoverable)

Work-Stream 10. CQC Readiness

Executive Lead - Executive Director of Nursing

	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
Executive Lead - Executive Director of Nursing													
CQC Readiness	Status	Timeline - Start		Timeline - End									
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	Working on it	8 November 2021		30 November 2022									
Provide briefings to staff MC position on regulated activities and promote common narratives 'all staff singing from the same hymn sheet'.	Initiating	1 August 2022		30 November 2022									
Provide briefing to staff on inspection process	Initiating	3 January 2022		30 November 2022									
Establish an inspection hub to manage on site inspection process	Initiating	1 August 2022		30 November 2022									
Completion/Risk status WS 1.	Initiating	1 August 2022		30 November 2022									
Completion/Risk status WS 2.	On Track	8 November 2021		30 November 2022									
Completion/Risk status WS 3.	Off Track (recoverable)	8 November 2021		30 November 2022									
Completion/Risk status WS 4.	On Track	8 November 2021		30 November 2022									
Completion/Risk status WS 5.	Done	8 November 2021		30 November 2022									
Completion/Risk status WS 6.	On Track	8 November 2021		30 November 2022									
Completion/Risk status WS 7.	Working on it	8 November 2021		30 November 2022									
Completion/Risk status WS 8.	Off Track (at risk)	8 November 2021		30 November 2022									
Completion/Risk status WS 9.	Working on it	8 November 2021		30 November 2022									
	Working on it	8 November 2021		30 November 2022									
		8 November 2021		30 November 2022									

- Work-stream 10 is highly dependent on performance of work-streams 1 to 9
- Commencing in August/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 staff coaching phase of work-stream 10 is deliverable using tried and tested models

Work Stream Status

- Work-streams 2 and 7 are rated red (at risk)
- Work-streams 10, 8 and 6 are rated neutral (working ongoing)
- Work-stream four is rated as complete (monitoring to continue)
- Work-streams 1,3,5 and 9 are rated as on-track (controlled)

MANX CARE RISK MANAGEMENT POLICY

Author(s)	Paul Linehan
Version Number	1.0
Document effective from	April 2022
Next review due	March 2025

Intended audience	All Manx Care employees	
Superseded documents	n/a	
Stakeholders consulted prior to ratification	All Care Group Managers. CQ&S Leads for Mental Health, Hospitals, Adult Social Care, and Community Services.	
Ratified by	Manx Care Board	Date April 2022
Previous reviews	n/a	
Changes made during latest review	n/a	

1. INTRODUCTION

Key Points for Staff

- Risk is the effect of uncertainty on the delivery of objectives. For example, we have an objective to keep patients and staff safe, risk is therefore anything that could stop us from keeping people safe in our care. The primary purpose of risk management is to:
 - Reduce harm for patients, staff, visitors or contractors;
 - Promote the success of Manx Care;
 - Protect everything of value to Manx Care (such as reputation, market share, exemplary clinical outcomes); and
 - Continuously improve.
- When identifying risk we anticipate what could stop us from achieving our goals. To help identify risk we look at our historical performance and trends, previous events, current challenges, and needs of people who use our services now and in the future. Colleagues are required to be open, honest, think ahead and take an active part in identifying risk.
- Risk analysis involves estimating the severity (the impact the risk has on Manx Care and people in our care) and likelihood (the probability of that impact happening). The scores are multiplied to give an overall risk rating. The risk rating is used to determine risk management priorities and monitor acceptable amounts of risk. Colleagues are required to challenge constructively any assumptions made regarding severity and likelihood, and to strive to ensure risk is kept within agreed tolerance.
- Risk is treated proactively using a combination of prevention, detection and contingency controls. **Prevention** controls ensure activities are performed in a certain way and typically involve policies, clinical or operational procedures, guidelines, and training or computer systems. **Detection** controls alert management to any deficiencies preventing risk and typically involves performance monitoring, audits, alarms or tests. **Contingency** controls are designed to allow Manx Care to recover from a failure to manage risk and allow the Manx Care to continue to function albeit in a modified way. Colleagues are required to understand and implement all controls designed to manage risk at the Manx Care.
- Organisational learning is reflected in Manx Care's ability to continuously reduce the frequency of the same adverse event (incident, complaint or claim). Controls are monitored and continuously improved as part of an open and learning culture.
- Risk management is everyone's responsibility. This policy applies to all Manx Care employees, contractors or volunteers working at the Manx Care.

Manx Care Risk Management Policy

- 1.1 This document is the policy for the management of risk at Manx Care. Risk management is an integral component of Manx Care's Quality Governance Framework. By complying with the organisational arrangements described in this document, services will ensure the effective identification, assessment and control of risk thereby ensuring the delivery of objectives.
- 1.2 The achievement of Manx Care's strategic objectives is subject to uncertainty, which gives rise to both opportunities and threats. Uncertainty of outcome is how risk is defined. Risk management includes identifying and assessing risks and responding to them.
- 1.3 Manx Care will take all reasonably practicable steps to protect patients, staff, visitors and contractors from the risk of harm.
- 1.4 Manx Care's governance framework shall be supported by an effective risk management system that delivers continuous improvements in safety and quality, and maximises opportunity for growth and development. Risk management provides a solid foundation upon which to build a culture of high reliability wherein clinical and organisational excellence can flourish.

-) and in corporate services including business planning, service development, financial planning, project and programme management and education

2.3 Manx Care shall achieve this by:

- Developing and driving a clear strategy to meet patient needs
- Actively engaging with patients and the public, colleagues and stakeholders
- Anticipation of opportunities or threats and responsive adaptation through an explicit risk management process
- Regular, effective and sufficient assessments of risk are carried out in all areas of Manx Care's operations
- Providing training to keep risk under prudent control
- Investigating thoroughly, learning and acting on defects in care
- Liaising with enforcing authorities, regulators and assessors
- Effective oversight of risk management through team and committee structures
- Formulation and implementation of policies and procedures for all significant hazards arising from Manx Care's undertakings
- Effective reporting and arrangements to hold staff to account

2.4 Risk management is everyone's responsibility. This Policy applies to all employees, contractors and volunteers. All employees are required to co-operate with Manx Care in managing and keeping risk under prudent control. Specific responsibilities are placed on members of the management team for ensuring the requirements of this policy are met within their respective areas of control. These are summarised under specific and generic responsibilities on page 8 and 9.

Scope (Values and Behaviours)

2.5 Effective employee engagement is vital to our success and aspiration to become one of the safest and most effective NHS organisations in the country. By wholeheartedly embracing our PROUD to Care values and behaviours in all risk management activity, this policy supports high performance and fosters a culture that is confident about resilience; respects diversity of opinion; involves staff, patients and partners in all that we do; and improves capacity to manage risk at all levels of the organisation.

3. POLICY EFFECT

Risk Management Process

Step 1: Determine Priorities

3.1 Risk is defined as the effect of uncertainty on the objective (for a summary of definitions see Appendix A). It is essential, therefore, to be clear about objectives for each service and to express these in specific, measurable, achievable ways with timescales for delivery. Priorities will be determined by the Board of Directors and expressed through Care Groups, service and personal objectives.

Step 2: Identify Risk

3.2 Risk will be identified by anticipating what is stopping, or could stop Manx Care from achieving stated objectives/strategic priorities. Risk identification involves anticipation of failure and is based upon consideration of strengths, weaknesses, opportunities or threats. The identification of risk is an ongoing process and is never static, but is particularly aligned to the annual planning process. Staff may draw on a systematic proactive consideration of reasonably foreseeable failures alongside incident trends, complaints, claims histories, patient/staff surveys, observations, formal notices, audits or national reports to identify risk. In order to do this the Board of Directors and Care Groups should identify what is uncertain; consider how it may be caused and what impact it may have on the objective.

Step 3: Assess Risk

- 3.3 Evaluate the magnitude of the risk by multiplying the severity of impact by the likelihood of the risk occurring. Be realistic in the quantification of severity and likelihood and use, where appropriate, relative frequency to consider probability. The risk scoring matrix and guidance is provided in appendices B and C.

Step 4: Respond to the Risk

- 3.4 There are a number of different options for responding to a risk. These options are referred to as risk treatment. The main options most likely to be used include:

- Seek - this strategy is used when a risk is being pursued in order to achieve an objective or gain advantage. *Seeking risk must only be done in accordance with the Board's appetite for taking risk.*
- Accept - this strategy is used when no further mitigating action is planned and the risk exposure is considered tolerable and acceptable. Acceptance of a risk involves maintenance of the risk at its current level (any failure to maintain the risk may lead to increased risk exposure which is not agreed).
- Avoid - this strategy usually requires the withdrawal from the activity that gives rise to the risk.
- Transfer - this strategy involves transferring the risk in part or in full to a third party. This may be achieved through insurance, contracting, service agreements or co-production models of care delivery. *Staff must take advice from the Executive Team before entering into any risk transfer arrangement.*
- Modify - this strategy involves specific controls designed to change the severity, likelihood or both. This is the most common strategy adopted for managing risk at Manx Care. For this reason, we expand on the nature of control as follows:

There are three types of control used to modify risk and comprise of:

- (i) Prevention/Treatment - these controls are core controls and are designed to prevent a hazard or problem from occurring. They typically involve policies, procedures, standards, guidelines, training, protective equipment/clothing, pre-procedure checks
- (ii) Detection - these controls provide an early warning of core control failure, such as a smoke alarm, incident reports, performance reports, audits
- (iii) Contingency - these controls provide effective reaction in response to a significant control failure or overwhelming event. Contingency controls help to maintain resilience.

A combination of all 3 types of control is usually required to keep risk under prudent control.

Step 5: Report Risk

- 3.5 Key outputs from the risk management system shall be reported to relevant staff/committees depending on the residual risk score as follows:

- ≥15 – Board of Directors
- ≥10 – Care Groups and Risk Management Committee
- ≥8 – Specialty/ Care Groups Governance meeting
- ≥6 – Ward/Departmental Management

The Board of Directors shall receive summary reports at each formal meeting to inform them of all material risk, the nature of controls and action plans. The risk profile shall be part of the Chief Executive's report and cover the risk source, description of the risk, the residual risk, main controls, and date of review and risk owner.

The Risk Management Committee will receive reports to inform them of the distribution of risk across Manx Care, details of all significant risk, material changes to the significant risk profile and progress with action plans. Reports will cover the risk source, description of the risk, the residual risk, main controls, date of review and risk owner.

Care Groups will have access to Datix and receive system generated Care Group specific reports in order to review the identification of risks within their wards, departments and specialties, and check that adequate controls are in place and actions are being implemented.

The Executive Team will be informed by the Head of Quality Governance (or relevant Executive Director) of any new significant risk arising at the first meeting opportunity.

The Audit Committee will scrutinise assurances on the entire risk management system to ensure it remains fit for purpose and, at the Committee's discretion, will examine assurances on the operation of controls for all significant risk exposures or any other risk of interest to the Committee.

Urgent Escalation - in the event of a significant risk arising out with meetings of the above, the risk will be thoroughly assessed, reviewed by the relevant Clinical Director, Care Group Directors of Nursing, Care Group General Managers and Executive Director and reported to the Chief Executive (or their deputy) within 24 hours of becoming aware of the risk. The Chief Executive, with support from relevant members of the Executive Team and advisors, will determine the most appropriate course of action to manage the risk. The Chief Executive will assign responsibility to a relevant Executive Director and for the management of the risk and the development of mitigation plans. The risk will be formally reviewed by the Executive Team at their next weekly meeting.

Step 6: Review Risk

3.6 Review risk at a frequency proportional to the residual risk. As a guideline it is suggested, as a minimum, risk is reviewed as follows:

- ≥ 15 – at least monthly
- ≥ 10 – at least bi-monthly
- ≥ 8 – at least quarterly
- ≥ 6 – annually.

3.7 The relationship between Risk Management, Quality and the Audit committees

- (i) To ensure effective oversight and scrutiny of the entire business of Manx Care, the relationship between the Risk Management Committee, Quality Committee and Audit Committee is based on inclusiveness, clarity of purpose and constructive challenge. The Risk Management Committee will oversee the management of all significant risks and will provide the Audit Committee with assurance on the effective operation of internal controls.
- (ii) The Quality Committee is comprised of both Executive and Non-Executive Directors and will oversee the management of and review assurances on the operation of clinical/quality governance. This will include the detailed review of clinical controls and provision of assurance to the Audit Committee. In addition, the Quality Committee may undertake reviews of significant clinical risks in order to support the Risk Management Committee.
- (iii) The Audit Committee will oversee and satisfy itself that the system of internal control is effective. It will receive, but not be limited to, reports and assurance from the Chairs of the Risk Management and Quality Committees in addition to independent assurances from Internal Audit.

4. ROLES AND RESPONSIBILITIES

In order to achieve the aims of the risk management policy the following roles, accountabilities and responsibilities apply:

Specific Duties & Responsibilities

- 4.1 Chief Executive has overall accountability to the Board for effective risk management. The Chief Executive is responsible for ensuring priorities are determined and communicated, risk is identified and managed in accordance with the Board's appetite for taking risk.
- 4.2 Executive Director of Quality & Governance - on behalf of the Chief Executive is the Board lead for risk management processes across Manx Care. They shall, on behalf of the Board, implement and maintain an effective system of risk management. The Executive Director of Quality & Governance is responsible for risk management policy development, developing and communicating the Board's appetite for taking risk, establishing mechanisms for scanning the horizon for emergent threats and keeping the Board sighted on these, and monitoring the management of risk across Care Groups. In the event of unsatisfactory compliance with the risk management process or unacceptable risk exposure, the Executive Director of Quality & Governance shall escalate the matter to the relevant Executive Director for their immediate attention and action.
- 4.3 All Executive, Clinical and other Directors have a specific responsibility for the identification and prudent control of risks within their sphere of responsibility. They shall intervene robustly to ensure teams within their sphere of control follow the risk management process. In addition, executive directors, clinical and all other directors shall also be responsible, where required, for the provision of specialist advice to the Board of Directors. This acknowledges that all directors are subject matter experts and have specific responsibilities for interpreting and applying national policy, legislation and regulations in respect of their specific areas of expertise.
- 4.4 The Company Secretary shall coordinate Board Assurance.
- 4.5 Head of Quality Governance - has day-to-day responsibility for risk management process and health & safety. They shall report to the Executive Director of Quality & Governance for the development of risk management policy, administration of risk management systems, oversight of risk exposures facing the business, provision of risk management training and support to Care Groups, and the maintenance of the corporate risk/safety management plan. They shall be responsible for the maintenance and reporting of the Corporate Risk Register and carry out sufficient checks within and across Care Groups to monitor the management of risk alongside the Board's appetite for taking risk. They shall be responsible for the effectiveness of Datix, a governance system on which the Board depend, taking whatever action is necessary with colleagues, or the system Vendor, to ensure its effectiveness, validity, data quality and data completeness. The Head of Quality Governance shall take the lead in triangulating lessons for learning ensuring defects, alerts or changes in practice are conveyed to front line teams promptly.
- 4.6 Manx Care Risk Manager – reports to the Head of Quality Governance and has day-to-day responsibility for supporting, training and providing advice to staff in the management of risk. They shall oversee the effective utilisation of risk management processes across the Manx Care, in addition to Coroner's inquest and claims handling. They shall analyse and distil risk exposures populated on Datix, ensuring a clear and up-to-date picture of risk is available for the Head of Quality Governance at all times. The Manx Care Risk Manager will be visible and act as central reference point for risk management issues, providing advice and challenge to ensure risk are kept under prudent control. They shall assume day-to-day administrative responsibility of Datix and shall ensure the effective provision of risk management reports.

GENERIC DUTIES AND RESPONSIBILITIES

Main Duties	Board of Directors	Executive Director	Care Group Triumvirates	Other Managers	All Employees
Strategy & Policy	<ul style="list-style-type: none"> Determine Manx Care's vision, mission and values Set corporate strategy Provide leadership 	<ul style="list-style-type: none"> Develop and oversee the implementation of strategic plans Develop and communicate corporate objectives Proactively anticipate risk Provide leadership and guidance to employees, business partners and stakeholders 	<ul style="list-style-type: none"> Develop and Implement Clinical Strategy Alignment of Care Groups objectives to the Manx Care strategy 	<ul style="list-style-type: none"> Alignment of team/personal objectives to the Manx Care strategy 	<ul style="list-style-type: none"> Deliver personal objectives Abide by Manx Care Values and Behaviours
Organise	<ul style="list-style-type: none"> Establish an effective risk management system Establish and keep under review the Board's appetite for taking risk Focus on material risk and proactive anticipation of future risk 	<ul style="list-style-type: none"> Develop & apply Risk Management Process Accept and allocate ownership for risk Share ownership for cross-enterprise risk 	<ul style="list-style-type: none"> Apply Risk Management Process Accept and allocate ownership for risk Proactively anticipate risk Provide leadership and guidance 	<ul style="list-style-type: none"> Apply Risk Management Process Accept and allocate ownership for risk Proactively anticipate risk Provide leadership and guidance 	<ul style="list-style-type: none"> Follow Risk Management Process Accept ownership for risk
Plan & Control	<ul style="list-style-type: none"> Decide what opportunities, present or future, the Board wants to pursue and what risks it is willing to take in developing the opportunities selected Routinely, robustly and regularly scan the horizon for emergent opportunities and threats by anticipating future risks Decide whether or not a risk can be accepted Simultaneously drive the business forward whilst making decisions which keep risk under prudent control 	<ul style="list-style-type: none"> Design, apply and monitor the operation of controls to ensure the achievement of objectives and promote organisational success Ensure failure does not disable – contingencies are in place and tested for all reasonably foreseeable situations Allocate, structure and prioritise resources within and across Care Groups so that risk is managed in accordance with the Board's risk appetite. 	<ul style="list-style-type: none"> Design and apply controls to manage risk in line with the Board's appetite for taking risk Prepare risk management mitigation plans Ensure adequate emergency preparedness and contingencies for foreseeable disruptive events Manage resources to optimum effect Develop policies, guidelines, procedures and standards to govern the management of risk locally 	<ul style="list-style-type: none"> Design and apply controls to manage risk in line with the Board's appetite for taking risk Remain alert to risk Manage resources to optimum effect Develop and implement risk management plans 	<ul style="list-style-type: none"> Undertake and keep up to date with mandatory training and other relevant training Follow policies, clinical standards and relevant procedures Act on lessons for learning
Monitor	<ul style="list-style-type: none"> Keep under review material risk exposures that are not accepted by the Board at each formal meeting 	<ul style="list-style-type: none"> Challenge, support, supervise and hold colleagues to account for performance and continuous improvement 	<ul style="list-style-type: none"> Monitor the operation of controls and address identified gaps in control 	<ul style="list-style-type: none"> Supervise the work of others to ensure controls are applied correctly 	<ul style="list-style-type: none"> Report concerns, defects, adverse events or failures to contain risk adequately.
Audit	<ul style="list-style-type: none"> Determine Audit priorities using a risk-based approach Take account of reports from the Audit Committee 	<ul style="list-style-type: none"> Determine Audit Priorities using a risk-based approach Assist Internal Audit where required and ensure recommendations are acted upon by relevant colleagues Account for control of risk to the Audit Committee where required 	<ul style="list-style-type: none"> Assist Internal Audit where required and ensure recommendations are acted upon by relevant colleagues Account for control of risk to the Audit Committee where required Undertake appropriate inspection/checks of controls for safety critical procedures 	<ul style="list-style-type: none"> Cooperate fully and assist Internal Audit, Challenge recommendations if they are not agreed Develop and implement changes in practice within the timescales agreed Report when concluded. 	<ul style="list-style-type: none"> Cooperate with Internal Audit and act on their findings Carry out instructions based on agreed audit recommendations
Review	<ul style="list-style-type: none"> Effectively hold those responsible for managing risk to account for performance and continuous improvement. Take decisions 	<ul style="list-style-type: none"> Report to the Board all material risks and significant gaps in control 	<ul style="list-style-type: none"> Report to the Board all material risks and significant gaps in control Escalate risk in accordance with this Policy Ensure all risks are reviewed correctly 		

5. EQUALITY ANALYSIS

This Risk Management Policy has been assessed for its impact upon equality. The Equality Analysis can be seen in Appendix E.

Manx Care is committed to ensuring that the way that we provide services and the way we recruit and treat staff reflects individual needs, promotes equality and does not discriminate unfairly against any particular individual or group.

6. CONSULTATION AND REVIEW PROCESS

This document has been reviewed by members of the Executive Team prior to approval.

7. STANDARDS/KEY PERFORMANCE INDICATORS

The following indicators shall form the Key Performance Indicators by which the effectiveness of the Risk Management Process shall be evaluated:-

- All verified significant risks are reported to the Board of Directors at each formal meeting of the Board
- All significant risks are reported to and reviewed as a standing agenda item at each formal meeting of the Risk Management Committee
- The risk profiles (for risks ≥ 10) for all Care Groups are reviewed by the Risk Management Committee at least annually as part of a rolling programme of reviews
- Local risk registers are in place, maintained and available for inspection at ward/departmental level
- Local risk registers show details of control, assurances, location, owner, action plan (where necessary) and $\geq 80\%$ of risks are within review date.

Compliance with the above will be monitored by the Risk Manager, reviewed by the Head of Quality Governance and an annual report submitted to the Risk Management Committee.

8. MONITORING IMPLEMENTATION OF THIS POLICY

The following mechanisms will be used to monitor compliance with the requirements of this document:

- Evidence of reporting verified significant risk exposures to the Board of Directors at each formal meeting
- Evidence of review of significant risk exposure by the Risk Management Committee at each formal meeting of the committee
- Periodic internal audit of any or all aspects of the Risk Management process as determined by the Audit Committee (risk identification, assessment, control, monitoring and reviews)

9. REFERENCES/ASSOCIATED DOCUMENTATION

- BSI (2008) Risk Management - Code of Practice. BS 31100:2008. London. British Standard International
- NPSA (2004) Seven Steps to Patient Safety. NPSA London
- Chief Medical Officer, Organisation with a Memory (2000)
- Department of Health (2003) Building the Assurance Framework: A Practical Guide for NHS Boards. London.
- NHS Litigation Authority Risk Management Standards for Acute Trusts (2012/13)
- Audit Commission (2009) Taking it on Trust: a review of how boards of NHS Trusts get their assurance

APPENDIX A: GLOSSARY OF TERMS

Risk management should operate under a common language. Adopting standard risk management terms and definitions set out in the Risk Management Code of Practice (BS 31100:2008) will improve consistency and avoid confusion. Common terms may include:

Board Assurance Framework	A document assuring the operation of controls to manage material risk to the business as a whole	Risk	Effect of uncertainty on objectives
Control	Measure to modify risk	Risk acceptance	Informed decision to take a particular risk
Exposure	Extent to which the organisation is subject to an event	Risk aggregation	Process to combine individual risks to obtain more complete understanding of risk
Hazard	Anything that has potential for harm	Risk analysis	Process to comprehend the nature of risk and to determine the level of risk
Incident	Event in which a loss occurred or could have occurred regardless of severity	Risk appetite	Amount and type of risk the organisation is prepared to seek, accept or tolerate
Inherent risk	Exposure arising from a specific risk <u>before</u> any action has been taken to manage it	Risk assessment	Overall process of risk identification, risk analysis and risk evaluation
Level of Risk	Magnitude of a risk expressed in terms of the combination of consequences and their likelihood	Risk avoidance	Decision not to be involved in, or to withdraw from, an activity based on the level of risk
Material Risk	Most significant risk or those on which the Board or equivalent focuses	Risk management	Coordinated activities to direct and control the organisation with regard to risk
Near Miss	Operational failure that did not result in a loss or give rise to an inadvertent gain	Risk owner	Person or entity with the specific accountability and authority for managing the risk and any associated risk treatments
Operational Risk	The risk of loss or gain, resulting from inadequate or failed internal processes, people and systems or from external events	Risk Register	A record of information about identified risks.
Programme Risk	Risk associated with transforming strategy into solutions via a collection of projects	Target Risk	A level of being planned for
Residual risk	Current risk. The risk remaining <u>after</u> risk treatment		

APPENDIX B: RISK MANAGEMENT TOOLS

Risks may be identified proactively by managerial review, analysis of incidents, complaints, claims or outcomes of safety inspection and/or audit. Root cause analysis may also be a source of risk identification. To ensure that all risks are identified, accurately described, appropriately controlled and consistently documented the following risk management tools are in place:-

a) Risk Assessment Template

A ward-based Risk Assessment Template has been developed for ward/departmental managers to assist them in evaluating risk at ward or departmental levels. This template may be used as an input document prior to recording on the Risk Register. The template can be obtained from the Risk Management Department.

b) Risk Register

The Risk Register is a part of Datix and provides a mechanism for recording details of each risk within a database so that risk records can be analysed and facilitate effective oversight of risk management at all levels. When agreed all risk assessments must be entered onto Datix.

c) Risk Management Training

This document recognises that training will be required to effectively manage risks in line with the process set out above. Details of all Manx Care training programmes are set out in the Training Needs Analysis.

- i) The Board of Directors and Senior Managers (which for the purpose of this policy are defined as Directors, Associate Directors, Clinical Directors and Assistant Directors) will receive training and/or briefings on the risk management process by the Head of Quality Governance. In addition, supplementary briefings will be provided as required following publication of new guidance or relevant legislation.
- ii) All staff shall receive an Introduction to the Risk Management Process briefing as part of the Corporate Induction programme.
- iii) Additional training will be provided through an e-learning programme.
- iv) Care Groups, Ward and Departmental managers will have further more detailed risk management process training incorporating how to use the Datix Risk Register database before access to the database is enabled.
- v) Staff designated to regularly undertake Root Cause Analysis will have the opportunity to undertake Root Cause Analysis training.

APPENDIX C: CALCULATING RESIDUAL RISK

This section describes how to score risks by estimating severity of impact and likelihood of occurrence using a standard 5x5 matrix.

Each risk can be measured by multiplying the severity of harm and the likelihood of that harm occurring. This calculation will produce a **Residual Risk Score** that refers to **the amount of risk remaining after treatment**. Manx Care uses a standard 5 x 5 scoring matrix set out below:

SEVERITY INDEX		LIKELIHOOD INDEX	
5	Multiple deaths caused by an event; ≥£5m loss; May result in Special Administration or Suspension of CQC Registration; Hospital closure; Total loss of public confidence	5	Very Likely No effective control ≥80% chance
4	Severe permanent harm or death caused by an event; £1m - £5m loss; Prolonged adverse publicity; Prolonged disruption to one or more Care Groups; Extended service closure	4	Somewhat Likely Weak control; or ≥10% chance
3	Moderate harm – medical treatment required up to 1 year; £100k – £1m loss; Temporary disruption to one or more Care Groups; Service closure	3	Possible Limited effective control ≥1% chance
2	Minor harm – first aid treatment required up to 1 month; £50k - £100K loss; or Temporary service restriction	2	Unlikely Good control ≥0.1% chance
1	No harm; 0 - £50K loss; or No disruption – service continues without impact	1	Extremely Unlikely Very good control <0.1% chance (or less)

Severity

Severity is graded using a 5-point scale in which 1 represents the least amount of harm, whilst 5 represents catastrophic harm/loss. Each level of severity looks at either the extent of personal injury, total financial loss, damage to reputation or service provision that could result. Consistent assessment requires assessors to be objective and realistic and to use their experience in setting these levels. Select whichever description best fits.

Likelihood

Likelihood is graded using a 5-point scale in which 1 represents an extremely unlikely probability of occurrence, whilst 5 represent a very likely occurrence. **In most cases likelihood should be determined by reflecting on the extent and effectiveness of control in place at the time of assessment, and using relative frequency where this is appropriate.**


























Differing Risk Scenarios

In most cases the highest degree of severity (i.e. the worst case scenario) will be used in the calculation to determine the residual risk. However, this can be misleading when the probability of the worst case is extremely rare and where a lower degree of harm is more likely to occur. For example, multiple deaths from medication error are an extremely rare occurrence, but minor or moderate harm is more frequently reported and may therefore have a higher residual risk. **Whichever way the residual risk score is determined it is the highest residual risk score that must be referred to on the risk register.**

APPENDIX D: RISK GRADING

SCORE	Incident / Risk Grade (NPSA Cat.)	Action Priority	Communicated to and overseen by	Investigation Level (as detailed in Incident Reporting Policy R4)
15 - 25	Catastrophic	SIGNIFICANT	Alert Head of Quality Governance/Medical Director (Quality & Governance) Board of Directors	SUI Procedures RCA – 30 days (Manx Care Board notification)
10-14	Major	HIGH	Alert Clinical Director Risk Management Committee	RCA – 30 days
8 - 9	Moderate	MEDIUM	Inform Service Manager	Directorate Analysis – 10 days
4-6	Minor	LOW	Inform Ward/Departmental Management	Ward/Department Analysis – 10 Days
1-3	None	VERY LOW	Ward/Departmental Management	Ward/Department Analysis – 10 Days

5X5 MATRIX

	Consequence (initial)				
Likelihood (initial)	Negligible	Minor	Moderate	Major	Catastrophic
Almost certain (Will undoubtedly happen/recur, possibly frequently)					
Likely (Will probably happen/recur but it is not a persistent issue)					
Possible (Might happen/recur occasionally)					
Unlikely (Do not expect this to happen/recur but it is possible)					
Rare (Can't believe that this will ever happen/recur)					
	Rating (initial): <input type="text"/>		Risk level (initial): <input type="text"/>		

APPENDIX E: EQUALITY IMPACT ASSESSMENT

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:	NO	No discrimination / inequality identified
	• Race		
	• Ethnic origins (including gypsies and travellers)		
	• Nationality		
	• Gender		
	• Culture		
	• Religion or belief		
	• Sexual orientation including lesbian, gay bisexual and transgender people		
	• Age		
2.	Is there any evidence that some groups are affected differently?	NO	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	No discrimination / inequality identified
4.	Is the impact of the policy/guidance likely to be negative?	NO	
5.	If so can the impact be avoided?	N/A	No discrimination / inequality identified
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	No discrimination / inequality identified
7.	Can we reduce the impact by taking different action?	N/A	No discrimination / inequality identified

APPENDIX F: PLAN FOR DISSEMINATION OF POLICY

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Title of document:	Risk Management Strategy and Policy v1.0		
Date finalised:	April 2022	Dissemination lead:	Head of Quality Governance
Previous document already being used?	Yes	Print name and contact details	
If yes, in what format and where?	Version 1.0 available on the intranet		
Proposed action to retrieve out-of-date copies of the document:	Document to be archived and replaced with new version following approval		
To be disseminated to:	How will it be disseminated, who will do it and when?	Paper or Electronic	Comments
Members of RMG	Head of Quality Governance	E	Consultation prior to approval
Exec Directors, Clinical Directors, Heads of Nursing, General Managers	Head of Quality Governance	E	Subject to approval by Executive Team.
Published on Policy Website	Head of Quality Governance	E	
Referred to during Induction and Risk Training	Risk Management Staff	N/A	Referred to during teaching.

Dissemination Record - to be used once document is approved.

Date put on register / library of policy or procedural documents		Date due to be reviewed	
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Disseminated to: (either directly or via meetings, etc.)	Format (i.e. paper or electronic)	Date Disseminated	No. of Copies Sent	Contact Details / Comments

Terms of Reference

Date approved:	
Date issued:	Executive Team approved as fit for purpose 29.3.22
Review date:	March 2023

Document History:	
Version:	1.0
Ratified by:	Board to review 5.4.22, when comes into force
Date ratified:	
Name of author(s):	Interim Dir of Corporate Affairs
Committee Chair	Teresa Cope, CEO

This Group reports to: Executive Management Group

Target audience: Senior Leadership within Manx Care

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1. Purpose

The Committee shall be the sponsor of the governance arrangements, systems and processes which underpin effective, proactive risk management and treatment.

2. Constitution

The Risk Management Committee is a management group of Manx Care and has delegated authority from the Executive Team to oversee, co-ordinate, review and sponsor effective risk management practice across Manx Care.

3. Roles and duties of the Committee

The Committee will uphold the values of Manx Care in the work it does. In particular it will look for assurances that these values are being delivered in Manx Care, as part of its overall governance role on behalf of the Board. Our values are:



Committed:

We are committed to our community and each other. We work together to understand individual needs and enable access to the best customer-centric care services.

Appreciative:

We appreciate each other, other points of view and ways of working. We communicate, let people speak and make sure we listen.

Respectful:

We have respect and are ethical in everything we do. We speak up and do the right thing. We act with integrity, are trusting and are trusted.

Excellent:

We thrive on excellence, innovation, and are continuously developing ourselves and best practice. We debate, challenge, and embrace change.

To acquire and review reports following relevant investigations or failures into social care and healthcare provision within other organisations and to discuss and agree actions required within the Trust.

To ensure the correct strategy is adopted for managing each significant risk; that controls are present and effective; and action plans are robust for those risks which remain intolerant to mitigation.

To satisfy itself and the Board that the structures, processes and responsibilities for identifying and managing significant risks to patients, staff and the Trust are adequate.

To monitor, evaluate and scrutinise all risks on the Trust's risk register which are scored 16 or above, as defined by the Trust's risk scoring matrices. In particular, challenge rigorously all risks assessed as major/catastrophic and likely or certain to occur.

To question estimates of severity and scrutinise robustly assumptions that suggest the probability of a risk occurring is likely (4) or certain (5). Reassess or decommission risks that do not stand up to scrutiny.

To escalate to the Board, via the CEO's report, any unresolved risks or those that pose a significant threat to the operation, resources or reputation of the Trust.

To oversee the population and management of the Board assurance framework or map and ensure that it is presented in a value-adding format for debate at least quarterly.

To oversee compliance with the Trust's preferred risk management standards across its services.

To review and approve as fit for purpose the Trust's risk management policy and health and safety strategy as *fit for purpose*, thereby providing for the Board to ratify each, at which point amendments come into force.

To ensure all requirements in respect of risk management are met for the Chief Executive to sign off relevant assurances required by stakeholders.

To review trends in adverse event reporting on a quarterly basis and take decisions regarding appropriate steps to reduce recurrence.

To review and approve Trust-wide policies and procedures on behalf of the Trust regarding risk management and related matters.

To work closely with the Trust Board's assurance committee(s) and the Executive Team's senior committees which design and implement control systems across Manx Care.

4. Membership

The membership of the Committee will comprise:

- Chief Executive (Chair)
- Director of Nursing & Governance (Deputy Chair)
- Director of Social Care
- Senior Information Risk Officer
- Company Secretary
- Director of Operations
- Director of Finance
- One member of the triumvirate leadership team from each Care Group
- Head of Governance
- Risk Manager

Other directors or their deputies may be asked to attend meetings or part meetings for discussions on matters relating to their portfolio, if required. The provisions of Manx Care's Standing Orders relating to acting up arrangements and joint members will apply to this Committee.

In exceptional circumstances, when an Executive Director cannot attend Committee meetings, they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf. Deputies must be agreed in advance with the Committee Chair.

Other attendees may attend by invitation in order to progress the work of the Committee.

The Board Secretary will provide support to the Committee Chair and Committee members and ensure that the Committee receives the appropriate administrative and secretarial support. A secretary/minute taker will also be in attendance at all committee meetings.

Membership will be reviewed annually.

5. Meetings and Quorum

The Committee Chair will preside at all meetings. In circumstances where the Committee Chair cannot attend, the Deputy Committee Chair will chair the meeting.

Quorum

A quorum will be six members and must include either the Chair or Deputy Chair, together with two further Executive Directors and representation from at least 3 Care Groups.

If the Committee is not quorate the meeting may be postponed at the discretion of the Committee Chair. If the meeting does take place and is not quorate, no decision shall be made at that meeting and such matters must be deferred until the next quorate meeting.

Frequency

The Committee will meet at least eight times a year, and ideally monthly prior to the Board meeting held in public. Additional meetings of the Committee can be arranged for specific purposes as necessary, with agreement by the Committee Chair or Deputy Committee Chair.

Where a decision needs to be taken by the Committee outside the normal cycle of meetings, and where the matter is not deemed by the Committee Chair to require an additional meeting to be called, the decision may be made via e-mail. The preference is for decisions to be taken at committee meetings. The decisions via e-mail process will be used on an 'exceptions' basis. The process for decision via e-mail will be as follows.

- a) An e-mail setting out the matter for decision will be sent to all committee members. This shall include a statement setting out how the committee members should signify what their view on the matter is and the deadline for doing so.
- b) Committee members will be given no less than five working days in which to respond.
- c) For a decision to be passed, all of the committee members must express the same view on the matter.
- d) Where committee members have comments on the proposed decision or recommendation/s these will be circulated to other committee members by the Board Secretary within one working day of receipt.
- e) If any individual committee member wishes to debate an item proposed for decision via e-mail at a committee meeting instead, they may ask the Committee Chair to arrange an additional meeting or defer the item for decision until the next committee meeting (such agreement by the Committee Chair not to be unreasonably withheld).
- f) Decisions via e-mail will be reported to the next committee meeting and the wording of the decision minuted. Any decision made in this manner will be effective from the date of agreement of all of the committee members and confirmed by email by the Board Secretary.

Attendance

All members will be required to attend a minimum of 75% of all meetings held annually. Members should not be absent for more than two consecutive meetings without the agreement of the Committee Chair. Apologies must be received by the Board Secretary in advance of the meetings.

Committee members are committed to working both remotely and in person. Committee members may participate by way of telephone, computer or any other electronic means of communication provided that each person is able to hear and speak. A person participating in this way is deemed to be present in person although their actual location shall be noted in

the minutes and is counted in a quorum and entitled to vote.

The meeting is deemed to take place 'via Teams' (or relevant software) or where the largest group of those participating is assembled.

Where a specific matter is deemed to be of a confidential or commercially sensitive nature the Committee Chair has the authority to restrict attendance at the Committee meeting to members only and to ask all other attendees to leave the meeting.

If any Committee member or attendee has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he / she will declare that interest as early as possible and shall not participate in the discussions. Such interests must be recorded in the Minutes accordingly. The Committee Chair will have the power to decide whether a declared interest represents a material conflict and to request that member or attendee to withdraw until the Committee's consideration has been completed.

Notice of meetings

Meetings of the Committee shall be called by the secretary who administers the committee at the request of the Committee Chair or any of its members.

Unless otherwise agreed, notice of each meeting and agenda of items to be discussed, shall be forwarded to each Committee member, any other person required to attend no later than four working days before the date of the meeting. Supporting papers shall be sent to committee members and to other attendees as appropriate, at the same time.

Notices, agendas and supporting papers can be sent in electronic form where the recipient has agreed to receive documents in such a way.

The Committee will agree a meeting calendar on an annual basis, setting out the main work items to be carried out by the Committee at each meeting to ensure that adequate time is given to the main duties of the Committee.

6. Authority

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any Manx Care employee and all such employees are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. The budget for such advice should be within agreed financial constraints.

The Committee is authorised to establish working groups to support its assurance work and its scrutiny and monitoring obligations. Such working groups will be chaired by the Executive Lead and report back to the Committee on a regular basis. Appropriate terms of reference outlining the scope of the working group and its membership must be agreed in advance by the Committee.

7. Monitoring Effectiveness

The Committee shall at least once a year, review its own performance, constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board for approval.

Risk Management Committee

The Committee shall be provided with appropriate and timely training, both in the form of an induction programme for new members and on an ongoing basis for all members.

A record of the frequency of attendance by members, quoracy and the frequency of meetings will be maintained. Any areas of concern will be highlighted to the Chair of the Board by the Committee Chair.

8. Administrative Arrangements

The Committee will be supported by a nominated secretary who will administer the Committee by:

- producing a schedule of meetings and maintain the annual work plan for the Committee
- preparing the agenda and papers with the Committee Chair and Executive Lead for the Committee and circulating these 4 working days prior to the meeting;
- maintaining accurate records of attendance, key discussion points and decisions taken and issue necessary action logs within five full working days of the meeting;
- the recording of draft minutes where the Committee has gained assurance through relevant reports and subsequent discussion, debate and challenge, and where further assurance is required for circulation to members within five full working days of the meeting;
- maintaining a database of any documents discussed and/or approved and recall them to the Committee when due;
- organising future meetings; and
- filing and maintaining records of the work of the Committee.

9. Relationships and Reporting

The Committee will obtain assurance from the working groups shown in the structure chart below

The Committee will report to the Board on how it discharges its responsibilities.

The Audit Committee will receive the meeting minutes of the Committee and will ensure that the Committee's role within the overall governance of Manx Care is discharged. The Audit Committee will report back to the Committee if it has any concerns about its adherence to the Terms of Reference.

The minutes of the Committee shall be formally recorded, and a summary of decisions taken submitted to the executive Management Committee. The minutes will also be submitted to the Board. The Committee Chair shall draw to the attention of Board any issues that require disclosure to the full Manx Care Board or require executive action.

In addition, the Committee will receive thematic 'deep dive' reports or reviews accordingly to provide more quality-orientated discussions about specific issues and to facilitate in depth discussions between the Committee members and staff providing services.

10. Review

The terms of reference, purpose, function, responsibilities and duties of this Committee will be reviewed on an annual basis or sooner if agreed by the Committee (for for purpose) and the Executive Management Group (ratification).

11. Committee Structure

The committee structure* is reflected in the chart below, however reporting groups may change to reflect operational requirements.



*This structure to be updated as the Sub-Groups are operationalised

 SUMMARY REPORT	Meeting Date: 5 April 2022	
	Enclosure Number:	

Meeting:	Manx Care Board		
Report Title:	Development of the Board assurance framework for 2022-23		
Authors:	Andy Chittenden, Interim Director of Corporate Affairs		
Accountable Director:	Teresa Cope, CEO		
Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/ Recommendation from that Committee
	Exec Team	29 March 22	

Summary of key points in report			
<p>This paper proposes six strategic risks are recognised in relation to 2022-23 objectives. These are presented as follows:</p> <ol style="list-style-type: none"> 1. A failure to provide safe health and social care. 2. Overwhelming demand. 3. Competition for staff leading to critical shortages. 4. Major incident. 5. Loss of stakeholder support and confidence. 6. Failure to achieve financial sustainability. <p>The Board is invited to review the connections with operational risk; to note the work being undertaken to strengthen operational risk management arrangements and to anticipate that a framework of controls and assurances over the six recognised risks will be developed alongside a validation of current operational risks in time for the Board meeting on 24 May 2022.</p>			
Consider for Action	<input type="checkbox"/>	Approval	<input checked="" type="checkbox"/>
Assurance	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>

Is this report relevant to compliance with any key standards? YES OR NO		State specific standard
IG Governance Toolkit	No	
Others (pls specify)	No	
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	

1. Preamble

The purpose of this paper is to make the aggregated risks of failure to achieve Manx Care's objectives visible to the Board in the form of strategic risks. It triangulates with other papers in the Board pack including updates provided within the CEO's report about progress being made to improve services; Manx Care's own analysis of its effective response to the '21-22 Mandate ('required outcomes framework' or 'ROF'); the integrated performance report; the Clinical Governance 'Roadmap' (workstream 2) and the 'Report' step identified as an integral element within risk management processes in Figure 1 on page 4 of the Risk Management Policy (draft), due for ratification at the Board meeting.

The Board assurance framework ('BAF') for 2021-22 was previously discussed by the Board on 25 January 2022. At that time the BAF captured seven risks of failure to achieve the objectives for 2021-22. The objectives and the risks of failure to achieve them related to the three priorities set out in the required outcome framework. That framework sets out how Manx Care plans to respond to the Mandate issued by the Department of Health & Social Care ('DHSC').

Those three priorities for 2021-22, which are retained for 2022-23 are:

1. Improving patient safety
2. Creating a positive working culture
3. Improving financial health.

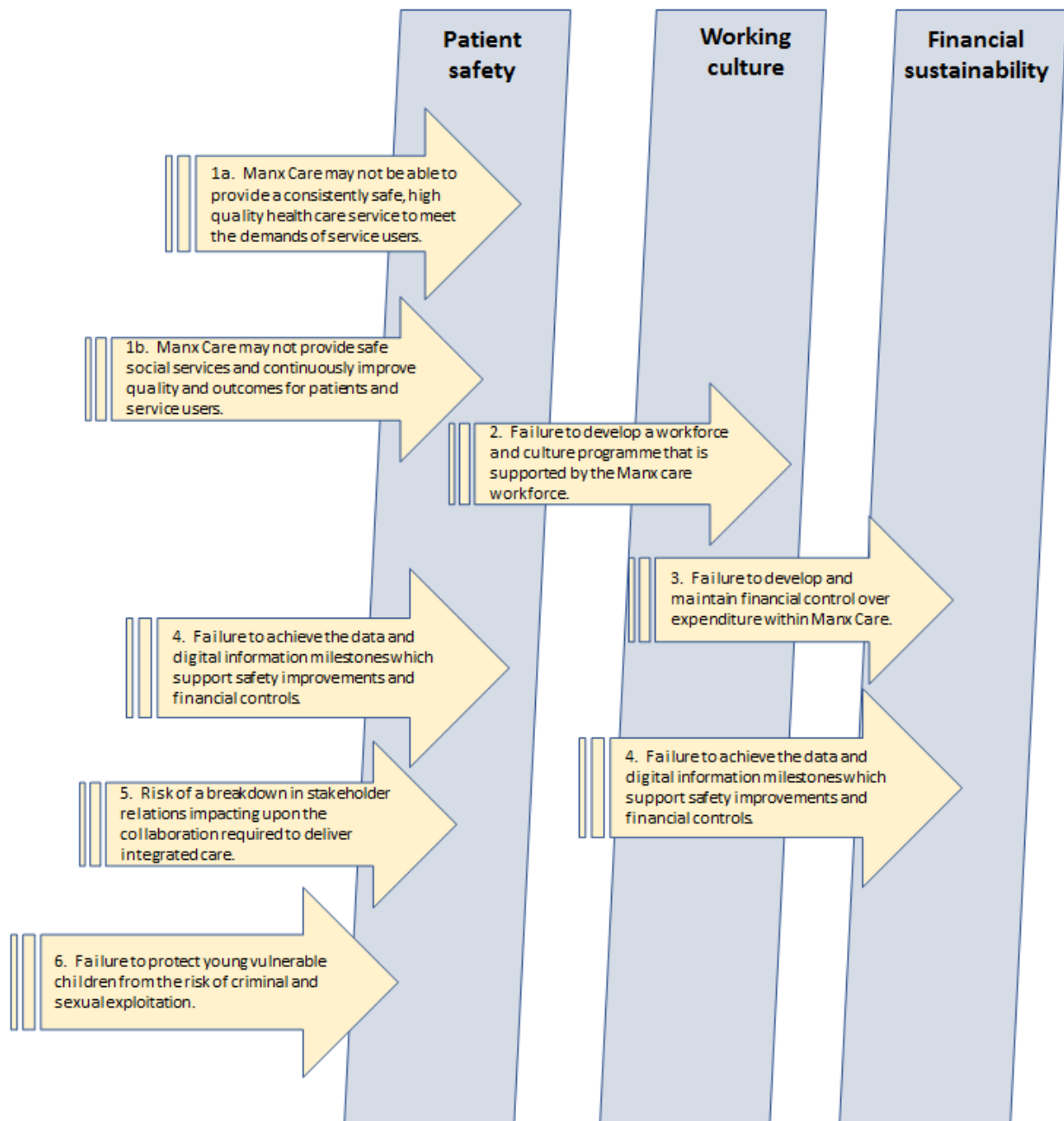
Each of the '21-22 BAF risks has had an allocated Executive Lead. Specified Board Committees with a role in seeking and scrutinising assurances as to the effective operation of control systems each take a lead in evaluating the prudent control of strategic risk, as set out in the figure below.

Figure 1 A summary of the seven Board assurance framework risks as at 18 January 2022.

#	Descriptor	Lead	Committee scrutiny
1a	Manx Care may not be able to provide a consistently safe, high quality service and meet the needs of service users.	Director of Nursing	QSE Committee
1b	Manx Care does not provide safe services and continuously improve quality and outcomes for patients and service users.	Director of Social Care	QSE Committee
2	Failure to develop a workforce and culture programme which is supported by the Manx Care workforce.	Director of HR Business	People Committee
3	Failure to develop and maintain financial control over expenditure within Manx Care.	Director of Finance	FP & C Committee
4	Failure to achieve the data and digital transformation milestones which support safety improvements and financial controls.	Director of Digital & Informatics	D & I Committee
5	Risk of a breakdown in stakeholder relationships impacting on the collaboration required to deliver integrated care.	CEO	Board
6	Failure to develop the estate infrastructure to support the integrated care strategy and improve standards of care for patients and service users.	Director of Infrastructure	FP & C Committee
7	Failure to protect young vulnerable children from the risk of criminal and sexual exploitation.	Director of Social Care	QSE Committee

These risks of failure impact widely upon the 2021-22 priorities as shown in the figure below:

Figure 2. The impact of risks in the 2021-22 BAF on Manx Care priorities.



Underlying the strategic risks are an aggregate of operational risks, described in Section 2 below.

2. High scoring operational risk.

Within Manx Care a number of local risk registers are maintained to log, evaluate, mitigate and escalate operational risk according to the norms of professional practice widely used across health and social care.

Figure 3. A summary of high scoring risks identified locally within Manx Care during performance and accountability reviews in early 2022.

Care Group	#	Description	Opened
Medicine and urgent care	281	CCU demand may exceed capacity.	17.3.20
	242	Covid 19 impact upon cohort of renal patients.	22.4.20
	417	ED establishment is under-resourced in nursing, admin and medical staffing.	4.5.21
	289	Insufficient staff to deliver renal replacement therapy to ventilated renal patients.	17.3.20
	280	Lung cancer service; lack of face to face consultations; technical difficulties with telemedicine access.	15.5.20
	172	Ambulance staffing.	14.9.19
	319	Nursing pediatric patients in an adult ICU	10.6.20
	198	Outpatient waits for medical specialties.	28.10.19
	399	Patient handover delays at ED.	23.3.21
	306	Recruitment and retention of ICU staff.	8.6.20
	294	Respiratory nursing services.	18.5.20
	174	Lack of specialist ambulance personnel.	14.9.19
Surgery, Theatres, Anaesthetics	-	Additional acute workload as a result of patients requiring 1:1 nursing support	14.7.21
	-	Anaesthetic machines	28.6.21
	-	Clinical lead for Proact	2.6.21
	-	Critical shortage of clinical workforce	4.10.21
	-	Diagnostic Breast Service - lack of clinic capacity	14.1.21
	-	Endoscopy Capacity & Waiting times	1.9.18
	-	Insufficient Capacity to meet existing demand for acute services	4.10.21
	-	Risk of avoidable patient morbidity/mortality due to reduced admin support (Ramsay Theatres)	16.7.21
	-	Outlier Impact on Surgical Bed Base	26.4.19
Diagnostics & Cancer	-	Single handed Histopathologist.	1.9.21
Integrated Mental Health	-	Inability to effectively deliver MH services due to recruitment challenges	
Integrated W & C	-	Out of Hours Resident on call Paediatrics	1.6.17
Integrated Primary & Community Services	-	DHSC Electronic Systems do not Communicate with Each Other	25.1.14
	-	Difficulties in Recruiting Staff in Specialist Areas	25.4.18
	-	Decontamination Suite	2.10.17
	-	Poor management of diabetic patients due to lack of equipment to monitor blood sugars	13.10.21
	-	Primary Care Discharge letters	2.7.21
	-	Recruitment and retention of GPs	26.8.20
	-	Community Equipment Stores does not meet IP&C standards	25.4.18
	-	Potential service disruption due to Prison Healthcare staffing challenge	11.6.21
Finance	2	Significant cost and operational pressures risk overspend against current year budget.	13.1.22
	3	Pay awards.	8.2.22
	7	The Laboratory Information Management (LIM) system is approaching end of life and needs replacement.	2.10.20
Information Governance	-	Capability and / or capacity of Manx Care to deliver requirements of DPST toolkit falls short in 18 of 20 domains. (KPMG review finding).	7.2.22
Private Patients	-	Unachievable income target.	7.2.22
	-	Lack of service investment and resource.	7.2.22
Children & Families	CF1	Fostering Service placement sufficiency	Nov-19
	CF2	Residential placements sufficiency	Nov-21
	CF3	Family placement service	2018
Social Care	CS1	Information Governance - Children & Families data breaches.	Mar-22

These risks are escalated in accordance with the Risk Management Policy and Procedures (draft) for discussion at quarterly performance and accountability reviews of the Care Groups, thereby facilitating the joining up of operational and corporate risk review. These operational risks impact upon differing elements of the organisation.

This distribution and aggregate weight of risk has not been sufficiently analysed as a complete cohort by management. Some risks have been on local risk registers for an extended period and require further challenge and review. As a result, not all risk has been appropriately challenged and mitigated. Our starting position is that data quality is mixed; therefore, little insight or assurance should be taken from the whole data set of risk information.

As a result, in accordance with the Risk Management Policy (draft) an operational group named the Risk Management Committee, chaired by the CEO, is to be established in April 2022. It will meet at least 8 times per year, and monthly initially and will act as a sponsor for effective risk management practice across the organisation. Its membership will comprise senior managers from corporate, clinical and social care groups.

Points to note regarding operational risk analysis undertaken to date include:

- There are a large number of risks on local risk registers rated as 'extreme' which require further management review and challenge.
- Risks have been logged between 2012 and 2022, though more than one third of the risks have been logged in the 12 months since the establishment of Manx Care, suggesting an increased use of the network risk platform since establishment, which may be a sign of improving risk practice. Some longstanding risks remain to be challenged.
- A Risk Manager is due to join the organisation on imminently which will strengthen the management resource available for this programme of work.
- These considerations connect with the Clinical Governance Road Map workstream #2.

3. Triangulation with Internal Audit findings

Manx Care has inherited a substantial backlog of outstanding management actions resulting from Internal Audit reviews. These represent opportunities to improve the effectiveness of internal control, thereby reducing risks of operational failure. Some of these recommendations for action are dated. It is the role of the Audit Committee to acquire assurance from both Internal Audit (as auditors) and management (as owners of the recommended actions which have been accepted) on the progression and embedding of actions. This was most recently discussed at the Audit Committee on 22 March '22. A summary of control areas with outstanding but high rated recommendations for action is provided in the figure below.

Figure 5 Summary of Internal Audit review recommendations outstanding as at March 2022.

	<i>Fundamental'</i>	<i>Significant'</i>
Crisis Response Home Treatment Team	1	9
Bowel Screening	1	5
Breast Screening	4	6
Non-standard working hours	3	22
Children & Families contract management	0	4
GDPR DHSC implementation Review	0	5
Cash handling / patient valuables	0	5
	9	56

4. Aggregation of risk

Taking all of these sources of risk intelligence together, this paper proposes that six emergent themes of risk arise when a 'helicopter view' is taken and that these should populate the BAF for 2022-23. These are presented in Figure 6 below in summary form. This schematic illustrates the organisational design; context; priorities and threats to the success of Manx Care.

This schematic also emphasises the very high dependence of Manx Care on the Transformation Team and Shared Services in designing effective technical controls and providing effective support services, which will enable Manx Care to thrive.

In the subsequent Appendices 1-6, there is a 'page per risk' view of six newly characterised BAF risks for 2022-23, each with a small dashboard connecting the risk to its predecessor in the 2021-22 BAF and to a Board Committee for review during 2022-23.

In Appendix 7, the objectives for '22-23 are tabulated together with an indication of which risks impact their delivery.

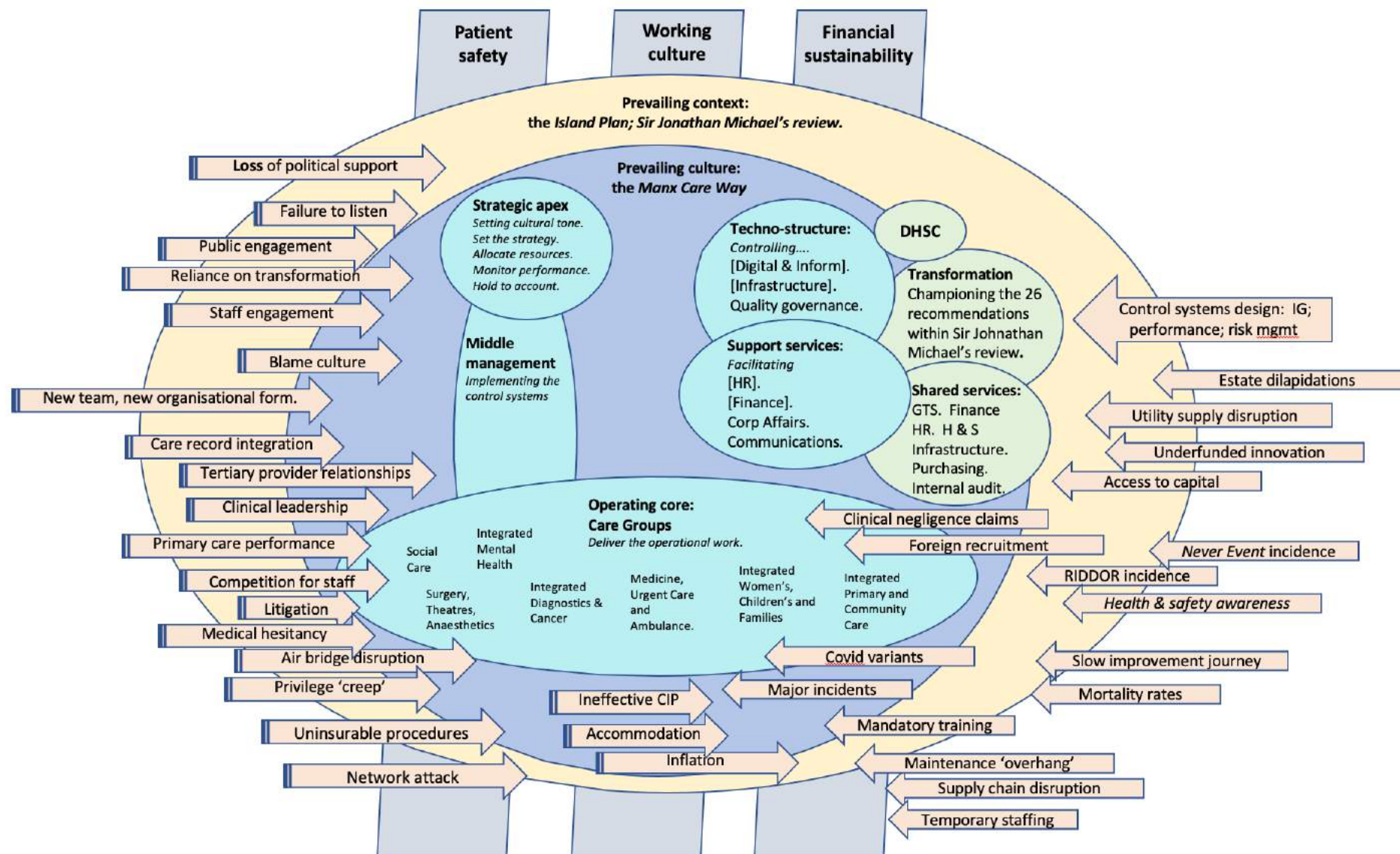
5. Summary

The next step, subject to the Board's views and consensus on the six over-arching thematic risks having been identified accurately, is for each of the six risks to be mapped clearly to mitigating controls, together with setting out assurances of the effectiveness of those controls together with gaps therein.

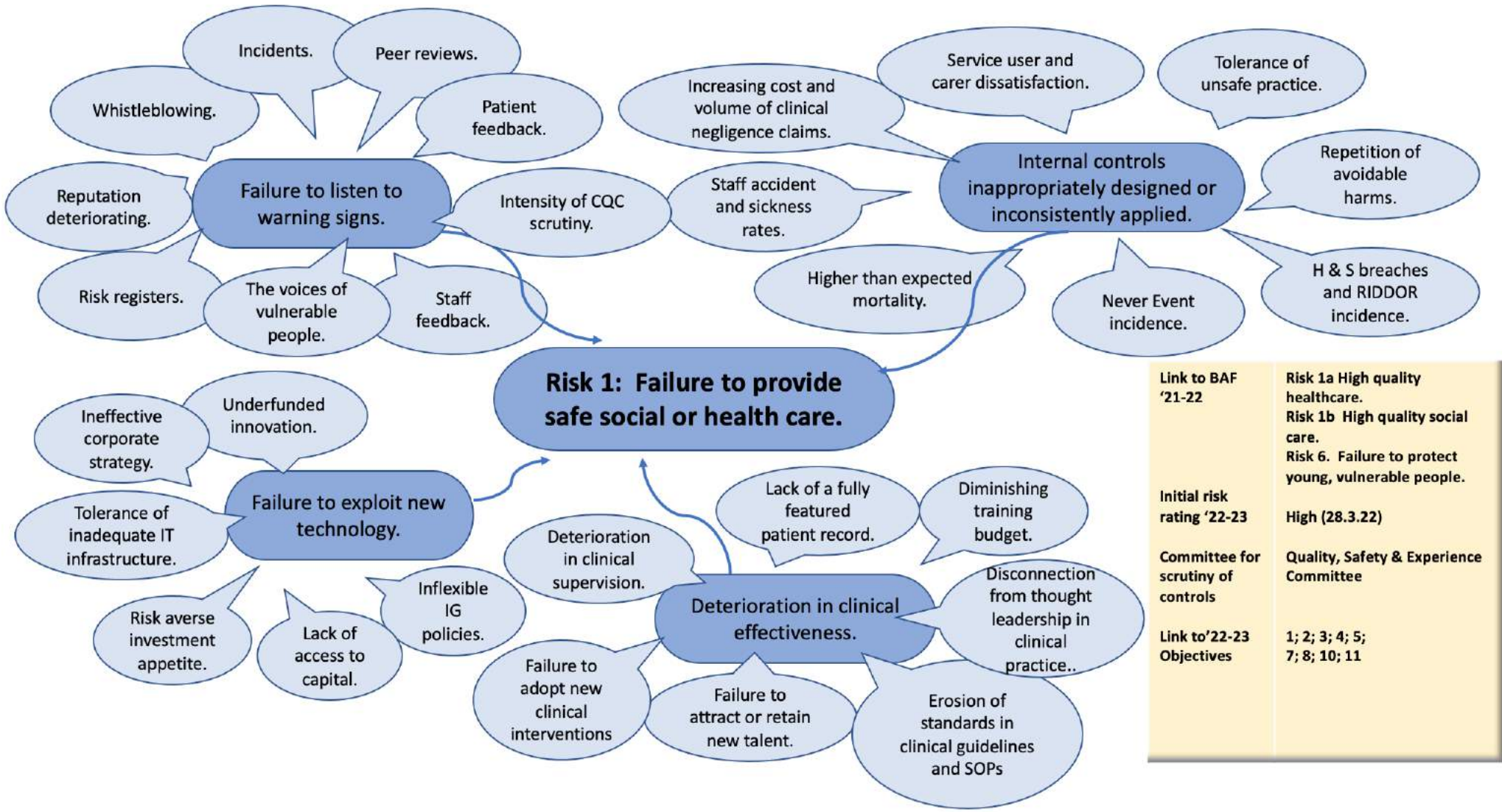
It is intended to bring that development, set out in a framework that colleagues will be used to seeing as a structure for a BAF, to the Board on 24 May 2023.

The Board is asked to approve this developmental approach of the BAF for 2022-23.

Figure 6. A holistic view of the organisational design; context, priorities and threats to the success of Manx Care.

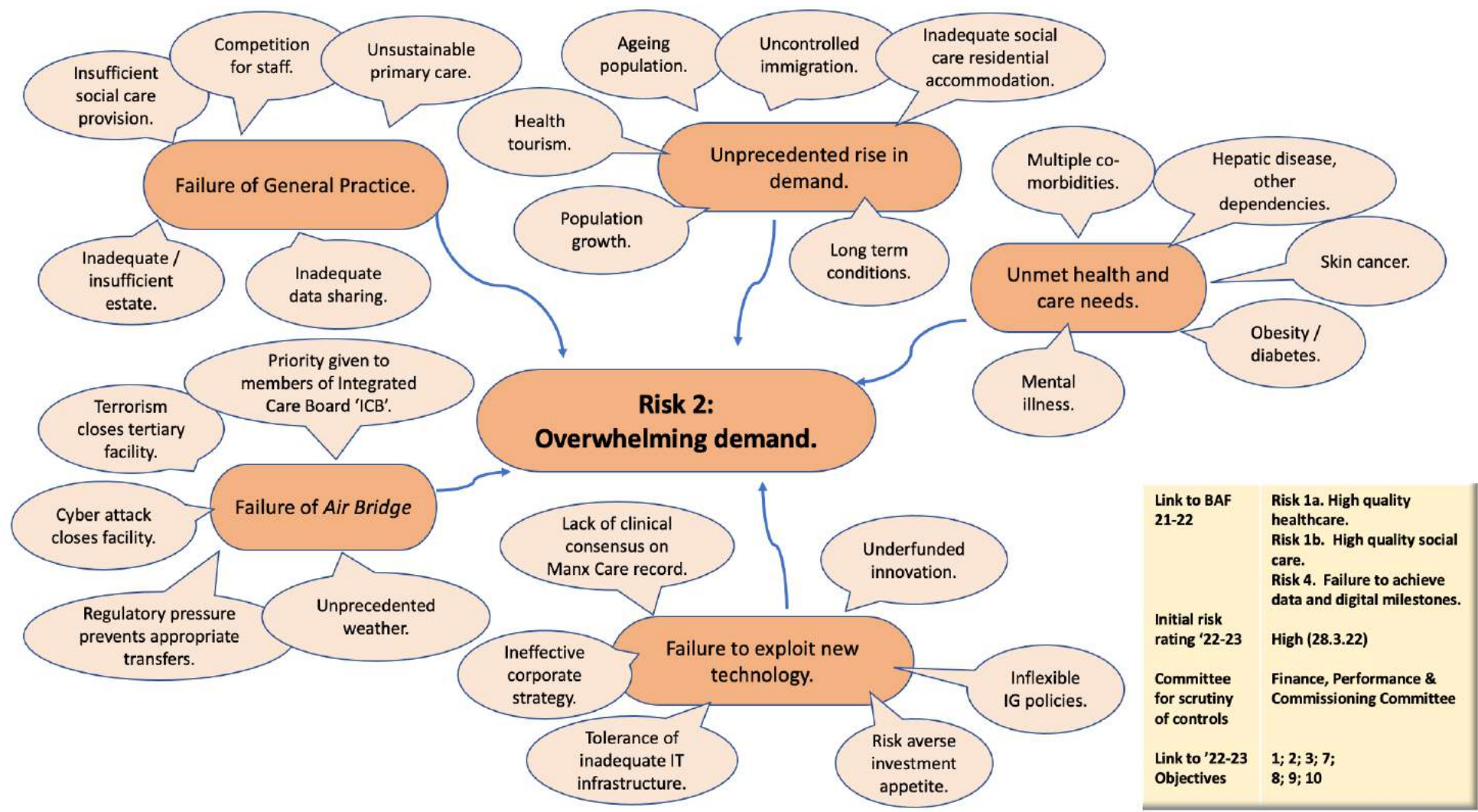


Appendix 1: Failure to provide safe social or health care.

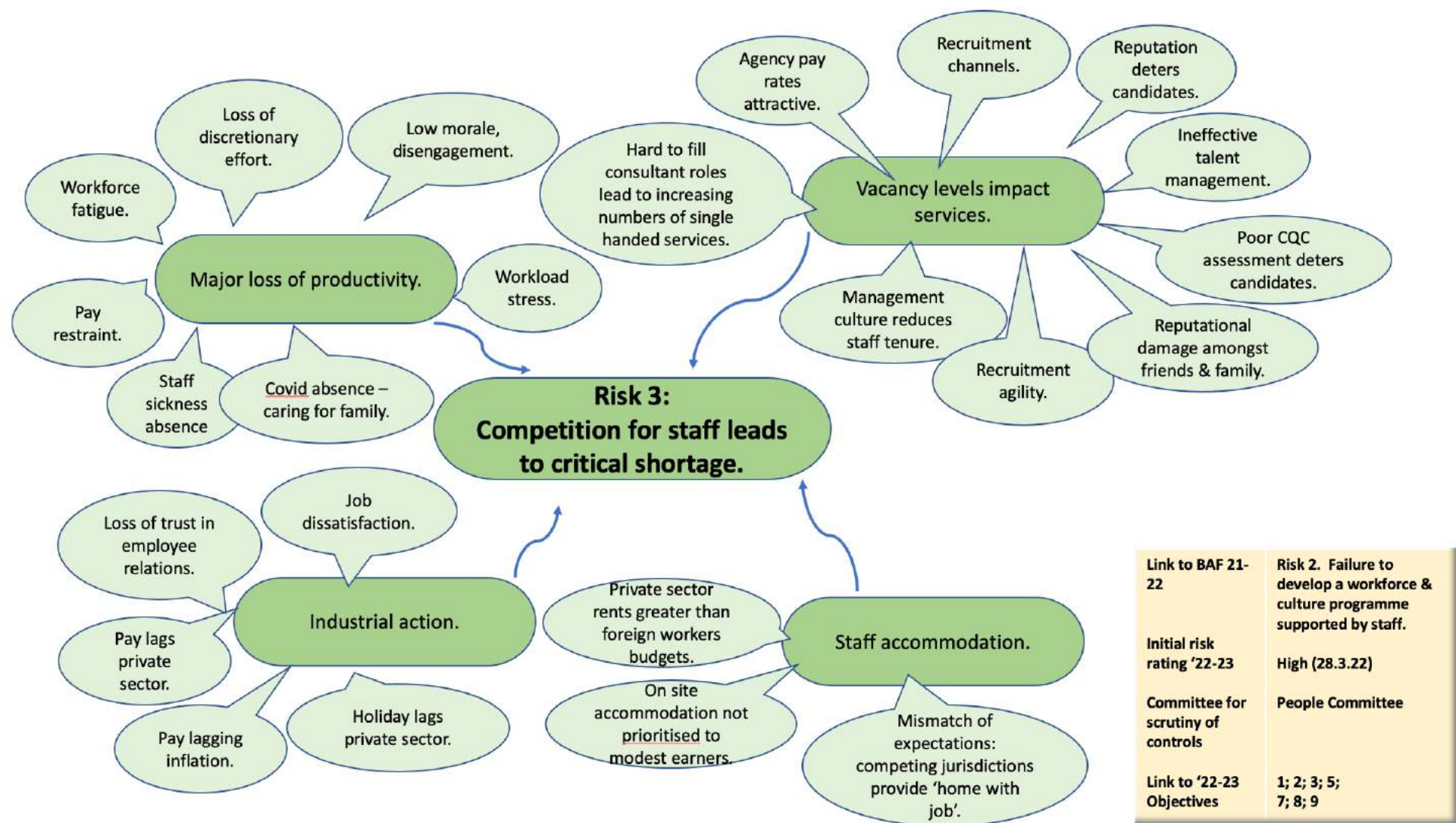


Link to BAF '21-22	Risk 1a High quality healthcare. Risk 1b High quality social care. Risk 6. Failure to protect young, vulnerable people.
Initial risk rating '22-23	High (28.3.22)
Committee for scrutiny of controls	Quality, Safety & Experience Committee
Link to '22-23 Objectives	1; 2; 3; 4; 5; 7; 8; 10; 11

Appendix 2: Overwhelming demand.



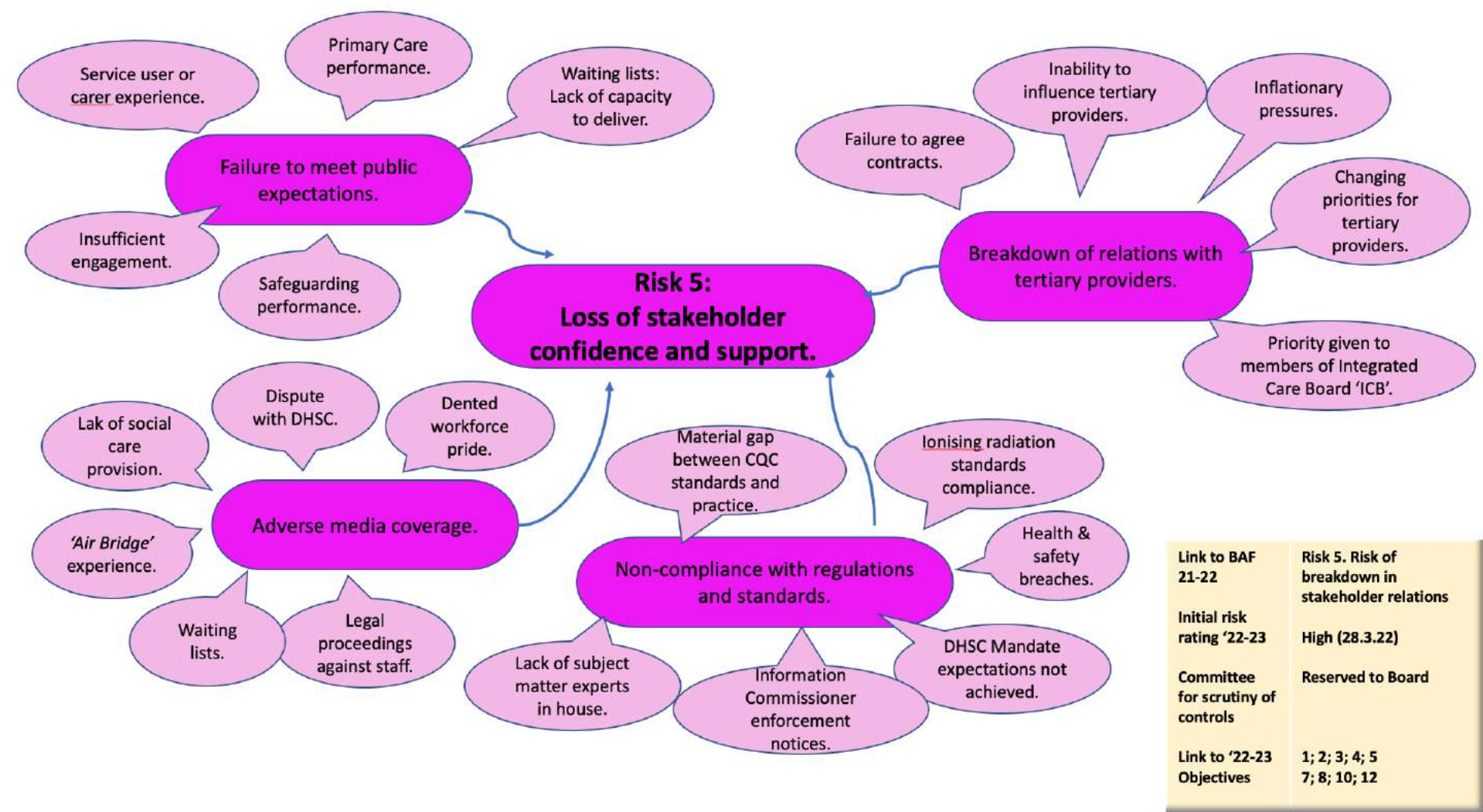
Appendix 3: Competition for staff leads to critical shortages.



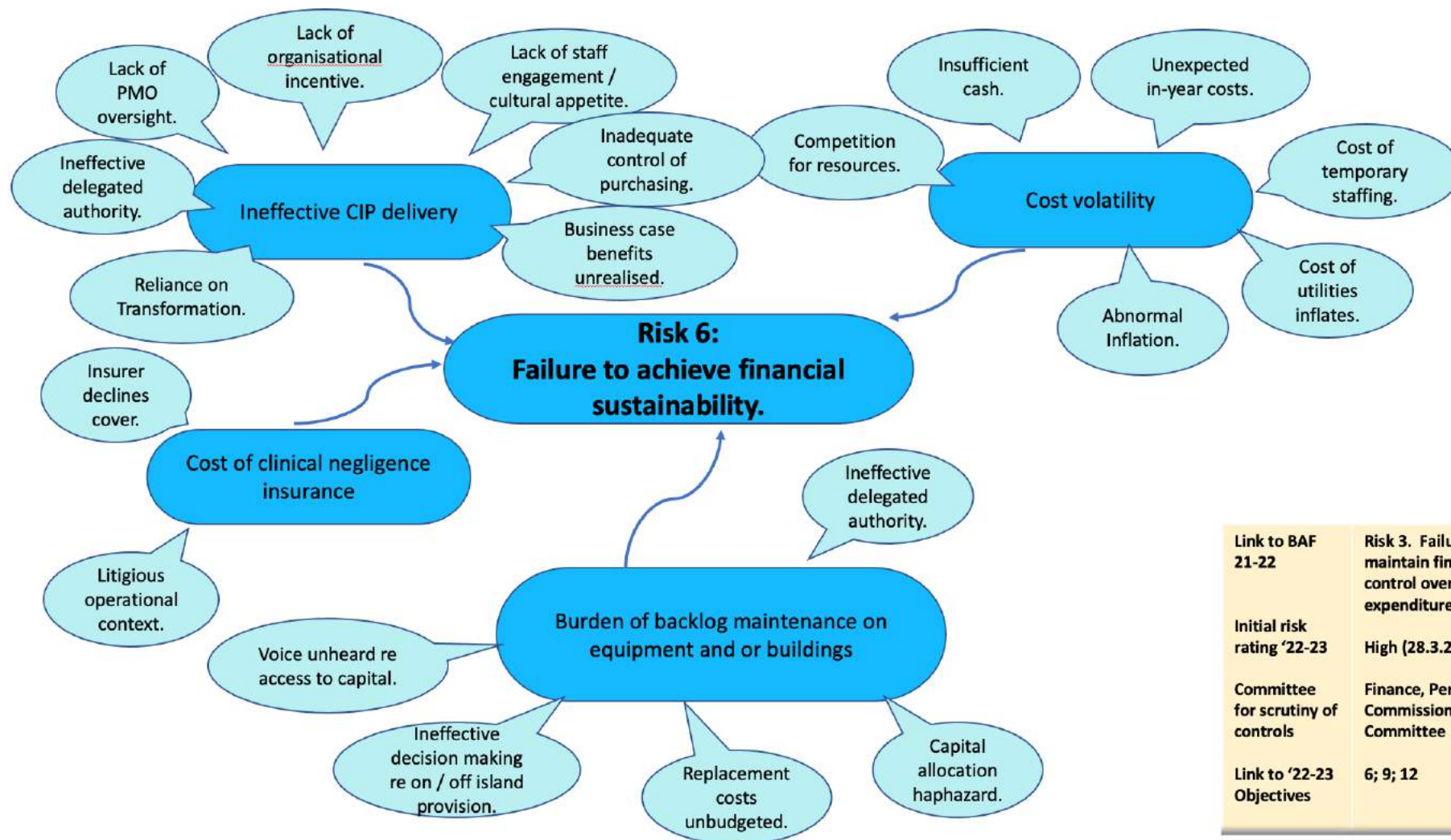
Appendix 4: Major incident.



Appendix 5: Loss of stakeholder confidence and support.



Appendix 6: Failure to achieve financial sustainability.



Appendix 7

Table illustrating how the proposed six strategic risks may impact upon each of the twelve strategic objectives.

#	Shortened descriptor for the Manx Care objectives for 2022-23. (Note: Numbers 1-11 from '22-23 Mandate. No 12 is discretionary, added by the Board).	New risks for BAF '22-23
1	Lead the Island's response to the COVID-19 pandemic.	1; 2; 3; 5
2	Demonstrate continuity of care and the experience of service users, patients and carers is effectively captured, matches the agreed standards and that feedback is used to drive continuous improvement and better outcomes for people accessing and using all services.	1; 2; 3; 4; 5
3	Demonstrate changes in transforming an integrated health and care service delivery, following international standards for quality and outcomes and those set by the Department.	1; 2; 3; 5
4	Manx Care will be able to demonstrate, embed and lead an effective and robust corporate, clinical & social care governance structure across all services for the effective management of risk, the ability to provide real time intelligence about performance and promotion of a safe, learning and improvement focused culture. (The 'governance development roadmap').	1; 5
5	Further develop plans to transform the urgent and emergency care pathway that will provide alternatives to hospital-based care, reducing avoidable attendances at the Emergency Department and reducing Non Elective admissions in 2022-23.	1; 3; 5
6	In partnership with the Department (who will drive policy reform) and the Transformation programme, demonstrate continued financial balance within the available budget through the delivery of agreed cost and service improvement plans (CIP) and the delivery of the agreed sustainable financial plans.	3; 6
7	Continue to work at a system level and ensure measurable progress in the reduction of waiting times across all services.	1; 2; 3; 5
8	Adopt and embed a principle of continuous improvement in design, development and delivery of social care and health care services to ensure high quality measured outcomes are achieved, including, where appropriate, new opportunities to innovate including through the use of new technology.	1; 2; 3; 5
9	Demonstrate continuous improvement in workforce engagement, planning and personal and professional development.	2; 3; 4; 6
10	Develop and integrate Primary Care at Scale through supporting the transformation programme.	1; 2; 5
11	Working with the Public Health, Manx Care and DHSC Strategic Board, deliver an early intervention programme aligned with the Island Plan, ensuring that provision is delivered in the right places to address wider determinants of health in the prioritised areas: Vaccinations and immunisations - Q1; Screening - Q1; Sexual health integration and sexual assault referral centres – Q2; Integrated community based addiction services – Q2; Weight and obesity management – Q3; Oral health – Q4.	1
12	Addition not included in the Mandate: Contribute to the Island's sustainability agenda.	3; 5

Chair's Report Manx Care Board Meeting in Public

5 April 2022

Public Meetings

This is our fifth public Board meeting and the last of Manx Care's first year in existence. Next time, on 24th May, we are planning to hold an Annual Public Meeting after the Board meeting to create more time and opportunity to showcase what Manx Care does and to listen to public views.

New NED

There were more than twenty applicants for the vacant post with many excellent candidates. Interviews took place on 31 March and we hope to be able to announce the name of the successful candidate shortly.

Island visits

This is my 16th trip to the Island and I continue to enjoy visiting departments and meeting people. Since the last Public Board meeting I have visited four more GP practices, the Western and Northern Wellbeing Centres, Manannan Court Mental Health Unit. I have met numerous GPs, the formal GP representatives, Gary Lord, Claire Bader and colleagues, Ross Bailey and colleagues, the Chair and Secretary of the HSCC and the new Lieutenant Governor.

Andrew Foster 30 March 2022

 SUMMARY REPORT	Meeting Date: 5 th April 2022	
	Enclosure Number:	

Meeting:	Manx Care Board		
Report Title:	CEO Report		
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

Summary of key points in report

The Isle of Man Governments '**Moving to an Endemic Approach**' will be Implemented on 31st March. Whilst the government is relaxing all remaining Covid-19 restrictions, given the current high levels of community transmission, Manx Care will continue to maintain its current Covid precautions for the time being. The organisation is currently operating at Level 2 of the Covid Escalation Plan with the designated covid ward open.

Manx Care has commenced its operational planning for the TT which will be held at the end of May. Manx Care is also supporting the Government's efforts to assist with the humanitarian crisis in the Ukraine.

Manx Cares preparations are well underway for the Care Quality Commission Inspections which will take place over the next few months. The CQC's programme of work commences within primary care and social care during Quarter 1 2022/23, and secondary care expected to conclude during Quarter 3.

The Quality Dashboard has been implemented and will be used as the basis for monitoring and evaluating the quality of care provided primarily within acute services. Manx Care is demonstrating good performance across a number of areas including; Low prevalence of inpatient falls resulting in harm and also low prevalence of falls involving harm in adult social care; Venous thromboembolism risk assessment and thromboprophylaxis; Healthcare Associated Infections; Hand hygiene compliance and Gender-appropriate inpatient accommodation. Indicators for improvement include Malnutrition Universal Screening Tool (MUST) assessment rate; Complaints responsiveness and learning and evidence of Duty of Candour.

Manx Care was inspected by the UK Health Security Agency (UKHSA) on the 22nd and 23rd March to review the organisations compliance against Ionising Radiation (Application) order 2019 (IRR) and the Ionising Radiation (Medical Exposure) Regulations 2019 (IR (ME)R). Verbal feedback from the Inspection was provided at the end of visit and a written report from the Health and Safety Inspectorate will be provided to Manx Care within the next 2-3 weeks.

Recommendation for the Committee to consider:

Consider for Action	<input type="checkbox"/>	Approval	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Information	<input checked="" type="checkbox"/>
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It is recommended that the Board note the context of the report.

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	

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: Covid and Key Operational Updates

2.1 Covid -19

On the 22nd February the Isle of Man Government published its '**Moving to an Endemic Approach**' which set out the next and hopefully final stage to start to live with covid and return to normal life. In moving to the endemic approach, the government acknowledges that there will continue to be challenges and renewed threat and therefore the plan will remain under constant review. The Island Implemented the plan on 31st March. Whilst the government is relaxing all remaining Covid-19 restrictions, given the current high levels of community transmission, Manx Care will continue to maintain its current Covid precautions for the time being. This includes;

- Maintaining the use of face masks and hand sanitiser, and social distancing across its health and social care settings
- Continuing to ask members of the public, if possible, to consider whether or not they could attend a face to face appointment alone rather than bringing a friend or family member with them
- Ask that any visitor to a health or social care setting takes a Lateral Flow Test 45 minutes to one hour prior to their visit, and refrains from visiting if this is positive
- Staff will continue to self test for the virus and isolate if positive, in line with the UK Health Security Agency current guidelines.

The organisation is currently operating at Level 2 of the Covid Escalation Plan and re-opened the Covid ward in mid March in response to increasing hospital admissions. As at 26th March, there were 13 patients in hospital with covid and the organisation continues to manage its covid response through regular bronze command meetings.

2.2 Vaccination Programme Update

Manx Care has been responsible for the Covid vaccine programme since the establishment of the organisation and has facilitated 84.5% of the eligible population to receive the first two doses of the Covid vaccination (compared to 73.6% of the UK population) and 64.7% of the eligible population take up a booster dose (compared to 57.7% of the UK).

The island continues to follow the JCVI recommendations around next steps of the programme and as such launched the spring booster programme on 28th March, offering a second booster to anyone 75 or over, 12+ with immunosuppression and people in care homes. People eligible for a second booster will be invited by appointment letter to the vaccine hub. The team will also be offering once a week vaccine pop up clinics within localities and the care home and housebound team will be offering jabs in the people's homes. We are also hoping to start offering the 5-11 primary dose schedule to all children within that age group however delays in the receipt of the PGD for this cohort is delaying roll out. We hope to be able to start offering appointments for children whose parents/carers have expressed an interest in early April. The vaccine service is also continuing to offer appointments for people who have not taken up a first, second or booster vaccine and between 50-90 slots per day are set aside for this purpose.

The 111 team will continue to operate in its current format until late June to act as the first point of contact for all vaccine related queries.

2.3 Planning for TT

TT 2022 starts on Saturday 28th May and represents the largest event the island has hosted since the start of the pandemic. During previous TTs, only small numbers of additional staff have been required to supplement existing staffing however due to the increase in vacancies within most clinical services during the pandemic, our reliance on locums will increase during this year's event – this includes the requirement for 8 Paramedics, 6 ED practitioners and 4 ED doctors plus the 4 orthopaedic surgeons that are normally hired for the period. The process for securing these additional staff is ongoing.

The daily operational management of the event from a Manx Care point of view will be similar to previous events however the introduction of an exec on call rota will introduce a 'gold command' layer into the operational oversight which will provide additional resilience to decision making. In addition, the introduction of Teams within Manx Care and the NHS will mean that our daily 'Safety Huddles' that provide authorisation for racing to begin from a healthcare capacity point of view will also include colleagues from the Aintree Major Trauma Centre joining via videolink. Clearly we will be continuing to deal with pressures from a Covid-19 point of view during TT – it is unknown whether a dedicated Covid-19 ward will be required during the event. However escalation of Covid cases beyond a single ward will make it extremely challenging to be able to manage the additional demand from TT 2022 (both competitors and visitors).

Preparations for the TT are being managed via a TT operational group which has met once already and is due to meet again in early April. Apart from staffing challenges, departments are currently undertaking table top exercises to ensure they are prepared procedurally in case there is a significant increase in demand for example due to a significant accident involving multiple people.

2.4 Ukraine Response

The Isle of Man Government has taken a number of steps to offer support to the Ukraine and has launched the Home of Ukraine scheme which will provide accommodation for Ukraine refugees for a minimum of 6 months. Manx Care have been involved in the strategic and operational planning of the government response and will support the assessment of any refugees entering

the island and ensure all individuals are provided with appropriate health and care services on arrival.

Section 3: Quality and Safety Updates

3.1 Care Quality Commission (CQC) Preparations

Manx Care is looking forward to the opportunity to work with the Care Quality Commission to help showcase exemplary practices alongside areas where we can improve quality of care for service users. Preparations are well underway and at an advanced stage. The CQC's programme of work commences within primary care and social care during Quarter 1 2022/23, and secondary care expected to conclude during Quarter 3.

3.2 Governance Development Roadmap

Substantial progress continues to be made on the core-10 elements of the programme. A mortality review process has been established and is now operating, the Governance Support Unit integration is progressing as planned, serious incident handling has improved considerably, and a quality dashboard has been developed to give emphasis to key quality indicators linked to Safe, Effective, Caring, Responsive and Well-led domains of care. Manx Care is continuing to work closely with the Transformation Team to accelerate work on risk management, workforce planning, policy consolidation and review, and service user satisfaction.

3.3 Quality of Care Dashboard Development

Significant progress has been made to set out quality indicators in the domains of Safe, Effective, Caring, Responsive and Well-Led. This allows much better evaluation of quality than was otherwise available to Manx Care. The dashboard will continue to be used as the basis for monitoring and evaluating the quality of care provided primarily within acute services. Of note

Highlights – indicators demonstrating Manx Care is good:

- Low prevalence of inpatient falls resulting in harm and also low prevalence of falls involving harm in adult social care;
- Venous thromboembolism risk assessment and thromboprophylaxis;
- Harm-free care point-prevalence audit score;
- Exposure to risk of Never Event;
- Alert organism Healthcare Associated Infections;
- Hand hygiene compliance;
- Gender-appropriate inpatient accommodation;
- 1-hour response by Mental Health Crisis Team to Emergency Department for people in need of assessment and support

Indicators currently subject to improvement activities include:

- Malnutrition Universal Screening Tool (MUST) assessment rate;
- Access standards in the responsive domain;
- Complaints responsiveness and learning;
- Duty of Candour for eligible incidents;

- Mandatory training assurance;
- Pressure ulcer prevention and management
- Blood culture contaminated sample

3.4 Acute Illness Management Course

We are proud to announce the completion of our first on-Island Acute Illness Management Course at Manx Care. This course deals with the management of severe and life threatening conditions and helps to recognise and respond to the signs of clinical deterioration. Thirteen experienced and talented nurses completed the course with flying colours, allowing for several colleagues to be put forward for instructor training in recognition of their skills, expertise and teaching ability. This will allow more courses to be run throughout 2022 and beyond, and greatly enhance the standard of emergency care in Nobles and Ramsey Cottage Hospitals.

3.5 Inspection by UK Health Security Agency (HSA)

Manx Care was inspected by the UK Health Security Agency (UKHSA) on the 22nd and 23rd March to review the organisations compliance against Ionising Radiation (Application) order 2019 (IRR) and the Ionising Radiation (Medical Exposure) Regulations 2019 (IR (ME)R). Verbal feedback from the Inspection was provided at the end of visit and a written report from the Health and Safety Inspectorate will be provided to Manx Care within the next 2-3 weeks.

Verbal feedback from the Inspection team identified no areas of significant concern and overall Manx Care was reported to have demonstrated good progress in its implementation and compliance with IRR and IR(ME)R. Any actions arising from the report will be progressed via the Non Clinical Quality Group with oversight from Executive Management Committee (EMC). Assurance will be provided to the Quality and Safety Committee.

3.6 McMillan Quality Environment Mark (MQEM)

On the 7th and 8th March 2022, the Manx Care Oncology Day Unit and the McMillan Cancer Information Support Service were both reassessed for the McMillan Quality Environment Mark (MQEM). This involved an assessor and volunteer assessor coming over from the UK to meet with our team onsite to look at our environments. Positive feedback from provided by the Inspection team following the visit and the report is due by the end of March.

Section 4: Workforce and Culture Update

4.1 Registered Nurse Recruitment

Colleagues will recognise the pressure on nurse staffing on-Island, and that many jurisdictions across the world are currently experiencing shortages of nursing staff. The Director of Nursing has modelled a number of scenarios for registered nurses working in Manx Care. This follows the completion of the first round of establishment reviews and verification of workforce statistics on vacancy and staff in post. All scenarios show that there is pressure on staffing linked to anticipated retirement, long standing vacancy rates and requirements of the Safer Nursing Care Tool.

The Executive Team have reviewed these scenarios and agreed to accelerate and increase international recruitment of registered nurses. Subject to the numbers of international recruits

from the UK or elsewhere, it may be possible to become self-sustaining and appropriately staffed within 24-36 months (although this is highly predicated on successful recruitment, retention and flexible retirement options).

4.2 Workforce and Culture Team Priorities for 22/23

The Workforce and Culture Team have agreed the priorities for the next 12 months with Manx Care via the Health and Care Transformation Board. Those priorities for the next 12 months include;

- Workforce Planning
- Development of a Recruitment Strategy for Manx Care
- Development of an Equality Diversity and Inclusion Programme
- Development of systematic change management programme and review of the organisation change management policy and guidance for staff
- Development of a programme for psychological Safety in the workplace
- Targeted sickness absence reduction programme
- Embedding the CARE values building on the work undertaken in 21/22
- Roll out of new Appraisal System.

Section 5: Communications Update

- 5.1 Much of the external communication activity in recent weeks has been focused around the increase in community transmission of Covid-19 and the resulting impact on health and social care services, with a re-introduction of protective measures including mask-wearing, social distancing, encouraging people to attend an appointment alone if at all possible, and taking a lateral flow device around 45 minutes prior to visiting any Manx Care site.

Alongside this, Manx Care will formally assume responsibility for Covid-19 vaccination programme communications from 01 April, although this activity is already being delivered through the Communications Team. The number of media enquiries being received by the team remains high, alongside the level of proactive media to complement this.

A significant focus at a strategic level has been around planning for a public Annual General Meeting and Board Open Day in late May, which will be used to showcase Manx Care's progress and challenges encountered during its first year of operation, alongside the launch of its strategic priorities for the 2022/23 financial year. Alongside this, a significant level of support has been invested within the Restoration and Recovery of Elective Activity programme.

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.

Teresa Cope,
Chief Executive
29th March 2022.

Surgery, Theatres, Critical Care and Anaesthetics

- Orthopaedic Virtual Vanguard starting 20th April utilising ring fenced inpatient capacity in PPU supported by Synaptic .
- Planning for creation of Elective Admissions Lounge in DPS has commenced with aim of improving start times and theatre efficiency
- Dermatology Locum has started in Ramsey stabilising access for patients on cancer pathways
- New Consultant intensivist has started stabilising critical care cover for the year ahead.
- Patient Information Service Manager has started new role leading the delivery of the access policy aiming to improve access to our services for patients.

Integrated Primary Care & Community Services

- Managed to align our PIP to funding
- Senior Nurses establishing professional connections with Leeds Community NHS Trust and The State of Guernsey
- A number of key appointments in the Primary Care Network, Clinical Domain leads
- GP Dr Ellis joined the Manx Care Board in his role as Chair of the Primary Care Network
- Recruitment to the 2 band 3 support workers is imminent, the Care home/frailty pharmacist advert will be released shortly
- The prescribing committee is now functioning and the allocated pharmacist hours to support and drive the work programmes will be recruited to in March
- Long Covid/CFS/ME project, Listening events held, leaflet completed, early pathway going to be developed
- Early scoping with Melanie Andrews from MND charity working with professionals from Therapies regarding Augmentative & Alternative Communication (AAC) package

Integrated Mental Health Services

- Welsh national collaborative commissioning team undertook an independent inspection of Manannan Court. Positive feedback with some identified opportunities for development.
- Successful recruitment of nursing staff within CRHTT and Psychotherapists within Primary Care at Scale.
- x 4 Speciality Doctors Job descriptions drafted in preparation for advertisement..
- Recovery College plans presented to the board with the first semester commencing in April.
- MHS vision presented to the safeguarding board.
- The Thrive project initiation document being drafted with stakeholder event planned in April.
- Transformation - Continuing contribution to the Urgent and Emergency Care transformation programme.
- MHS waiting list initiative service specification complete and submitted to AG's. Plans to contact first cohort of patients in April.

Integrated Social Care Services

- Bus case submitted to extend Wellbeing hubs into east of the Island, BRG requested further statistics
 - Reviewing task force set up to look at placements/care and support packages both on and off Island
 - Prep continues for CQC inspecting broader ASC services from April 2022, pilot audit of one dementia unit received good report and positive feedback from CQC and service
 - Two new starters mid April; Asst Dir for ASC started 21/2/22
- RECRUITMENT:**
- C&F Asst Dir (interviews 11/3/22); Group Managers Corporate Parenting and Children with Disabilities and in Care Management (both adverts live until 19/4/22); Leads for Adoption Practise and Fostering Team; Supervising Social Workers; shortages in Family Placement being progressed
 - C&F experiencing critically low levels of available placements, being addressed via fostering recruitment strategy, potential to re-open small children's home for placement sufficiency

CEO Horizon Scan – FEB/MARCH 2022 (1)

COVID: To be treated as an endemic disease, with a target date of 31 March 2022.

ISLAND PLAN: Approved through Tynwald beginning of February

BUDGET: Treasury Minister, David Ashford MBE MHK delivered his 2022 Budget in Tynwald w/c 14 February in support of the 5yr Island Plan, with one of the five broad themes relating to an Island of health and wellbeing. The 2022/23 spend is budgeted at £1.15 billion, equating to £14,044 per person. In relation to Manx Care this equates to £16.68 million for new services and growth, including developing the 111 service and supporting services in areas of long covid/ME, palliative care and the air ambulance service (£3,559 per person for Health and Social Care Services)

DHSC: Appointment of Karen Malone, CEO of DHSC

CEO Meet & Greets:

- Chair, Parkinsons Disease Society (IOM) (01/02/22)
- February CARE Award to Endoscopy
- Community Support Services, Palatine House (09/02/22)
- Lt Gov visit to Nobles (4/3/22) ; AF/TC met LT Gov (15/3/22)
- Manx Therapeutic Community Workshop (23/3/22)

Serious Incident Framework Briefing 09/02/22)

Manx Care Staff Induction (23/02/22)

Medefer press release/media interviews (w/c 21/2/22)

GP & Dentists Engagement sessions (22 & 24/3/22)

Horizon Scan FEB/MARCH 2022 (2)

Medicine, Urgent Care and Ambulance Service

- Recruitment of Consultants, Doctors, Nurses, HCAs and Paramedics continues; recruitment remains the Care Group's number one priority. These initiatives are beginning to be realised with new staff arriving and taking up their posts.
- Significant concern remains over the ramifications of the decision to prosecute Manx Care staff, primarily in relation to:
 - Recruitment
 - Retention
 - Service Delivery ('work to rule')
 - Duty of Candour - consequences
 - Potential impact on training status and function

Medicine, Urgent Care and Ambulance Service

- ED Safe Staffing business case submitted and approved by BCRG and EMC; awaiting budgetary consideration
- CIP business case in relation to Frailty Unit provision submitted and approved by BCRG and EMC; awaiting budgetary consideration.
- UEIC 'strategic overview' business case submitted to BCRG and approved with some requests for greater detail on the financial impact. It will now go to Transformation Programme Officer and Political Boards for consideration and funding approval.
- Work on going with the Service Development team to address Waiting lists in medical specialities with the assistance of Manx Care staff and Medefor.
- Work ongoing with the Service Development Manager to identify and articulate Tertiary Provider contracts and services and ensure appropriate agreements are in place.
- Work ongoing to reconfigure staffing to appropriate cost centre codes to ensure costs are reflected accurately for each service area.
- Working with the Transformation Programme to scope and progress the requirements of the Ambulance Service Digital Strategy; a paper has been submitted to the TP's Officer Board to formally establish a new standalone work-strand as part of the overarching Manx Care Record project within the TP's portfolio.
- Continuing to scope and define the Care Group's operational model and plan in readiness for TT fortnight 2022.

Integrated Women & Children and Family Services

- The 0-19 Public Health Nursing Service has introduced a new Lone Working system. The pilot went live on the 14/02/2022 and is utilising MS Teams. Feedback so far has been positive.
- Presented the 0-19 Public Health Nursing Service Update to the Director of Public Health. This detailed our service vision and transformation plan. The presentation will be delivered at Let's Connect on 23 February.
- New wall murals (based on under water theme) have been installed on children's ward making the entrance to the ward and the internal corridor much more welcoming for children
- The infant feeding team have been working with the education department to get breastfeeding education on the schools curriculum. Year 11 students will all receive a breastfeeding education session in school.
- Care group nursery nurses and play therapists have been supporting the COVID vaccination sessions for 5-11 year olds with underlying health conditions which has helped children and their families feel safe and prepared when having the vaccination.
- The Sexual Health Admin Team has received Call Handling Training for the Termination Service, delivered by BPAS. This was a very successful training day with lots of positive feedback.
- CQC presentation is being finalised and will be circulated to the Care Group at the end of the month.
- Successful recruitment drive across the Care Group

Integrated Cancer and Diagnostics Services

- Cancer Services – Manx Care CEO now has standing invitation onto the Cheshire and Merseyside Cancer Alliance (CMCA) Board
- Cancer Services – Both the Macmillan Cancer Information Centre and Oncology Day Unit have passed the externally assessed Macmillan Cancer Support Quality Environmental Mark during March 2022
- Cancer Services - Macmillan Matron funding application has been submitted and implied approval has been given, waiting on written confirmation
- Cancer Services - The approved MDT Co-ordination Business Case has been fully realised. All five posts (team manager plus four cancer co-ordinator trackers) have now been appointed. We are currently recruiting to remaining existing vacant positions and interviews are taking place 5/4/22
- Cancer Services - Cancer Transformation Programme continues, with weekly update meetings. Dermatology draft business case has been circulated for feedback. Cancer Pathway workshops continue at pace, with Haematology 'as is' workshops completed for Lower and Upper GI, Gynaecology, and Haematology. Other workshops are booked over the next few weeks
- Radiology – Positive feedback from radiation safety audit, awaiting full report
- Radiology – Consultant Radiologist due to be re-advertised. Breast Radiologist interviews have been completed and position has been offered.
- Radiology – Options paper for future of nuclear medicine is underway, awaiting input from wider bodies (MPE, HSE, MC tertiary)
- Radiology – RIS/PACS project on hold until funding has been secured for 2023/2024. Discussions are underway with CMCA imaging network regarding joining their PACS/RIS contract
- Pathology – Consultant Histopathology advert unfortunately attracted no candidates
- Pathology – LIMS high level design underway, though there are staff resource implications
- Pathology – Business Case for digital pathology is in progress
- Pathology – RCPATH review scheduled for May 2022

COMMITTEE CHAIRS'S REPORT TO BOARD



COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee:	Quality, Safety & Engagement Committee
Meeting Date:	15 March 2022
Chair/Report Author:	Sarah Pinch

KEY ITEMS DISCUSSED AT THE MEETING

Your Committee received a presentation on the provision of psychology services to those with long term health conditions and received updates on the following matters:

- Quality Dashboard
- Serious Incident Updates
- Theatre Improvement Plan
- Operational Clinical Quality Group – Summary Reports
- Infection, Prevention and Control
- Mortality
- Update on the implementation of Ockenden recommendations

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
Serious Incident Log	There was no data being made available from primary care providers.	To be escalated to the Board.	5 April 2022

Ockenden Recommendations	There continued to be partial or complete non-compliance with certain recommendations. The Committee concurred that the recommendations should be re-framed to identify what could be achieved, what would require significant investment, which would then need thorough investigation to take forward for a business case, or note. The risk tolerance would also require adjustment.	To be escalated to the Board.	5 April 2022
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ASSURE (Detail here any areas of assurance that the Committee has received)

Issue	Assurance Received	Action	Timescale
Provision of psychology services to those with long term health conditions	Dr Catherine Rowe was leading on a project to harness nature and community assets to improve the psychological and physical health and wellbeing of those living with long term conditions.		
Quality Dashboard	The dash board provided data over a longer term horizon than had previously been presented which was helpful in identifying trends.	Social care, primary care and some additional medical KPIs need to be added to the quality dashboard in due course.	
Serious Incident Log	The log provided assurance that the renewed procedures had been fully implemented and were being applied consistently notwithstanding the absence of primary care data.		
Theatre Improvement Plan	The theatre improvement plan was on track and the implementation of phase 3 of the plan had commenced.		
Mortality Reporting	Mortality reporting had commenced from February 2022 in line with the standards and process set out in the NHS National Guidance on Learning from Deaths and each case would be reviewed and learning identified.		

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

FINANCE, PERFORMANCE & COMMISSIONING COMMITTEE CHAIR'S REPORT TO BOARD**22 March 2022****MS Teams****10.00AM – 12.30PM****COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD**

Committee:	FINANCE, PERFORMANCE & COMMISSIONING COMMITTEE
Meeting Date:	22 March 2022
Chair/Report Author:	NIGEL WOOD

KEY ITEMS DISCUSSED AT THE MEETING

Your Committee received comprehensive papers covering:

- Performance Management
- Integrated Performance Report
- Supplementary Vote and 2022/23 Budget
- Contract Compliance
- Strategic and Tactical Commissioning
- Restoration and Recovery
- January 2022 Management Accounts

Much of the meeting was spent discussing performance management infrastructure, the impact of rising drug and fuel prices and the pay award.

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 Award	The MCPT had rejected the pay award. If industrial action were to result there could be an adverse impact to the provision of services.	A full discussion of options as well as risks and the impact on the 22/23 negotiations to be discussed at Board	5 April 2022
Increased Costs	It was likely that there would be price increases under the NHS Supply Chain framework in 2022/23 which may	To be discussed at the Board.	5 April 2022

	not be within inflation estimates within Manx Care's agreed funding envelope. Rising gas and oil prices were also a concern. It was likely that the cost of commissioning would also rise due to inflationary pressures.		
Stakeholder Relationships	The Committee were supportive of strengthening relations with stakeholders, particularly Treasury and DHSC so as to facilitate a greater understanding of the risks within Manx Care.	How best to strengthen engagement with stakeholders be discussed at the Board.	5 April 2022
TT Preparations	There was a concern that visitors to the Island requiring hospital treatment during the festival may be covid positive and would necessitate isolation in line with current policy. This could adversely impact service delivery. There was no specific funding within the budget to cover the potential additional costs.	To be discussed at the Board.	5 April 2022
ASSURE (Detail here any areas of assurance that the Committee has received)			
Issue	Assurance Received	Action	Timescale
Performance Management	The Head of Performance role had now been filled. The rollout of the Performance and Accountability Framework would strengthen governance in this area.		
Contract Compliance	The contract compliance work stream remained on track. The shared services agreement with the DOI remained outstanding.		
Restoration and Recovery	The project remained on track and the relationship with Synptik was working extremely well.		

The following existing risks were identified during the meeting: (if none please state "none")	Risk:	CRR/BAF N°:	Risk Score: L x C =
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COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee:	PEOPLE COMMITTEE
Meeting Date:	7 March 2022
Chair/Report Author:	Sarah Pinch

KEY ITEMS DISCUSSED AT THE MEETING

The Committee received an anonymous staff story which highlighted unfavourable treatment attributed to gender and ethnicity. Discussions took place regarding the pay award, recording of mandatory training, the vacancy position and long term service awards.

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 unions involved in MPTC/NJC pay negotiation were balloting their members on whether to accept the pay offer. A response was expected by 21 March which would advise whether the vote had been to accept or reject. It was noted that should agreement not be reached that the staff side had indicated the potential for industrial action with and a consequent impact on service delivery.	To be discussed at the Board.	5 April 2022

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

Issue	Assurance Received	Action	Timescale
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Vacancy Position	A reconciliation and validation exercise had been carried out and there was now much more confidence that the vacancy position as stated was accurate.	Vacancies will be kept under review on a monthly basis with a view to moving to less regular monitoring when there is confidence that accuracy of the data is being maintained.	
Recording of Mandatory Training	There was a difference in the organisational structure reflected in PiP and that recorded in eLearn Vannin. Work was ongoing to ensure both are accurate so that mandatory training can be reported on by serviced area. The accurate recording of mandatory training was essential.	PIP and eLearn Vannin would be updated so both systems held consistent information.	Ongoing
Long Service Awards	The existing policy had been applied inconsistently which had resulted in colleagues who had achieved long service not being given the opportunity to have this recognised.	The policy had been reviewed and would be presented to the next meeting.	9 May
The following existing risks were identified during the meeting: (if none please state "none")	Risk:	CRR/BAF N°:	Risk Score: L x C =
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DIGITAL AND INFORMATICS COMMITTEE CHAIR'S REPORT TO BOARD

8 March 2022

MS Teams

11.00AM – 12.30PM



COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee:	DIGITAL AND INFORMATICS COMMITTEE
Meeting Date:	8 MARCH 2022
Chair/Report Author:	KATIE KAPERAROS

KEY ITEMS DISCUSSED AT THE MEETING

Your Committee received comprehensive papers covering:

1. Clinical Coding
2. Information Governance Advisory Board
3. Manx Care Record Advisory Board
4. Legacy Estate Remediation
5. Information Governance

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
Manx Care Record Advisory Board	KPMG had produced an options paper and options 4&5 were being taken forward. Option 4 is the full replacement of most systems. Option 5 excludes General Practice from the replacement system. Option 5 has been rejected by the clinical workforce who are unanimous in their opinion that the current disconnect between primary and secondary care information is one of our biggest risks. The Transformation Programme informed	The view of the committee to be communicated to the Transformation board and escalated to the Board for further discussion	5 April 2022

	the committee that procurement would not be likely until at least March 2023.			
Information Governance Advisory Board	The KMPG report recommended “additional personnel on a temporary surge basis to assist with the capacity issues and enable attainment of compliance.” There was ambiguity as to how the implementation of the KPMG recommendations to ensure the essential improvements to Information Governance would be funded.	To be escalated to the Board for discussion.	5 April 2022	
ASSURE (Detail here any areas of assurance that the Committee has received)				
Issue	Assurance Received	Action	Timescale	
Legacy Estate Remediation	The project was on track however if the Manx Care Record were to be delayed any further the project may have to be repeated.	Clarity on the timing of the implementation of the Manx Care Record was required.	ASAP	
Information Governance Update	The Information Governance team were on track to compliance and monthly updated were being provided to the ICO.			
Clinical Coding	The project was on track. Following an audit, grouping had been identified as an issue and a remediation plan had been put in place to address the issues.			
The following existing risks were identified during the meeting: (if none please state “none”)		Risk:	CRR/BAF N°:	Risk Score: L x C =
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None				

AUDIT COMMITTEE CHAIR'S REPORT TO BOARD

22 March 2022

MS Teams

2.00PM – 4.00PM

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee:	AUDIT COMMITTEE
Meeting Date:	22 MARCH 2022
Chair/Report Author:	ANDREW GUY

KEY ITEMS DISCUSSED AT THE MEETING

Your Committee received a presentation on the Integrated Care Partnership Board and discussed matters relating to outstanding internal audit actions and the internal audit plan. Minutes and 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
Integrated Care Partnership Board	The integration of primary care was being hampered by the inability to satisfy the ICO of the robustness of data sharing agreements that had been drafted by subject matter experts. Such delays could pose a threat to the Transformation programme.	To be escalated to the Board for discussion.	5 April 2022

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

Issue	Assurance Received	Action	Timescale
Integrated Care Partnership Board	The Committee received assurance of the governance arrangements of the Board, its various work streams and reporting structure. KPI's were being devised and would be shared with the Committee when available.		

Outstanding Committee Actions	The outstanding audit actions were presented to the Committee and TC would be the lead in ensuring each had an owner and an action plan to close. Board Secretariat would assist with following up open actions.		

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 =



INTEGRATED PERFORMANCE REPORT

January 2022

MANX CARE KPI REPORTING

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Manx Care KPI Reporting

Surgery, Theatres, Critical Care and Anaesthetics

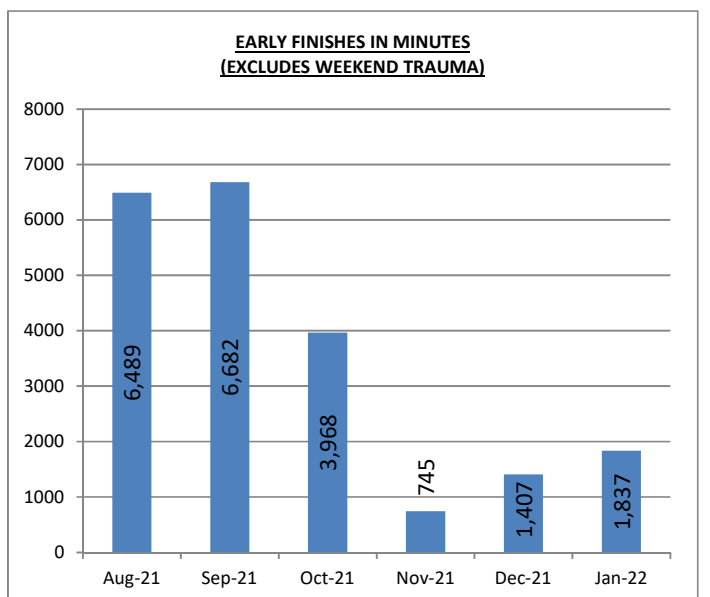
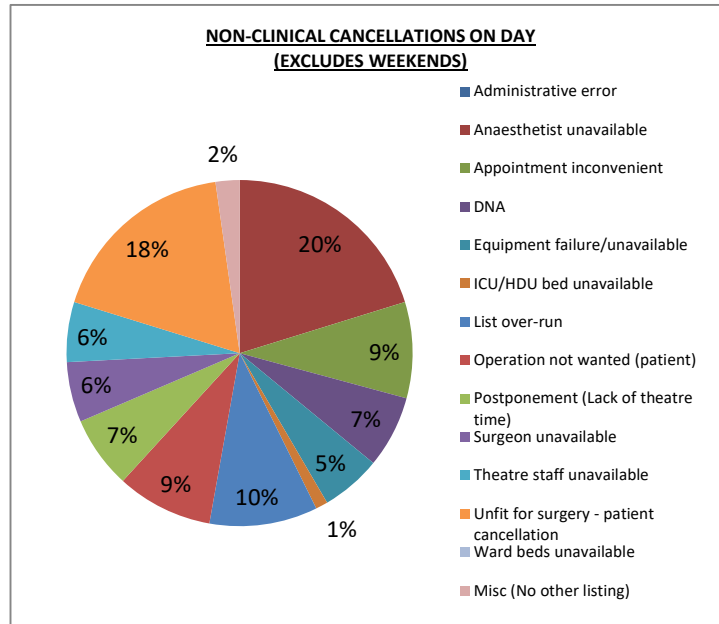
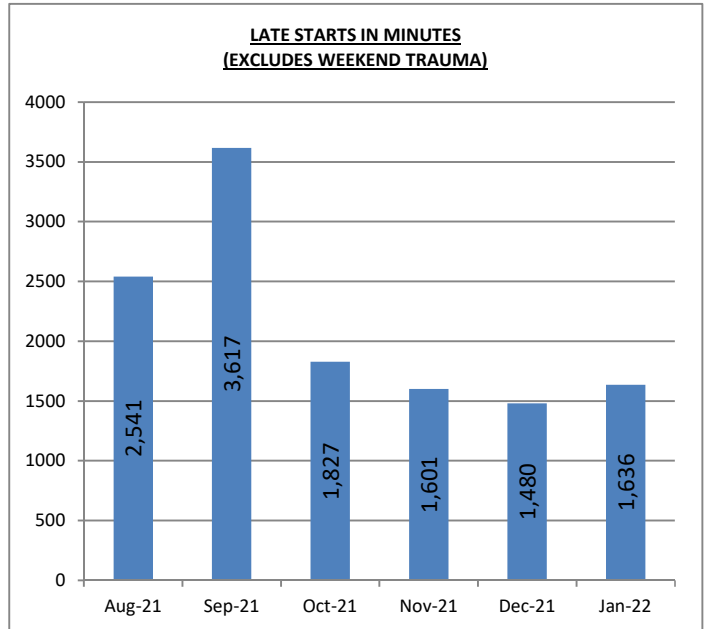
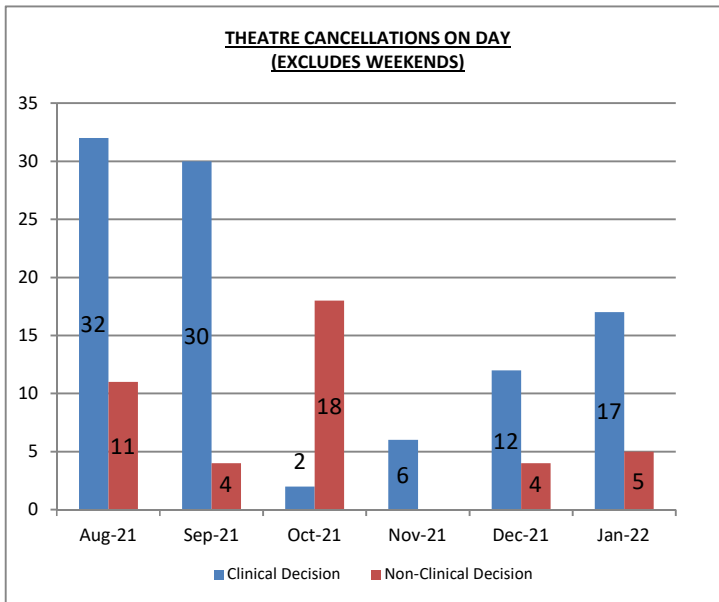
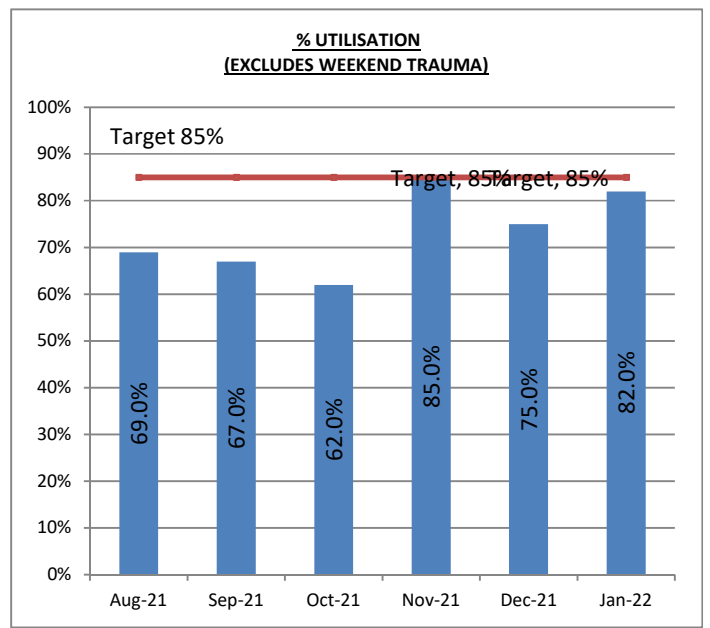
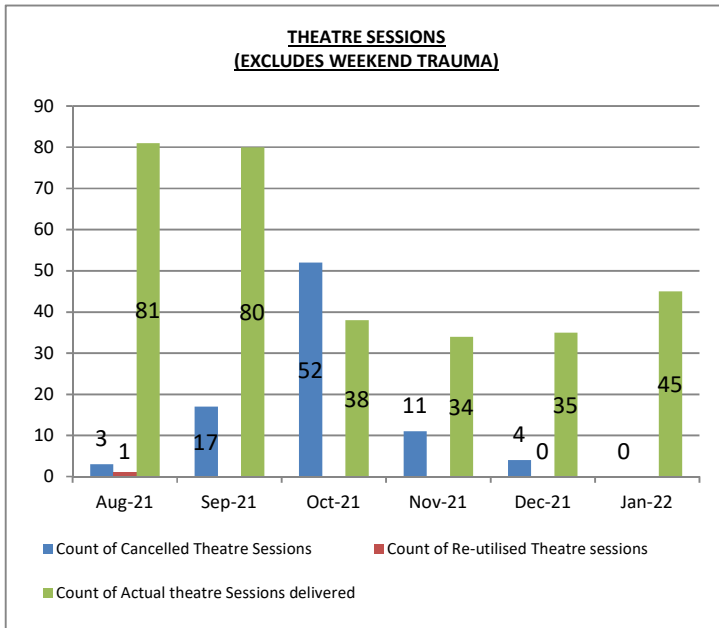


Care Group Reporting (January 2022)

Contents:

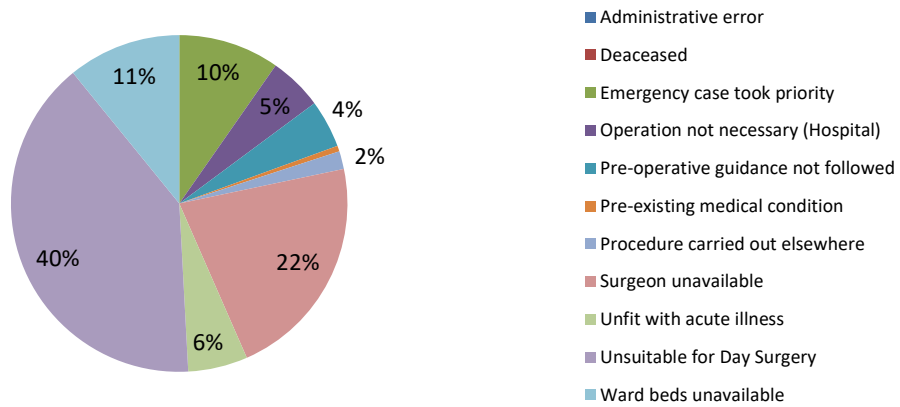
Theatre's KPI Dataset
Planned Care KPI Dataset

MAIN THEATRE INFORMATION - 2021-22

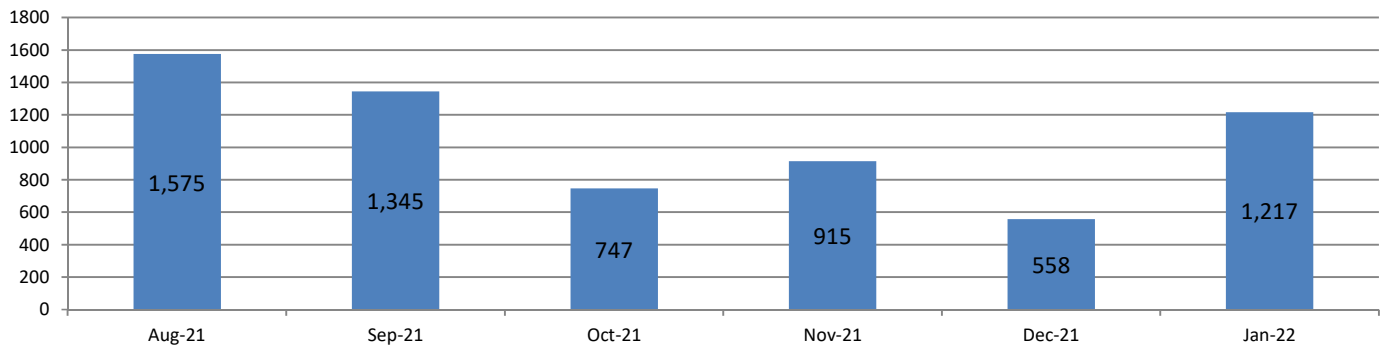


MAIN THEATRE INFORMATION - 2021-22

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	639	714	75	11%

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Theatre Services	6,364	7,137	773	11%

MAIN THEATRE INFORMATION - 2021-22

Theatres Narrative - January 2022

Theatre Sessions:

Increase to theatre sessions for the month of January where theatres are delivered 3 full day sessions of activity. 50 theatre sessions were cancelled in January in response to the unavailability of anaesthetists to support the operating lists which has resulted in a reduction to the theatre utilisation, this combined with theatre staff sickness (COVID-19 related) and vacancies have limited the return to full theatre capacity. Recruitment is in progress for substantive staff and a recruitment drive for Agency staff remains in progress which aim to increase activity in theatres from mid-April.

A review of the current theatre schedule and staffing establishment is in progress to ensure that we are utilising our current resources efficiently. During this period sessions were re-utilised where possible.

Clinical Cancellation on the day of surgery:

Clinical Cancellations on the day were related to primarily related to the regular cancellation of inpatient electives due to the lack of beds and workforce pressures have attributed to the closure of ward 12 and a high percentage of the remaining bed base being occupied by medical patients.

Non- Clinical cancellation on the day of surgery:

Non clinical cancellations were attributed to patients own decision to cancel scheduled operation.

Early Finishes and Late Starts

Late starts continue as a theme during the month of January linked to anaesthetic staffing and the fluctuating bed state and last minute changes to lists required following non- clinical on the day cancellations. This is also representative of the nature of emergency / trauma surgery which presents ad-hoc to the operating lists.

Budget

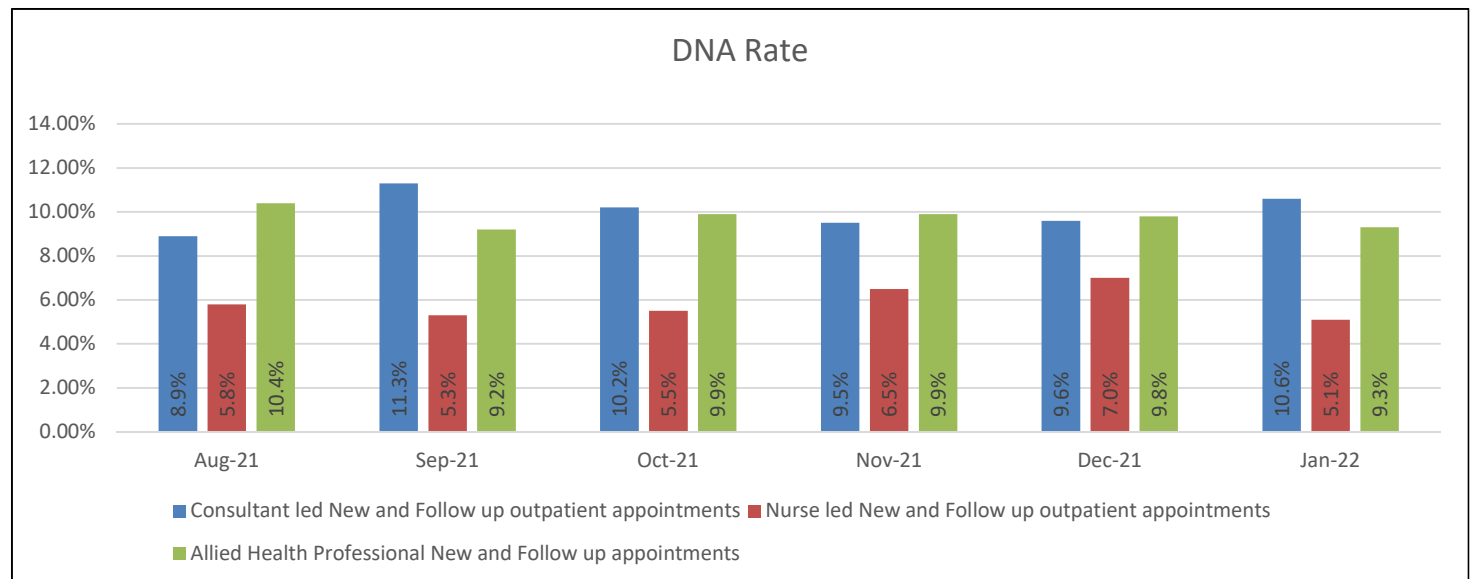
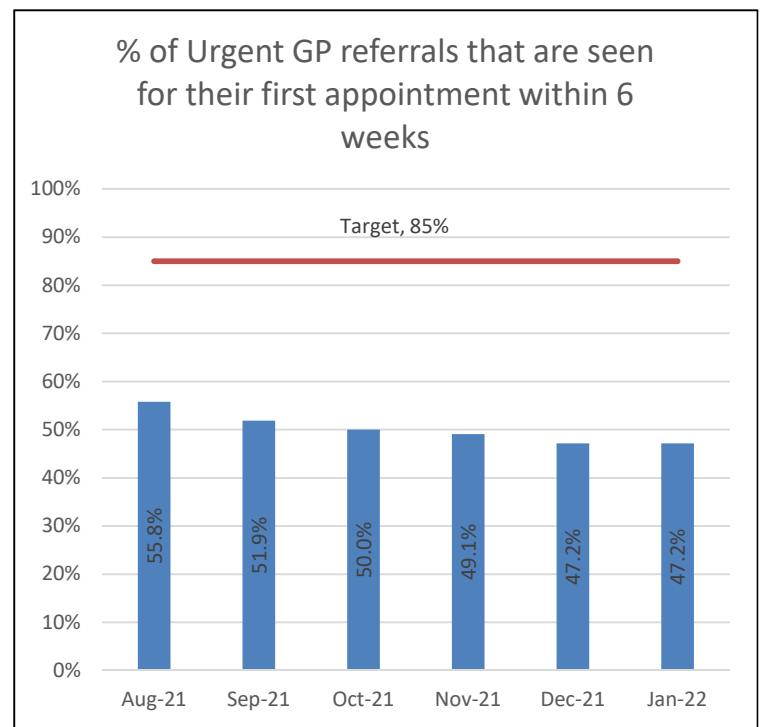
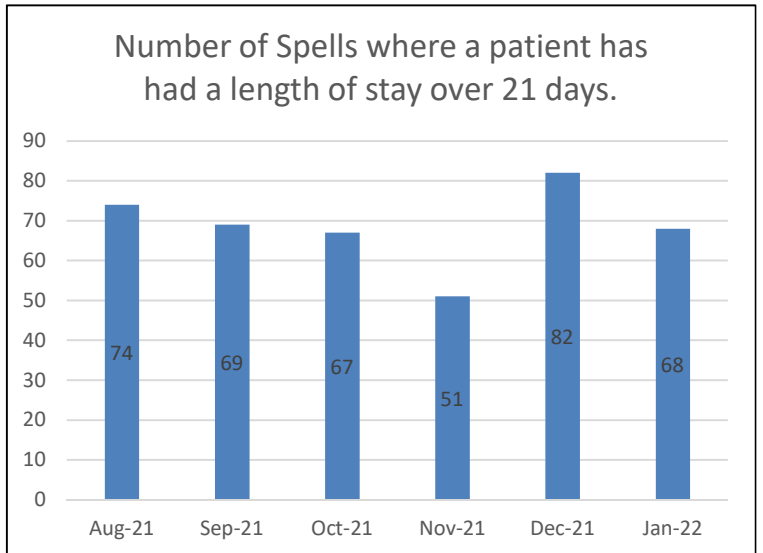
Due to the lack of activity the main theatres spend on non-pay consumables, is lower than budgeted for this year.

Additionally staff retirement and resignation means that theatres have been carrying vacancies which have been covered by agency since October and throughout November. The department hope to recover some lost activity in the early stages of Q4.

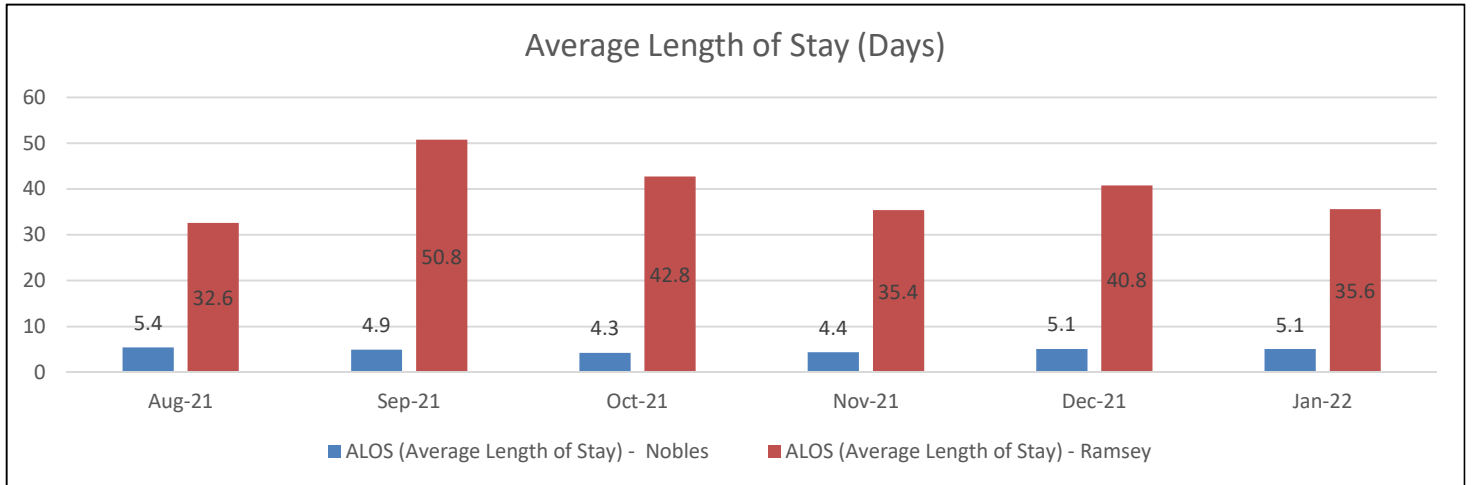
It is acknowledged that greater control is required across the Care Group on financial control, as such integration of finance business partners in to care group governance is in process. In addition to this a training and development plan is being developed to address the identified skills gap within the area of financial control within frontline services managers.

The anaesthetic staffing and theatre staffing position is challenging and will represent a significant cost pressure for the care group for the remainder of this financial year.

Planned Care 2021-22



Planned Care 2021-22



Variance on Budget 2020-21

MONTH £'000				
	Actual	Budget	Var (£)	Var (%)
Medicine Services	1,322	1,131	(191)	(17%)

YEAR TO DATE £'000				
	Actual	Budget	Var (£)	Var (%)
Medicine Services	12,217	10,978	(1,239)	(11%)

Planned Care 2021-22

Hospital Planned Care Services - Narrative - January 2022

Medicine (Unplanned Care):

Number of Patients waiting for First Hospital Appointment:

Patients awaiting first hospital appointment has remained stable with 18,342 patients waiting in January compared to 18,350 in December. Although there seems to only be a difference of 8 patients for January there has been a significant movement between all three services for instance:

Service	December	January	
Allied health Professional Referrals	3,052	3,260	Increase of 208 patients waiting first appointment
Nurse Outpatient Referrals	1,953	1,953	stable
Consultant Outpatient Referrals	13,345	13,129	Decrease of 216 awaiting first appointment

This data is still not specific to medicine in our care group; it also includes surgical specialties data and so it is difficult to demonstrate the progress made in each individual area. However, key initiatives are ongoing to reduce waiting times with Medefor now having final pathways signed off for Cardiology, Gastroenterology and Respiratory specialties. In Neurology our visiting consultant is also continuing with the waiting times initiative with an additional week of clinics scheduled on a monthly basis. We are currently working hard in medicine to make sure that we limit the amount of clinic cancellations by ensuring that appropriate locum cover is in place for any single-handed specialty services when the consultants are on leave.

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

Super-stranded patients are those individuals who have been in hospital for more than 21 days and who are not yet medically optimised. The number of super stranded patients has dropped significantly in January (68) compared to the month of December (82). As Medicine has really focused on making sure the patients have moved through the correct pathways, facilitated by the review and action logs that are now completed by the wards and sent to the Complex Discharge Coordinator for monitoring and review. Reasons for delay in safe discharge and actions logs are presented on the Long Length of Stay walk round every Wednesday afternoon. We have successfully recruited two Geriatricians who are both due to start at the beginning of April, both will play a significant part in the liaison between hospital, community and social services. Additionally, the Executive Director of Social Care and the Director of Operations will hold MDTs monthly to examine those with a delayed transfer of care or those who are classified as super-stranded. There has also been a push to ensure that a correct Expected Discharge Date (EDD) is recorded correctly on all wards ensuring that the clinical teams are adhering to the original discharge planning for each patient.

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

There has been no change in the number of patients having their first appointment within 6 weeks during January. Looking onto the data the longest waits still remain in Dermatology, ENT and General Surgery. The biggest concern for Medicine is Gastroenterology. The Care Group have requested an additional Consultant to come in for a 6 month period to help with the back log as currently the Gastro service is overstretched and under resourced. Medicine is expected to see a big reduction in urgent appointments with the outsourcing of appointments under the recovery initiative in conjunction with Medefor. This includes Gastroenterology (average wait for urgent appointment – 135 days) and Cardiology (average wait for urgent appointment – 80 days).

DNA Rate

DNA rate has seen a slight improvement in January compared to the previous month. Work is ongoing with Patient Information Centre about reminding patients of their appointments. Ideally, we would like to move to a system whereby patients can book their own appointments electronically on dates and at times that suit them, as there is evidence to suggest this greatly increases the likelihood of attendance. We would also want to ensure that text message reminders about their appointments are sent to all patients.

Planned Care 2021-22

Average Length of Stay (Days)

Average length of stay in Noble's Hospital remains stable compared to the previous months, however, there is a significant decrease of length of stay in Ramsey from 40.8 days (Dec) to 35.5 in January. This is due to Manx Care escalating discharge barriers to the relevant social care facilities in respect of their taking patients as soon as possible. There are weekly multidisciplinary meetings that take place on every ward, to review individuals with a delayed transfer of care and the progress that is being made in terms of arranging appropriate and safe ongoing care. The multidisciplinary team includes a Geriatrician, the Complex Discharge Coordinator, the Older Persons Mental Health Service representative, the Long Term Conditions Nurse, a Social Care representative, the Therapies Lead, Nurse representation (from each ward) and Medical colleagues (from each individual ward).

The successful recruitment of two Geriatricians that are both due to start in April will have a positive impact on the average length of stay as the majority of patients are geriatric ones with currently only one geriatrician assigned to dealing with such patients. With these key appointments it will allow for consistent and resilient consultant cover in Ramsey and in Noble's.



Manx Care KPI Reporting

Medicine, Urgent Care & Ambulance Service



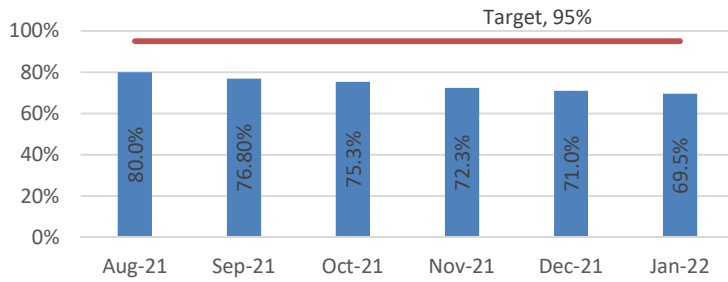
Care Group Reporting (January 2022)

Contents:

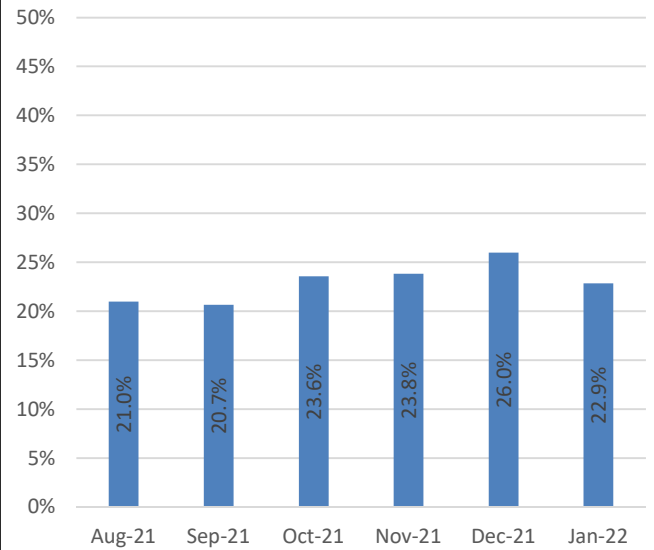
Urgent & Emergency Care KPI Dataset
Ambulance Service KPI Dataset

Urgent and Emergency Care -2021-22

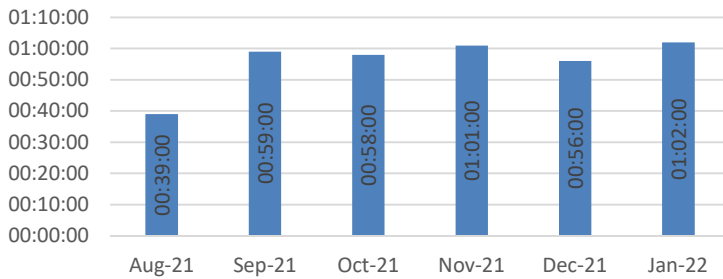
% of Patients, Admitted, Transferred or Discharged within 4 hours of arrival at the Emergency Department (Nobles & Ramsey)



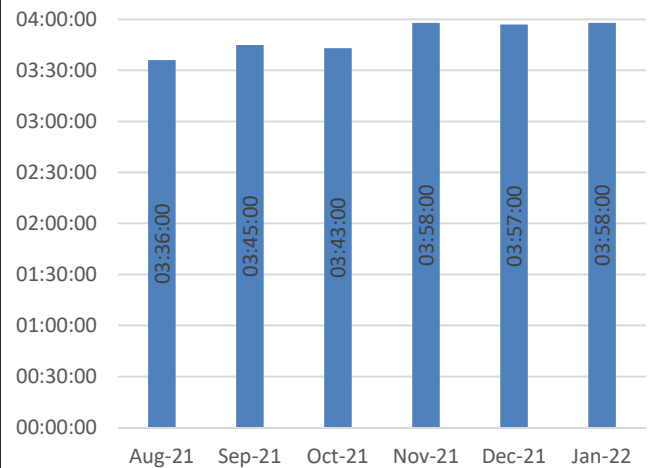
Nobles: AED Admission Rate



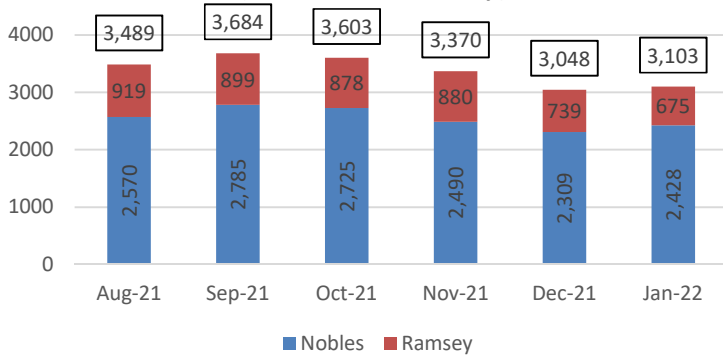
Average Minutes in Nobles AED (Time to see First Doctor)



Average Minutes in Nobles AED (Time in Department)



Number of Unplanned Attendances (Nobles & Ramsey)



Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Urgent Care	514	568	53	9%

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Urgent Care	6,139	5,504	(635)	(12%)

Urgent and Emergency Care -2021-22

Urgent & Emergency Care Narrative - January 2022

Emergency Department:

% of Patients, Admitted, Transferred or Discharged within 4 hours of arrival at the Emergency Department

ED performance remains comparable to UK 4 hour performance despite the lack of ED observation space (Clinical Decision Unit space) & relatively new Ambulatory Emergency Care capability.

Approx. 10 % of patients are reviewed daily by a Consultant (including weekends). This includes patients experiencing long waits. Exit block and staffing impact on performance most regularly.

Of note certain patient groups are managed actively in the department beyond 4 hours if it is in their interest. This includes elderly patients at night, intoxicated patients, back pain requiring mobilisation etc.

Average time in department, average time to see a doctor are static. High levels of agency medical and nursing staff are used routinely, while we continue our recruitment campaign for substantive staff. Vacancies plus sickness and an increase in Covid cases were notably problematic. We are currently advertising for all grades of doctor in ED and have had an agreement for funding an evening ED Consultant and this has been put out to locum agencies. The business case to support safer medical staffing (in line with RCEM recommendations) is to be completed in the first quarter of 2022-23.

Nursing staffing shortages have led to increased time in the department with delays to patients receiving care, discharge or being handed over to in-patient wards. A business case has just been approved for additional staffing and a band 5 nursing advert is live now with a band 6 advert due to go live on the 14th of March 2022. As well as the ED Lead Nurse role being nationally advertised by the RCN in the UK.

AED Admission Rate

The admission rate decreased compared to the previous month with a 3.1% decrease to 22.9%. This remains consistently below that of the NHS England admission rates, which in January 2022 were 31%.

The overall increase in admissions can be attributed to the latent 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 lower 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, zero length of stay 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. The OPEL framework is being 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 6 minutes for average time to first see a doctor. This is mostly attributed to the lack of substantive and senior medical staffing in the department, which continues to be impacted by winter illnesses and Covid related sickness. We continue to push on recruitment to the department led by the Clinical Director and the Care Group Manager.

Urgent and Emergency Care -2021-22

Average Minutes in Nobles AED (Time in Department)

There has been a 1 minute Increase this month on average minutes in the department; time spent in the department continues to be impacted by staffing and winter illness. The department are sourcing a further consultant to support senior decision making for extended hours of the day, the intent being to facilitate consistent cover from 8am until 11pm.

Number of Unplanned Attendances (Nobles & Ramsey)

Ramsey and Nobles have seen an average of 100 patients per day in January. The Care Group continues to look at ways to mitigate the long-term rise in attendances and subsequent demand, 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 cases 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.

Variance on Budget

The overspend in January and in the year to date are attributed to additional staffing costs. The ED is understaffed and as a result of increased attendances and under establishment, the use of locum, agency and bank staff is necessary along with the payment of overtime to ensure the safety of the service.

This is being directly addressed by our recruitment initiatives and business cases to increase staffing to the safe levels recommended by the Royal College of Emergency Medicine set out during their assessment of the department in 2019.

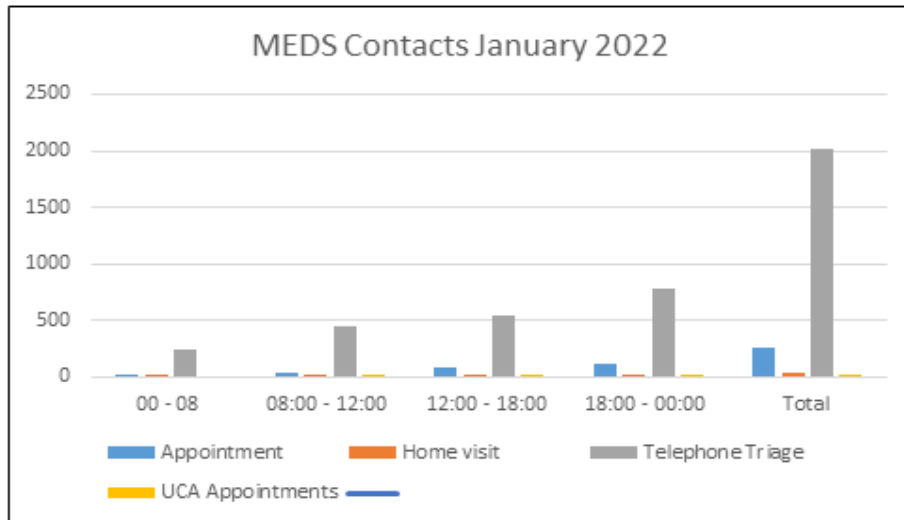
Recently we have had a business case approved to increase nursing and administrative and receptionist support, we are in the process of advancing business cases to secure more doctors and to regularise the employment of security staff.

We are also working with the finance team to reconcile the actual cost of running the department against what the budgetary allocation for the service is. This work will be complete in the next two weeks and at the end of which we should be able to properly articulate the staffing costs and hold these against the allocation as we believe the allocation made to the department may be insufficient to meet fixed staff costs for example.

Urgent and Emergency Care -2021-22

MEDS:

Total Contacts January 2022



Jan-22	00 - 08	08:00 - 12:00	12:00 - 18:00	18:00 - 00:00	Total
Appointment	14	44	87	111	256
Home visit	12	8	6	16	42
Telephone Triage	239	451	550	782	2022
UCA Appointments	0	8	9	8	25
					2345

In January 2022 the service received a total of 2345 Patient contacts.

Contacts

The contacts were broken down as follows:

323 Face to face contacts (either Home visit or Appointment at the centre) which represents 14% of the contacts.

2022 contacts were dealt with via telephone and telemedicine making up 86% of December 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.

Point to note: MEDS introduced the role of the Urgent Care Assistant in January 2022 who conducted 27.5% of the face to face consultations within the first month of being active in the service.

Appointments

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

1% of patients offered an appointment Did Not Attend – in all of these instances in January 2022 the patient choose to call an ambulance or present at Emergency Department rather than attend the out of hours GP service.

Urgent and Emergency Care -2021-22

Waiting Times

MEDS Target time to call back a patient is 2 hours from patient's initial contact in January 2022 MEDS averaged 99%.

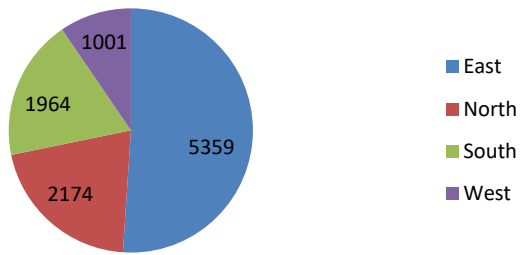
Wait Times for Call back	< 2Hours	>2Hours
Number	2012	10
Percentage	99%	1%

This is an increase of 5 % on the target compared to December 2021 which was 94% on target.

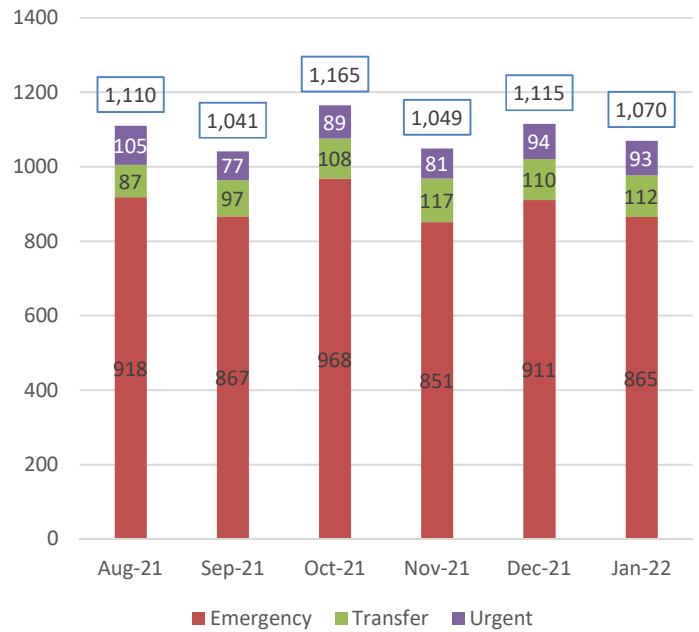
This is testament of the hardworking team within the service who continue to put the patient at the centre of service delivery.

Ambulance Service 2021-22

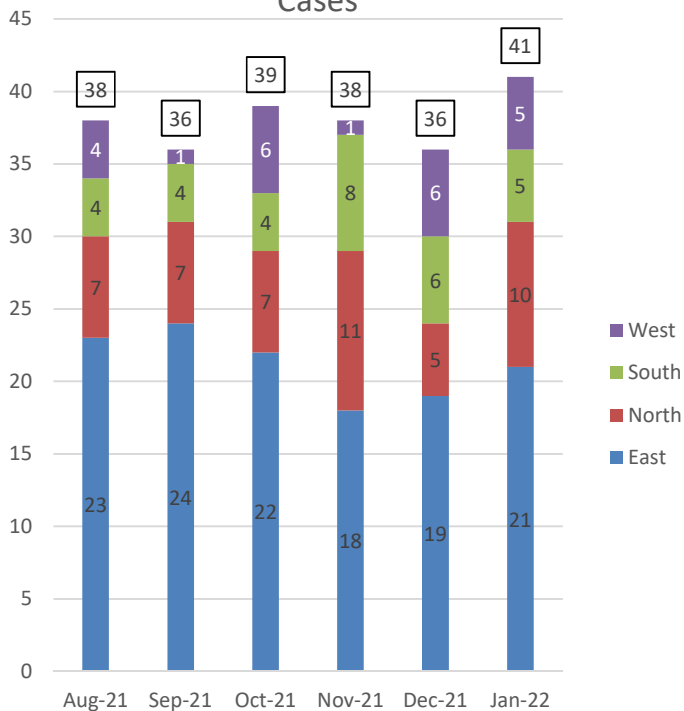
Number of Emergency Calls by Area



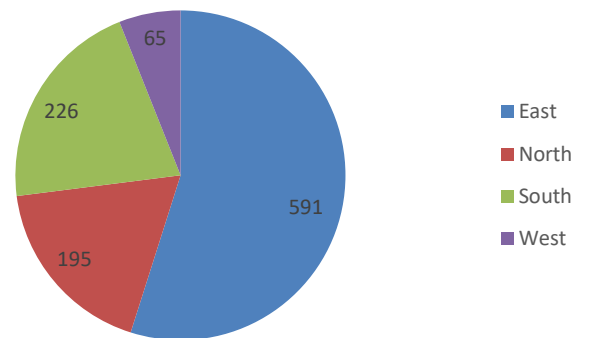
Number of Emergency Calls



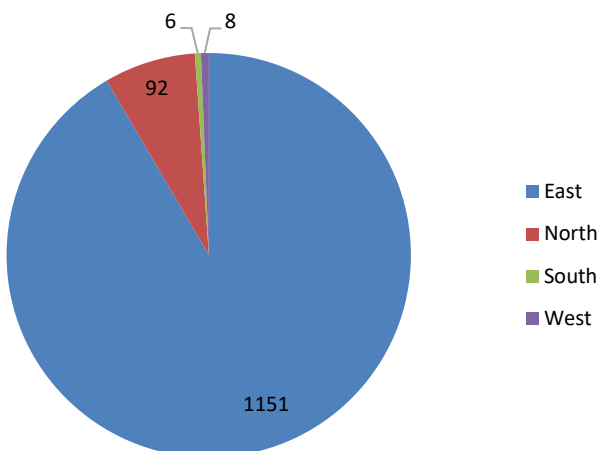
Number of Category 1 Number of Cases



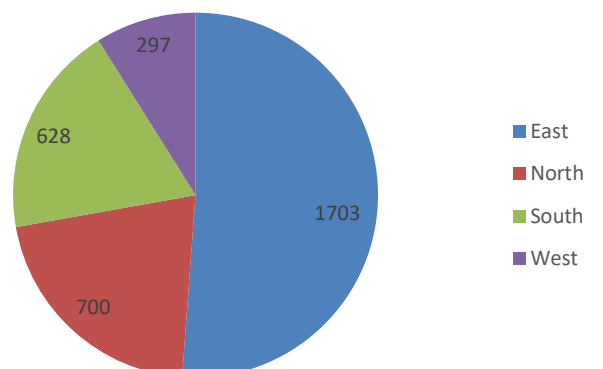
Number of Urgent Calls by Area



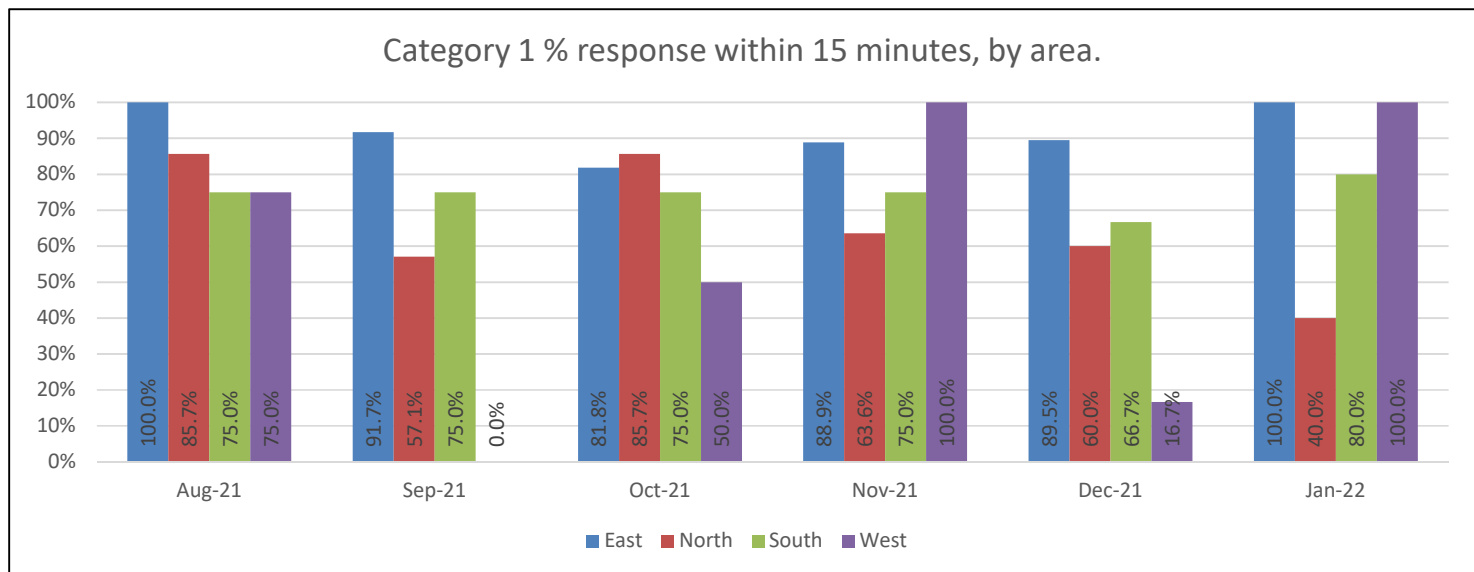
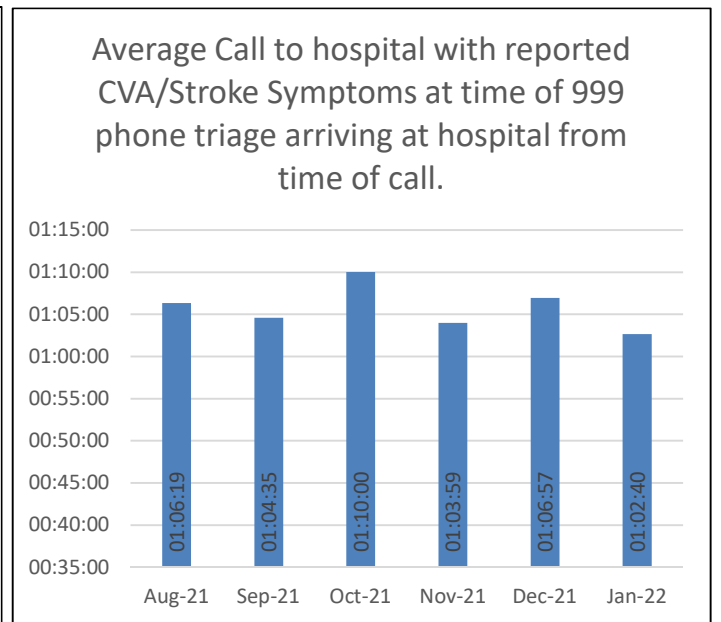
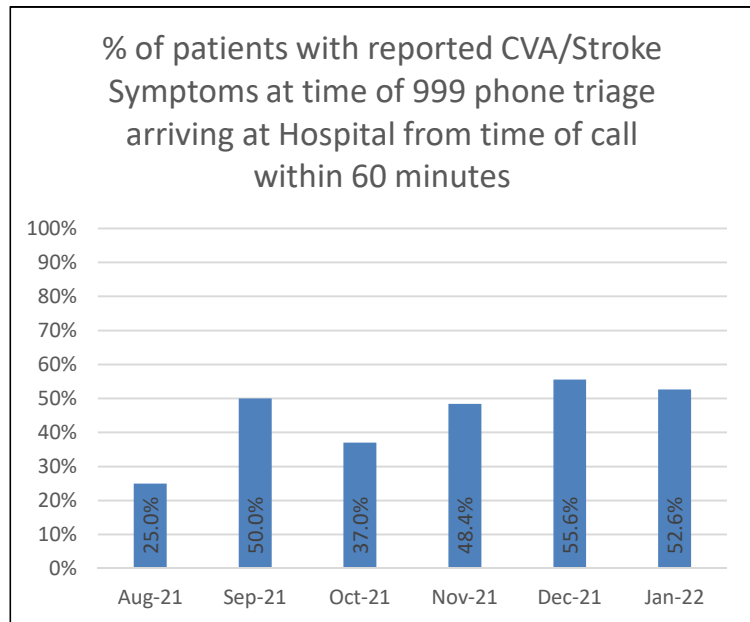
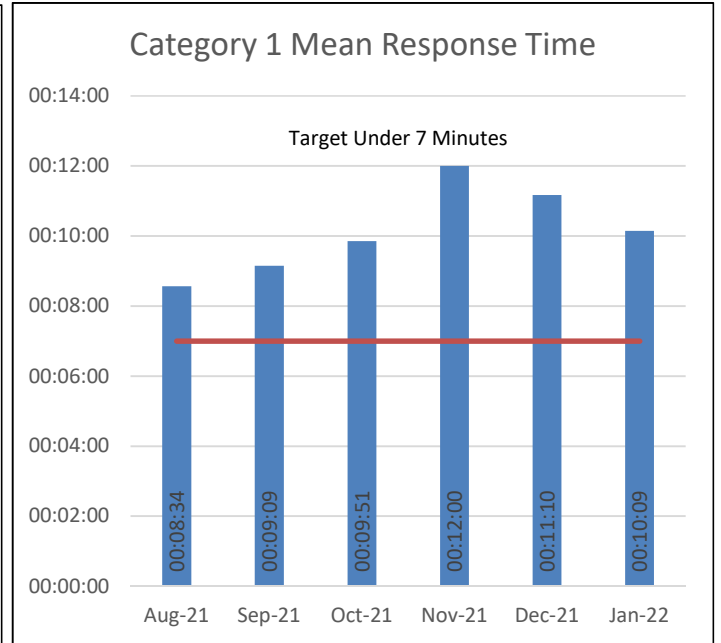
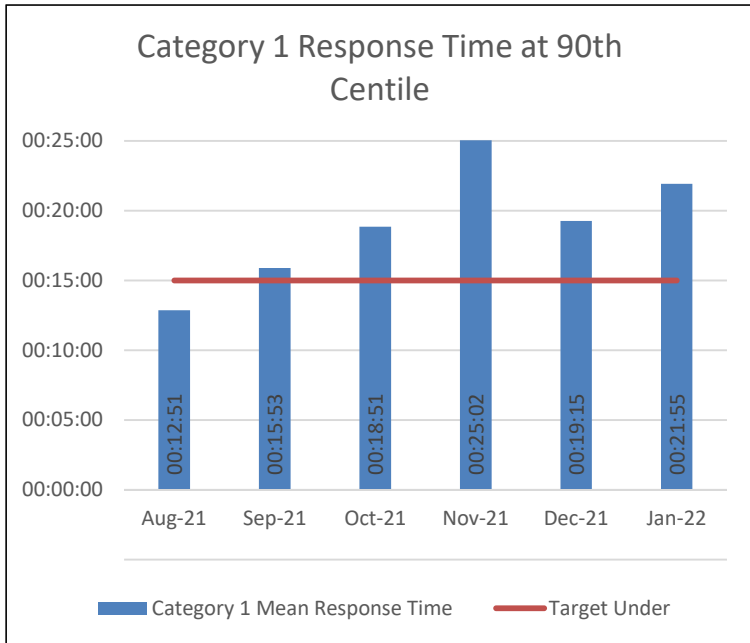
Number of Transfer Calls by Area



Number of Emergency Non Conveyance by Area

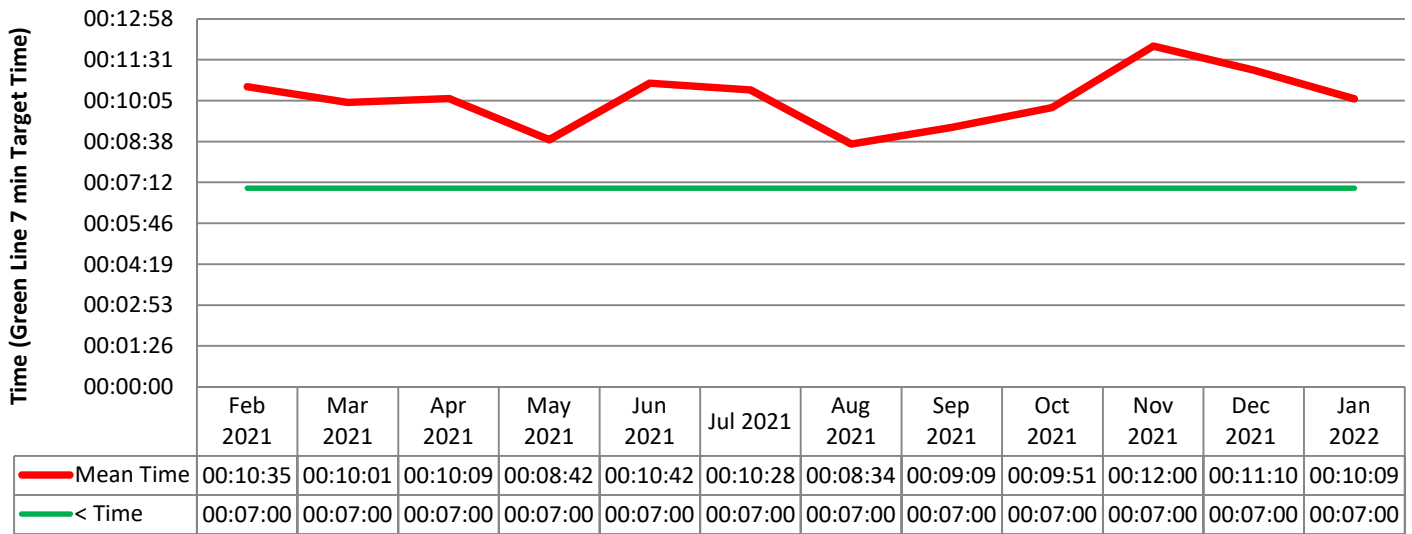


Ambulance Service 2021-22

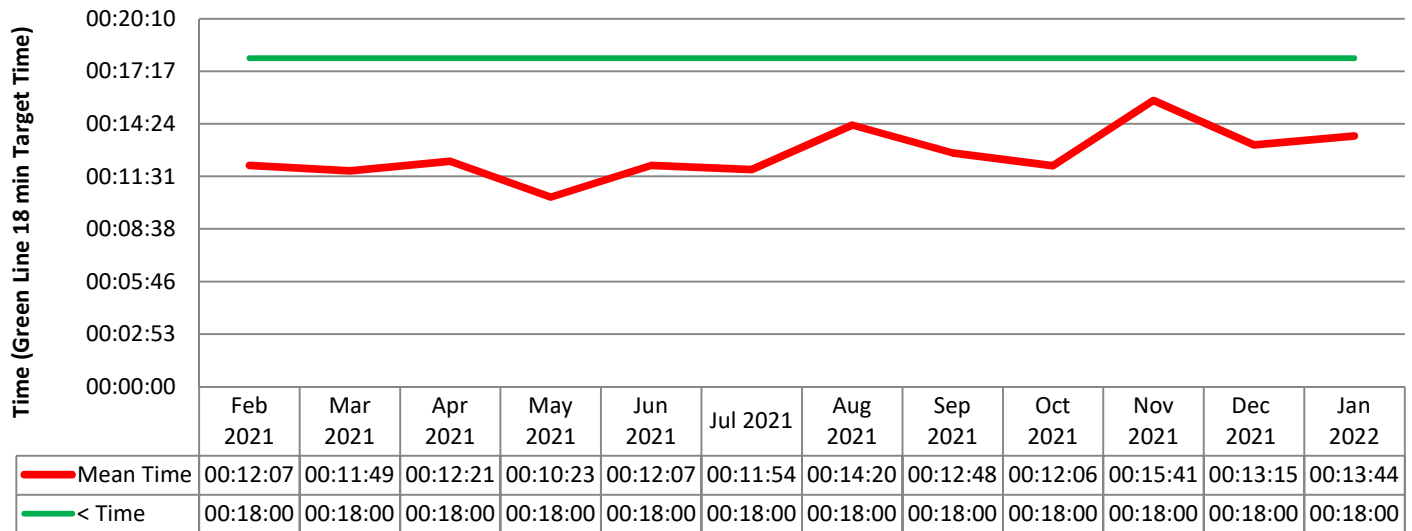


Ambulance Service 2021-22

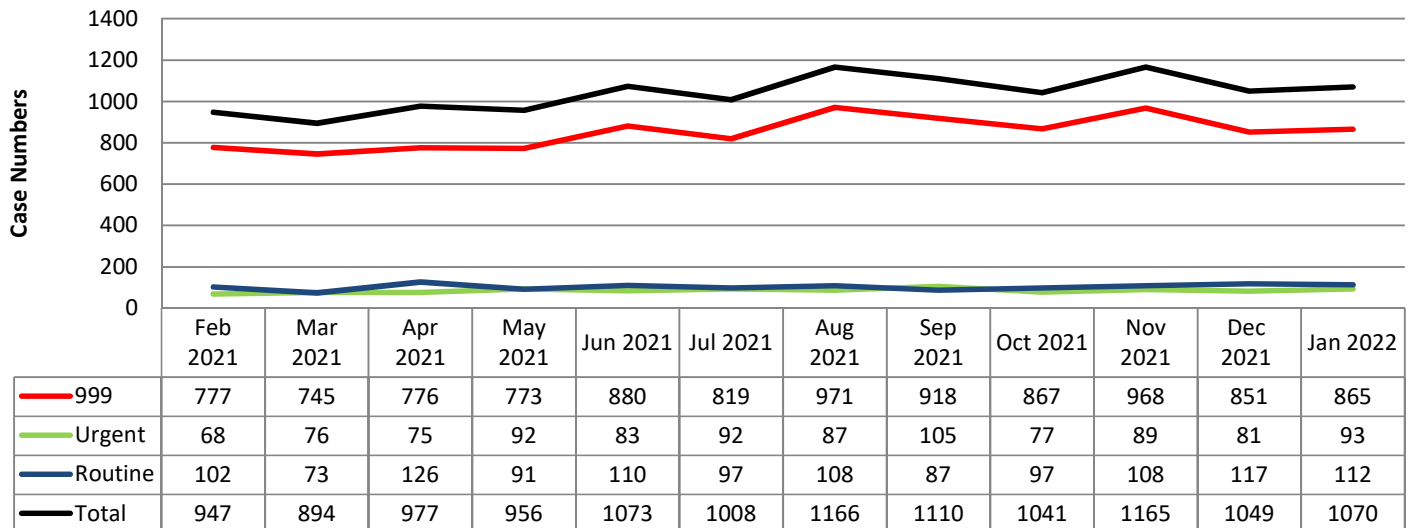
IMAS Category 1 Mean Response



IMAS Category 2 Mean Response

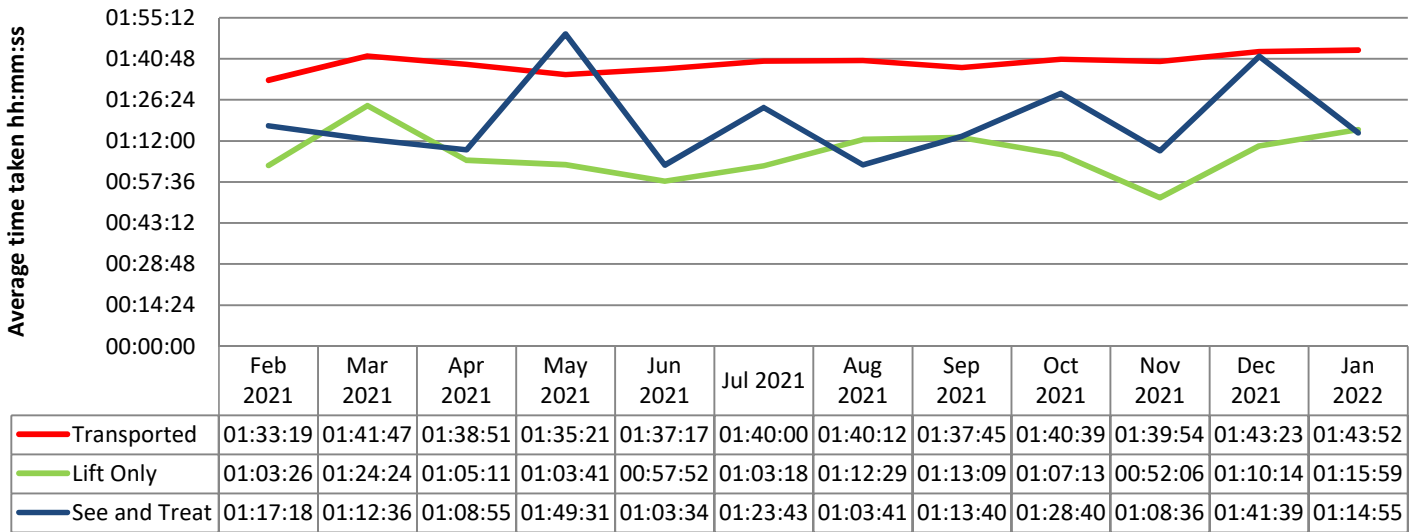


IMAS Call Volume by Type

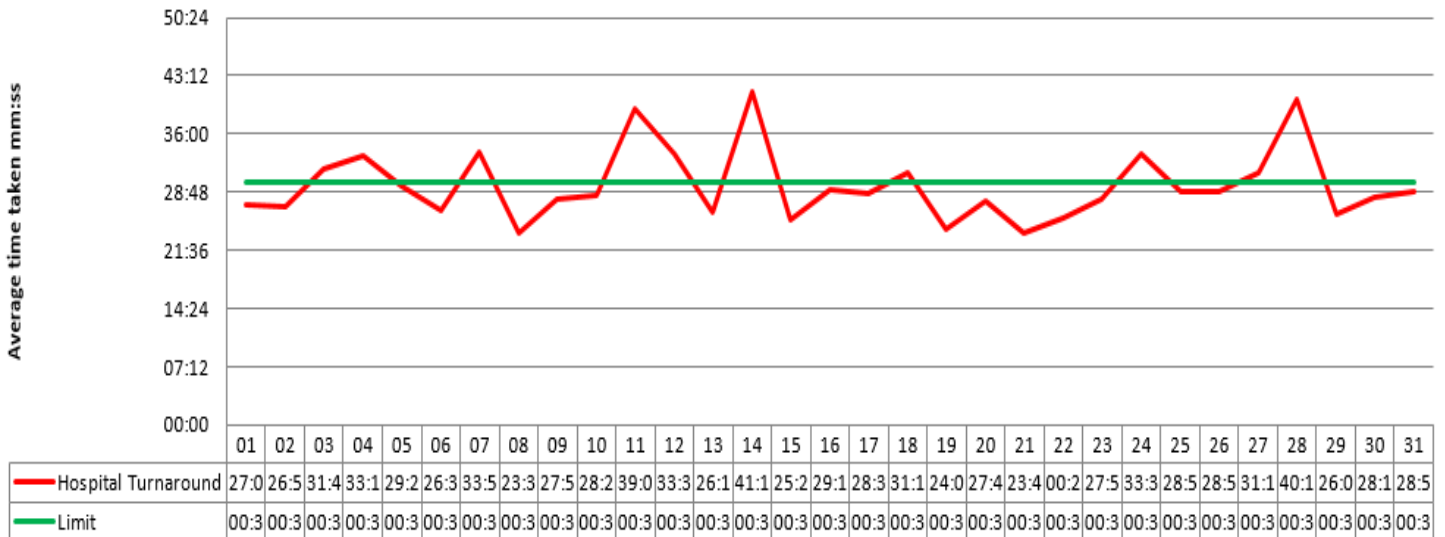


Ambulance Service 2021-22

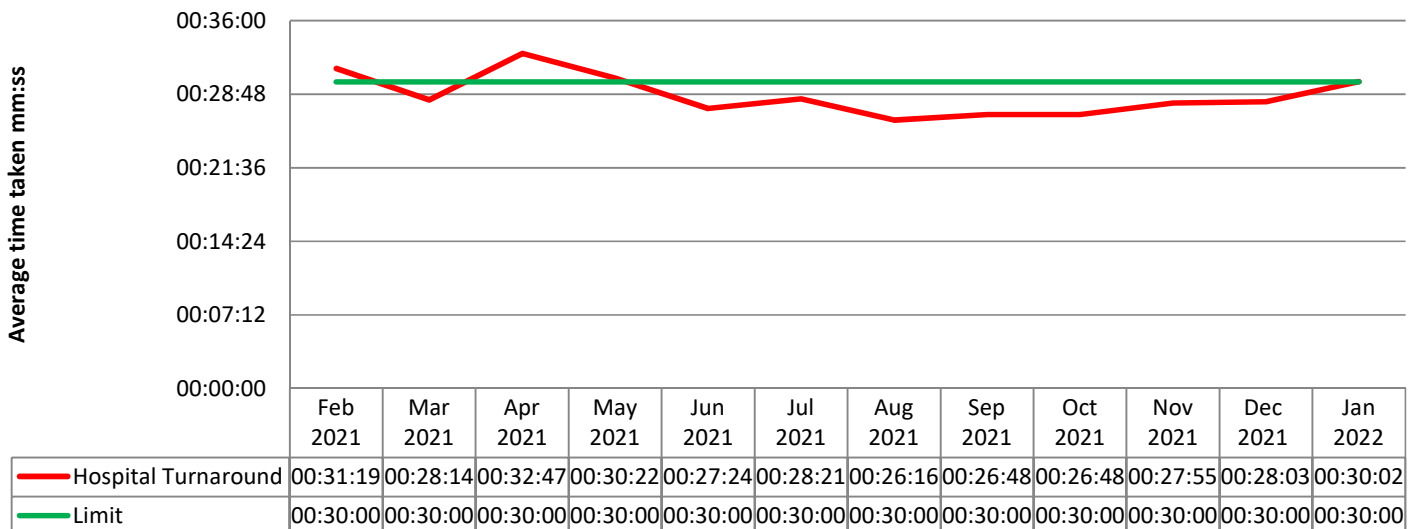
IMAS Case Cycle Average Total Time



IMAS Case Cycle Average 999 Hospital Turnaround Time (Jan 22)

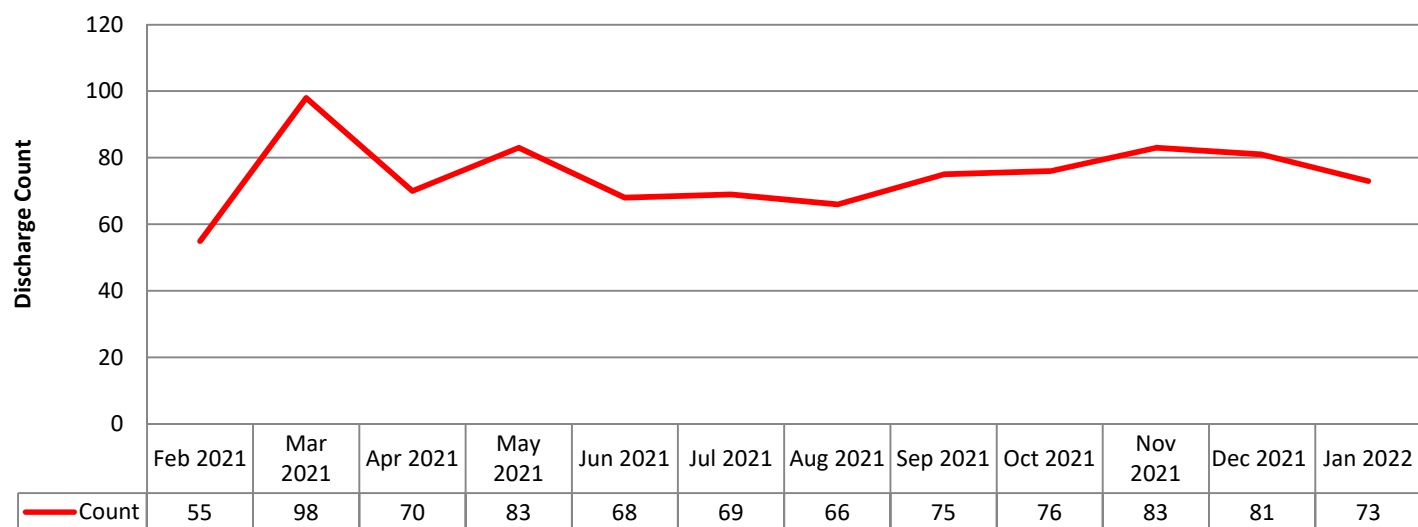


IMAS Case Cycle Average 999 Hospital Turnaround Time



Ambulance Service 2021-22

IMAS Discharge Case Count



Variance on Budget 2020-21

MONTH £'000				
	Actual	Budget	Var (£)	Var (%)
Ambulance Service	350	330	(20)	(6%)

YEAR TO DATE £'000				
	Actual	Budget	Var (£)	Var (%)
Ambulance Service	3,188	3,298	110	3%

Ambulance Service Narrative - January 2022

Ambulance Service

Analysis

The Isle of Man Ambulance Service dealt with an additional 123 incidents compared to same month last year.

IMAS is on course to become the busiest of the three main blue light emergency services on the island.

IMAS has undertaken more activity YTD this year so far, since the inception of IMAS.

All 999 calls receive an ambulance response

Core 999 activity remains relatively stable, however data suggests a seasonal spike in activity in the summer months compared to the winter months.

The area with the greatest activity increase is within our 'urgent' calls. These calls are reserved for HCP transfers IE GP booking transport for nobles for further tests or charter flight activity.

Discharge Activity is increasing with monthly average in 2020 of 52 discharges per month undertaken from IMAS, 2021 –

Average 76 per month. An additional 288 journeys per year.

Call Performance

C1 Performance remains adverse adrift from the 7 minute response time. This is deeply concerning as C1 is category reserved for patients who are suffering from Cardiac Arrest, Unconscious, Fitting, Allergic Reactions & Maternity cases.

C2 Performance bench marks well and consistency under the performance target of 18 minutes mean time.

C3 Performance benchmarks very well. Target 120 minutes.

First time we are reporting See & Treat & See & Convey Rates. England Avg 55% See & Convey Rate.

The introduction of Manchester Triage has provided a 10% reduction in conveyance rate.

C5 – Majority of these calls are "Non Injury Falls" however 65% Conveyance Rate to ED



Manx Care KPI Reporting

Integrated Diagnostics and Cancer Services



Care Group Reporting (January 2022)

Contents:

Integrated Cancer Services KPI Dataset
Radiology KPI Dataset
Pathology KPI Dataset

Integrated Diagnostics and Cancer Services


Monthly data submission from IDCS – Cancer Services KPIs for January 2022

The KPI data has previously been manually put together with the information based on the Cancer PTL (Patient Tracking List). The Manx Care BI have worked with the Integrated Diagnostics & Cancer Services team to automate the information from the Somerset Cancer Registry and bring this in line with the [National Cancer Waiting Times Monitoring Dataset Guidance](#).

KPI - 2 week wait - receipt of urgent referrals for suspected cancer to first outpatient attendance

The KPI data for 2 week wait is now based on the date of first appointment, in line with the guidance; previously the 2 week wait data was reported based on date of receipt of referral. There is therefore a difference in the previous reported data due to the change in method.

For January 2022:

Indicator	Target	Last Month	Last Year	Trend
Maximum Two Weeks From:				2019 2020 2021 2022
Receipt of urgent referral for suspected cancer to first outpatient attendance	93%		78.43%	51.63%

Narrative - 2 week wait - receipt of urgent referrals for suspected cancer to first outpatient attendance:

A breakdown of the performance by tumour group for the 2 week wait target is noted in the table below for December 2021 and January 2022:

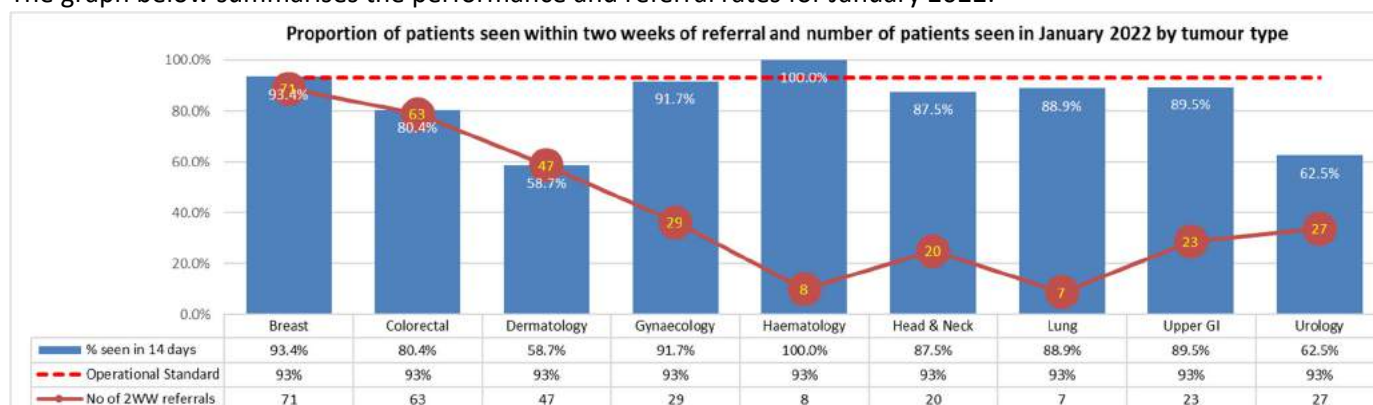
Tumour Group	Performance	
	December 2021	January 2022
Breast	97.0%	93.4%
Colorectal	63.9%	80.4%
Dermatology	83.3%	58.7%
Gynaecology	69.4%	91.7%
Haematology	100%	100%
Head & Neck	100%	87.5%
Lung	92.3%	88.9%
Upper GI	75.0%	89.5%
Urology	58.2%	62.5%

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	
	December 2021	January 2022
Breast	13	18
Colorectal	13	16
Dermatology	13	12
Gynaecology	7	7
Haematology	1	2
Head & Neck	5	5
Lung	2	2
Other	0	0
Upper GI	3	6
Urology	6	7
TOTAL	63	75

The average number of referrals received in 2020/21 for all tumour groups was 59 per week. The recent monthly average 75 is significantly higher than the previous year's average.

The graph below summarises the performance and referral rates for January 2022:



Other issues noted during January for the Cancer PTL (Patient Tracking List) meeting impacting on performance were:

- **Breast** – new clinic design continues to accommodate the 2WW referrals and breast symptomatic referrals. There have been some patient choice breaches that have reduced the performance below 93% target (increased variance with smaller numbers). A clinic timetable change for training also impacted on the performance during January.
- **Colorectal** – Capacity has continued to be reported as issue at PTL meeting due to staff leave and lack of Locum cover impacting on Outpatient capacity and Endoscopy capacity. The Surgical team are working to secure additional slots wherever possible.
- **Dermatology** – the previous high number of referrals for Dermatology service has continued to impact on capacity. The number of referrals has exceeded clinic capacity. The Dermatology Consultant has left at the end of January. Clinics are being covered by the visiting Dermatologist when available with GP with Specialist Interest in training, and also a remote visiting Dermatologist with the support of the Dermatology CNS. Longer term options are being explored by the team.
- **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.
- **Upper GI** – Capacity has continued to be reported as issue at PTL meeting due to staff leave and lack of Locum cover impacting on Outpatient capacity and Endoscopy capacity. The Surgical team are working to secure additional slots wherever possible.
- **Urology** – Consultant capacity reduced during January and this has impacted on performance. The team are working to secure the second substantive Consultant post as well as securing a Locum.

KPI - Receipt of referral of any patient with breast symptoms (where cancer not suspected) to first hospital assessment - Maximum of 2 weeks

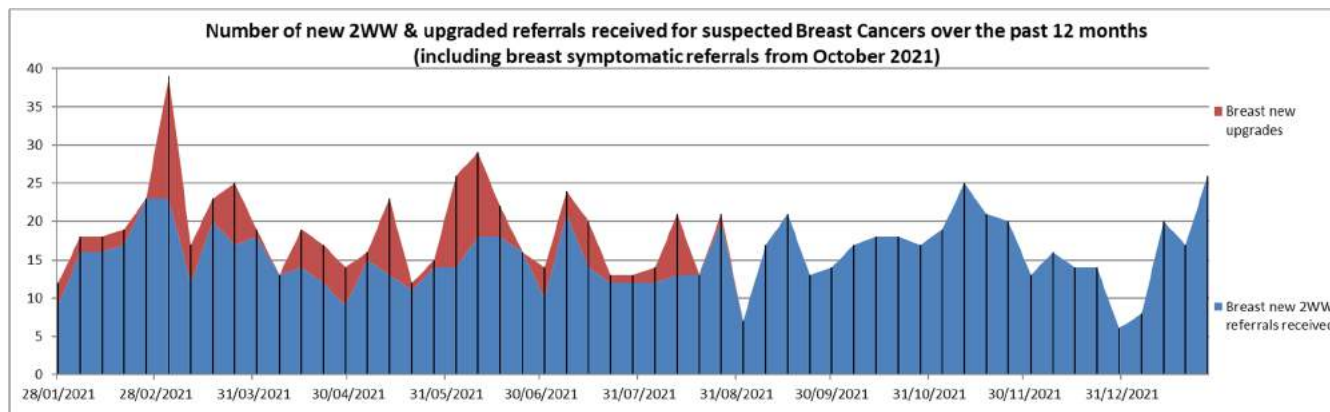
For January 2022:

Indicator	Target	Last Month	Last Year	Trend
Maximum Two Weeks From:				2019 2020 2021 2022
Receipt of referral of any patient with breast symptoms (where cancer not suspected) to first hospital assessment	93%	53.52%	N/A	

Narrative - Receipt of referral of any patient with breast symptoms (where cancer not suspected) to first hospital assessment - Maximum of 2 weeks

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. The trend chart above shows the data from the start of the new process in October 2021.



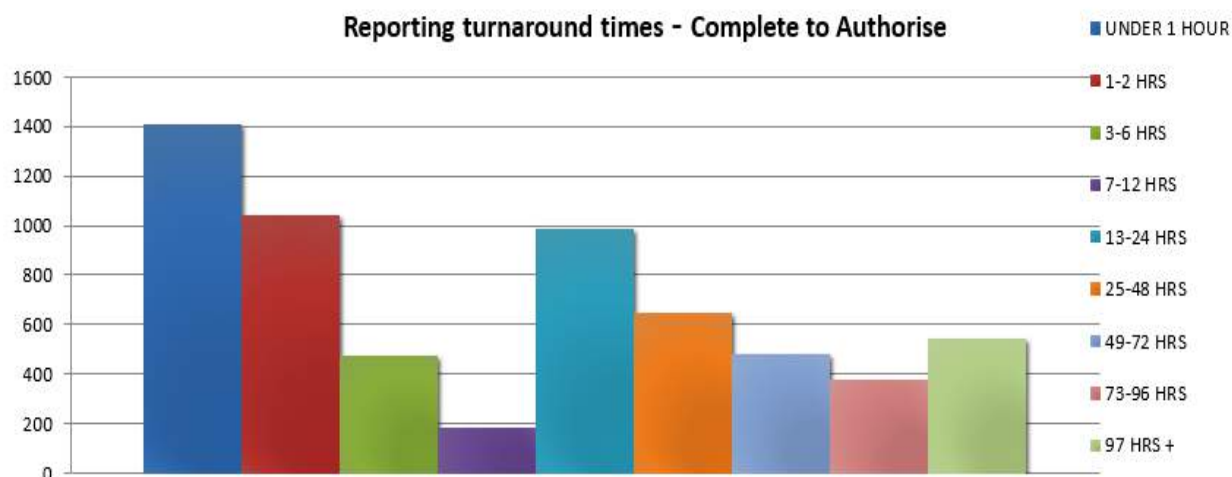
Additional Monday clinics commenced from the beginning of October and this has provided significant capacity increase to accommodate 2WW and symptomatic referrals:

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

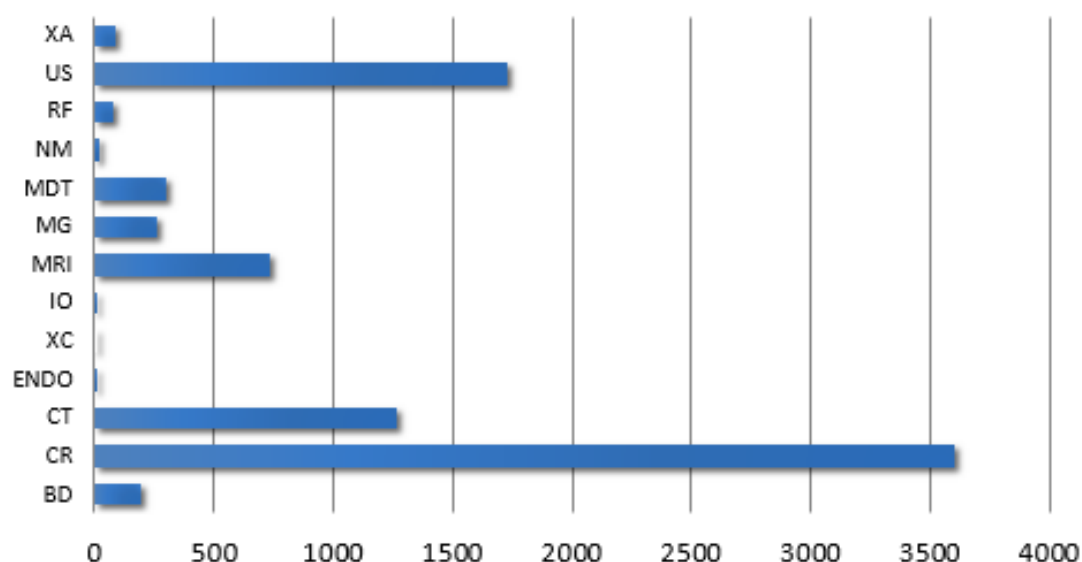
The average number of referrals since Q2 20/21 combined – 2WW and breast symptomatic – is 18 referrals.

Variance on Budget 2020-21				
	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Cancer Services	578	353	(225)	(64%)
	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Cancer Services	5,540	3,626	(1,914)	(53%)

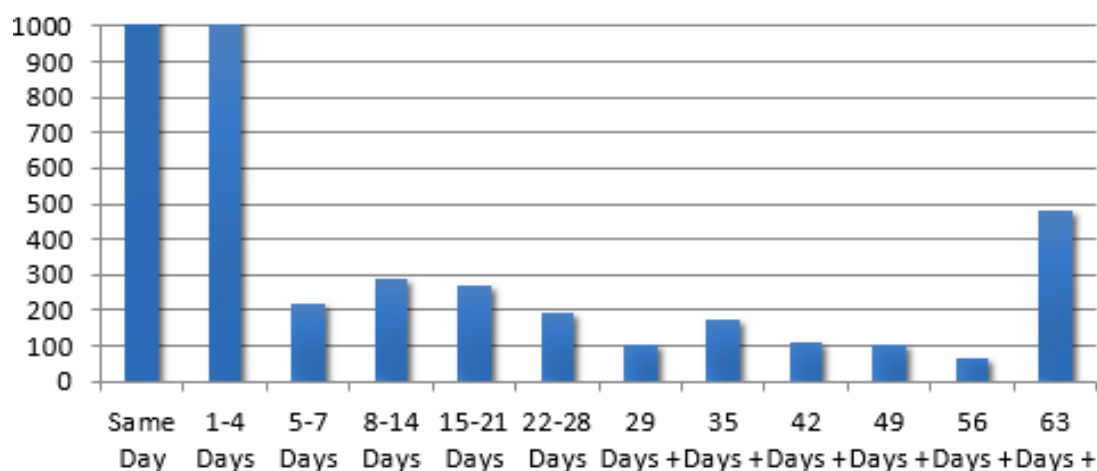
Radiology Monthly Performance Dashboard - January 2022



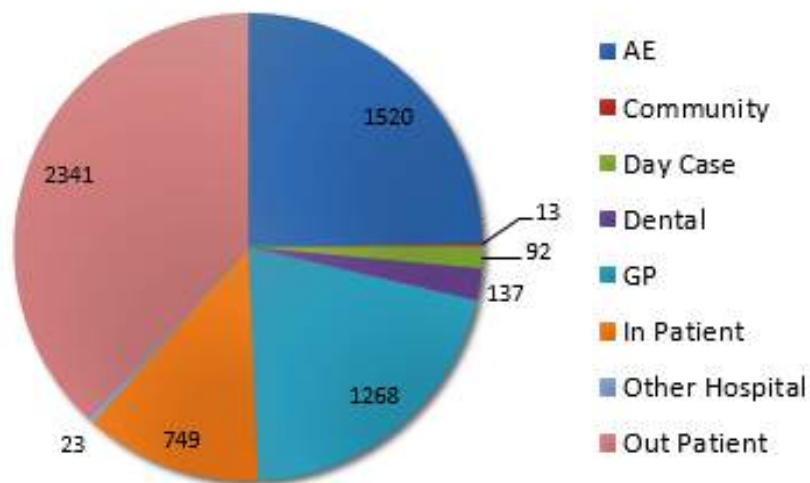
Referrals received per modality



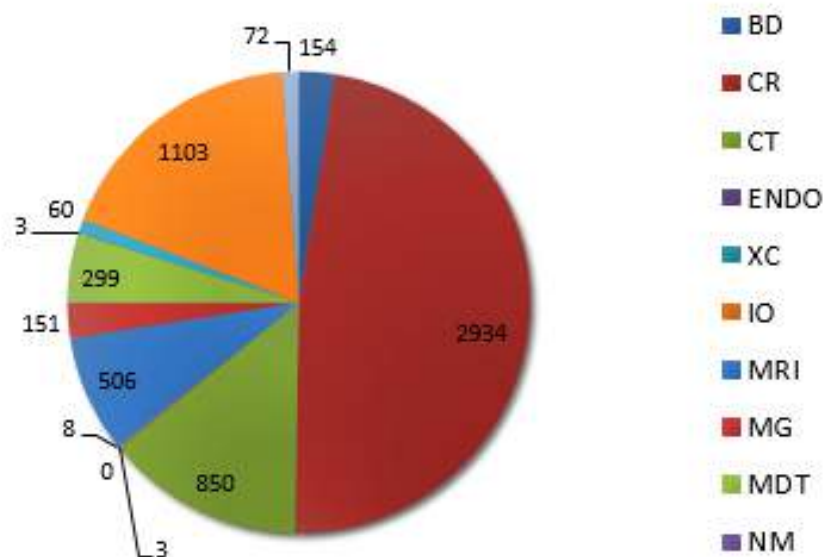
Referral to Completed -length of time waiting before examination



Referral source



Activity per Modality



Variance on Budget 2020-21

MONTH £'000				
	Actual	Budget	Var (£)	Var (%)
Radiology Services	479	484	5	1%

YEAR TO DATE £'000				
	Actual	Budget	Var (£)	Var (%)
Radiology Services	5,182	4,839	(342)	(7%)

RADIOLOGY NARRATIVE - January 2022

Reporting turnaround times

40% of exams were reported within 2 hours (2.5% decrease on last month), 8.8% have taken 97 hours or more (4.8% regression on last month) It is worth noting that total number of exams performed increased by 6% compared to last month.

Referral to Completed

Of the 6143 exams, just over 50% were turned around on the same day (no difference on last month) and, a further 32% in 1- 28 days (similar to last month). 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 notable changes compared to last month.

Activity

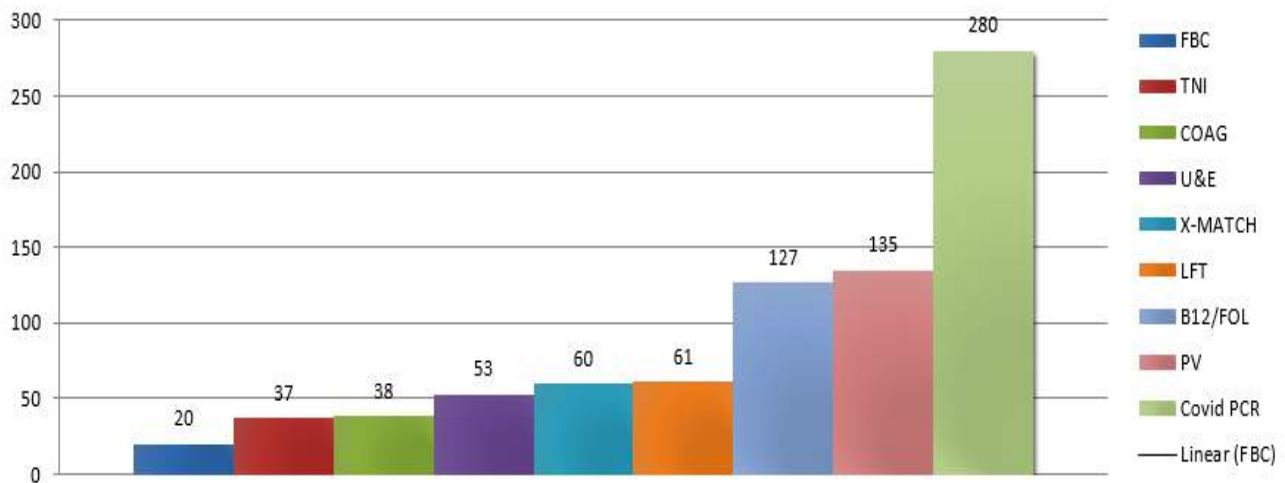
Activity per modality within radiology for January 2022. There has been no significant change in the distribution compared to last month.

Referrals received

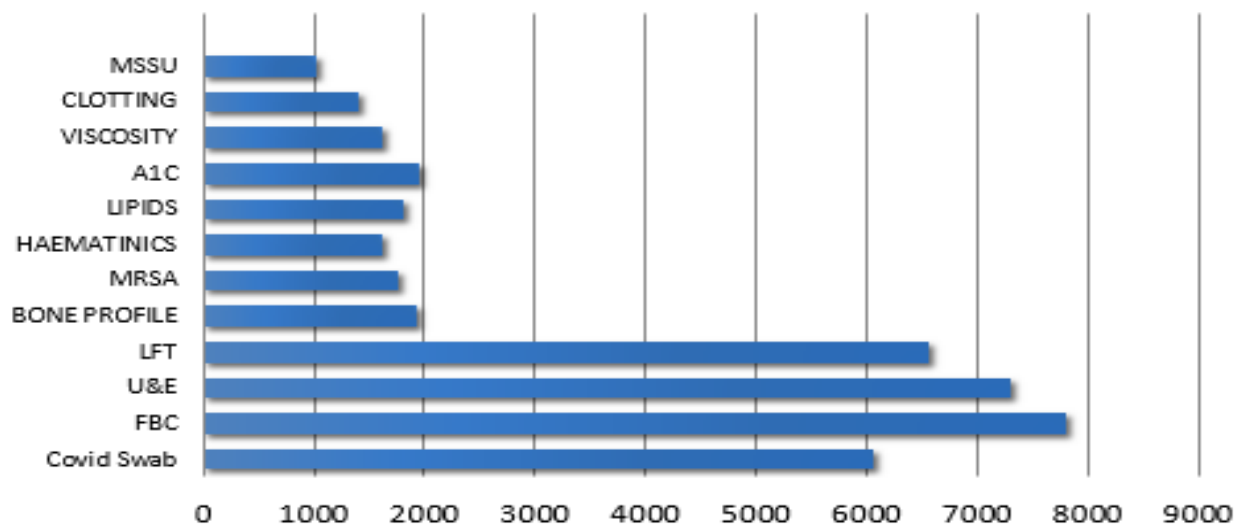
Number of exams requested in January for each radiology modality. No notable changes compared to last month.

Pathology Monthly Performance Dashboard - January 2022

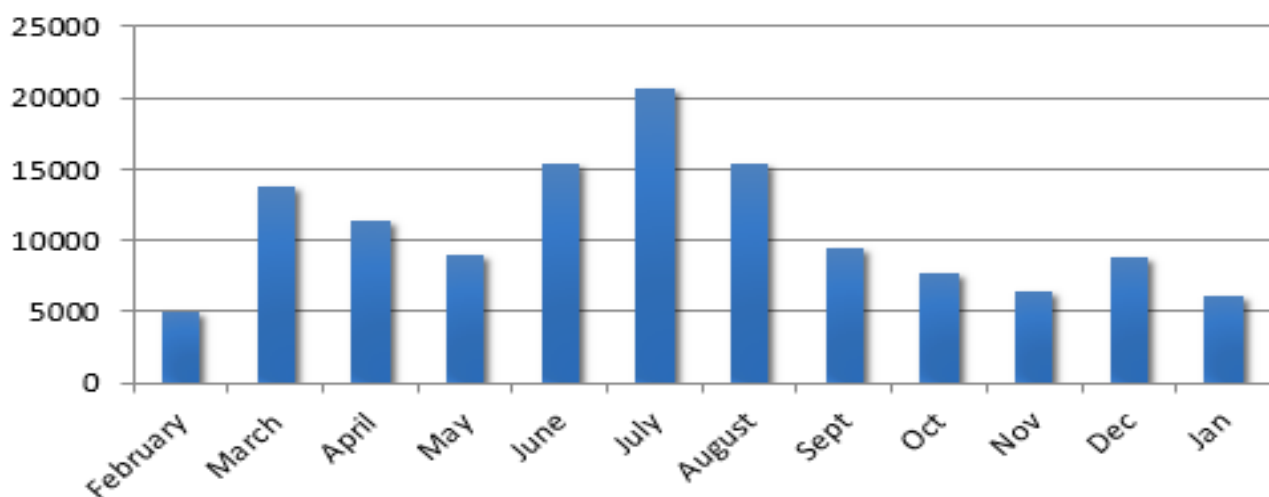
Average Turnaround Times (Minutes)



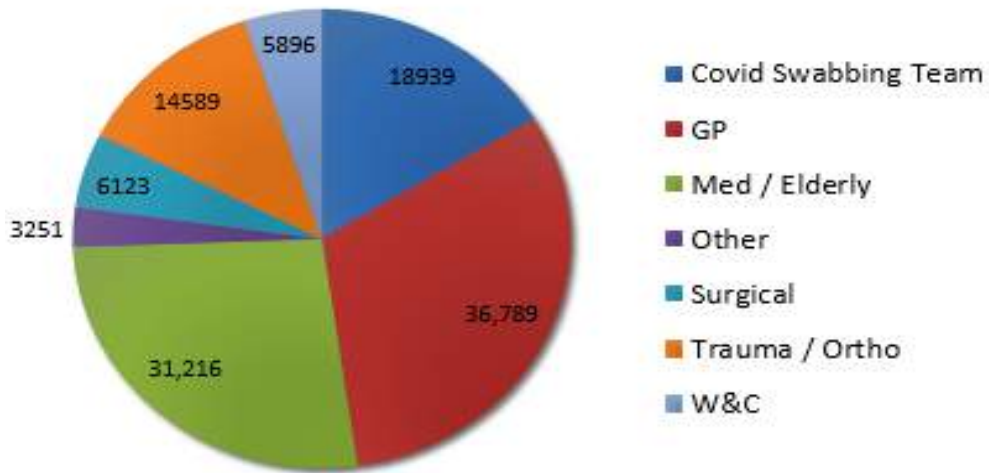
Most Requested Tests in January



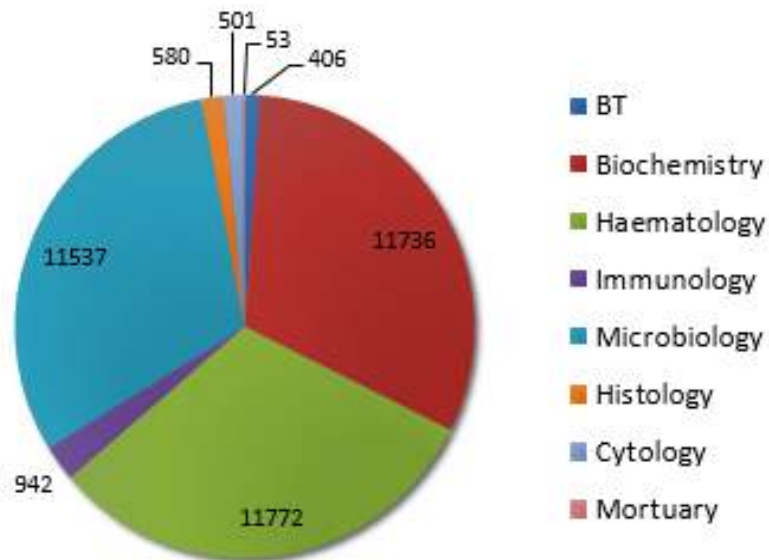
Covid swabs tested in last 12 months



Source of Request (4th Quarter)



Requests per Department (January)



Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Pathology Services	688	544	(143)	(26%)

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Pathology Services	5,716	5,441	(275)	(5%)

PATHOLOGY NARRATIVE - January 2022

January 2022 Pathology Narrative

Covid – Numbers of PCR tests were steady and manageable in January.

Annual core audits outlining external quality assurance and benchmarking turnaround times with RCPATH and RLUH Standards. 6 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%



Manx Care KPI Reporting

Integrated Women's, Children's and Families Services



Care Group Reporting (January 2022)

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	1,308	1,301	(8)	(1%)
Management & Support Services	83	83	0	0%
Women's Services	551	525	(26)	(5%)
Children's Services	523	488	(35)	(7%)
Community Services	151	205	54	26%
YEAR TO DATE £'000				
	Actual	Budget	Var (£)	Var (%)
Integrated Women, Children & Family Services	13,300	12,918	(382)	(3%)
Management & Support Services	692	827	136	16%
Women's Services	5,530	5,247	(283)	(5%)
Children's Services	5,467	4,869	(597)	(12%)
Community Services	1,611	1,974	363	18%

Women & Children's Integrated Services - Narrative - January 2022

Finances

Overall Integrated Women, Children & Families has a variance of £382K compared to budget. Our overspend remains mainly employee costs (£354K) and the majority of this is in Children's services as a consequence of vacancies and agency costs. Our overspend has reduced from the previous month however our forecast variance remains at £490K

Health Visiting/School Nursing EMIS Data

We have not been able to compile January's data in time for January's IPR report, however we have put mechanisms in place that will enable us to report on February's figures. The below narrative can be added to the IPR Report.

0-19 Public Health Nursing Service

The 0-19 Public Health Nursing Service (Health Visiting and School Nursing) has been commissioned by the Director of Public Health to roll out the 'Best Start in Life and beyond' and the revised 'Healthy Child Programme' (HCP). Historically, the New Birth visits on the Isle of Man were conducted between 14-28 days, however during February 2022 this has moved to 10-14 days to align with the revised HCP. The February data collection will therefore include visits that were conducted between 14-28 and 10-14 days. We will also include a summary on exception reporting and breaches.



Manx Care KPI Reporting

Integrated Primary and Community Care

Care Group Reporting (January 2022)

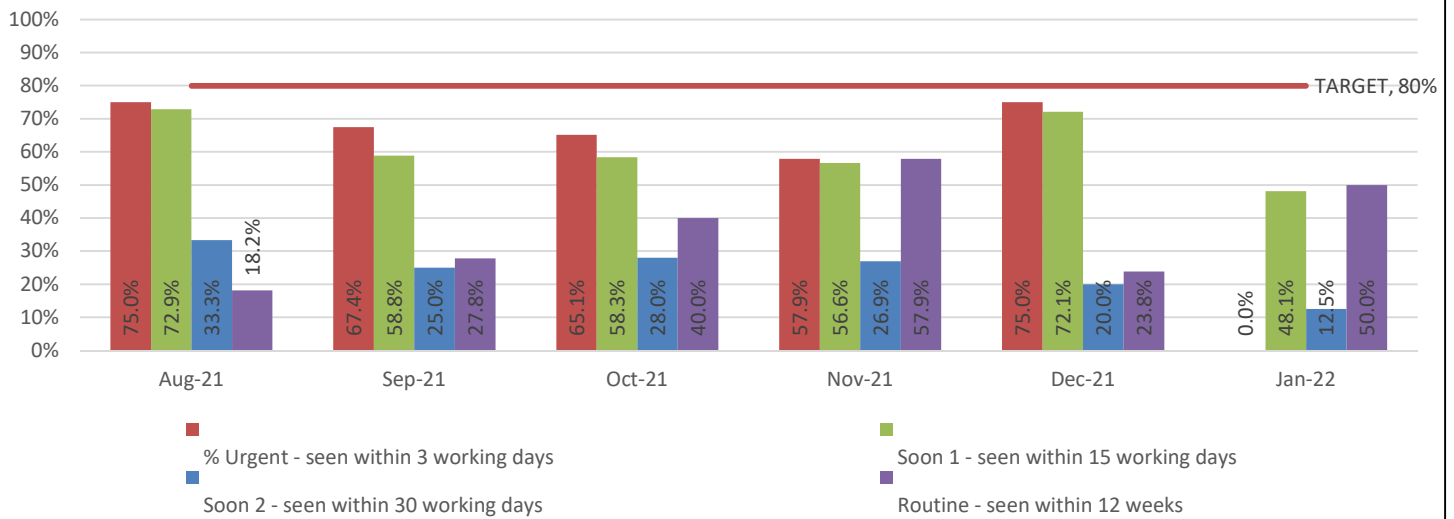
Contents:

Integrated Community Services KPI Dataset

Primary Care Service KPI Dataset

Integrated Community Services 2021-22

CATS % of people seen within timescales.



Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Community Care Services	608	664	55	8%

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Community Care Services	6,464	6,637	174	3%

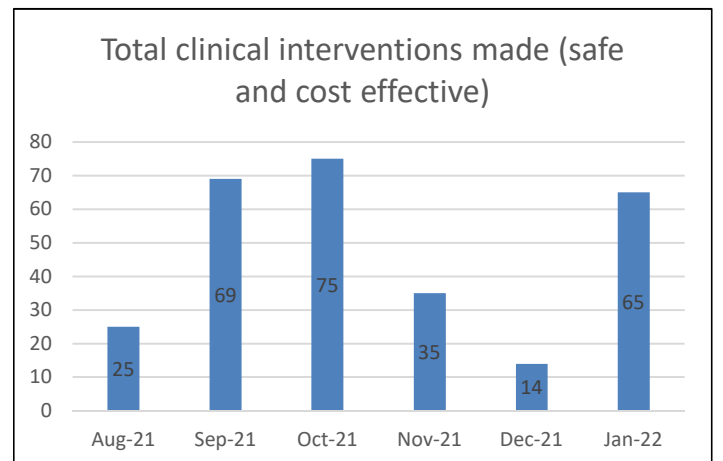
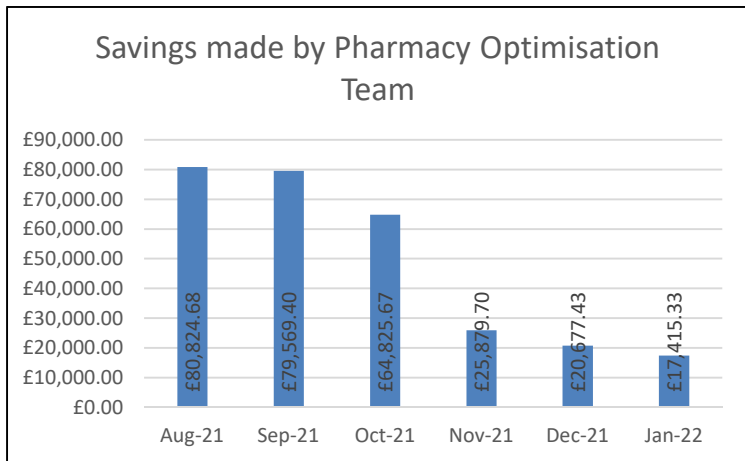
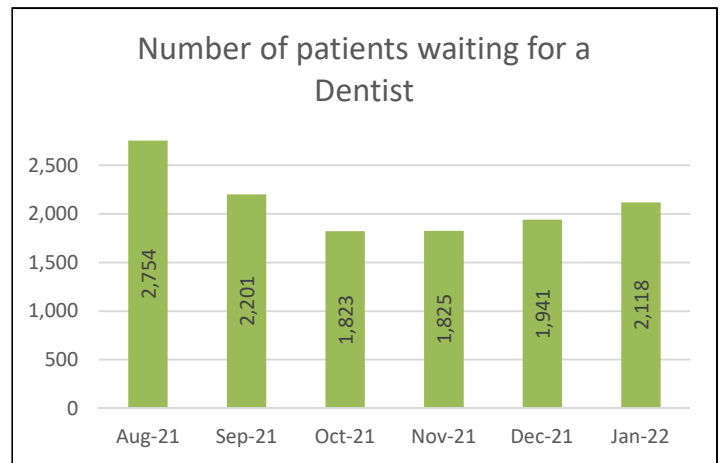
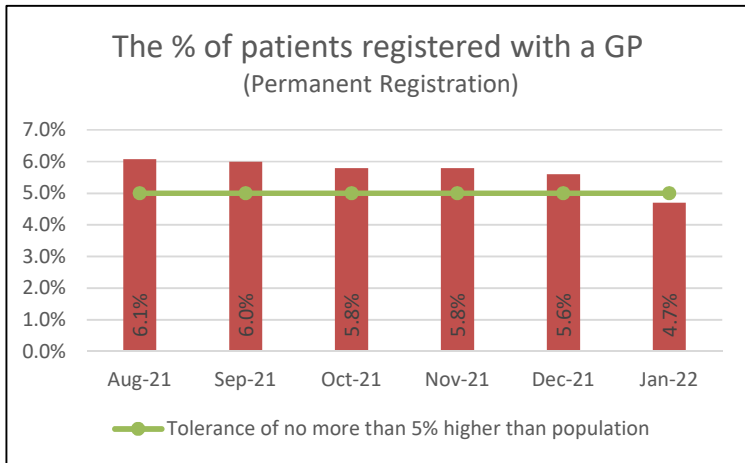
Integrated Community Services - Narrative - January 2022

There has been a problem with the recording of data this month secondary to the change in data parameters, this is being addressed but January's stats are not an accurate reflection and in reality the previous trends continue.

Urgent referrals are being meet but at the expense of routine referrals which are not meeting targets. Again pressures from lack of hospice beds/community resources and complexity of patient group within the community remain the reasons.

February's data should be accurate.

Primary Care - 2021-22



Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Management & Support Services	133	158	25	16%
Primary Care Services	1,570	1,592	23	1%
Pharmaceutical Services	2,079	1,680	(399)	(24%)
	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Management & Support Services	1,306	1,580	274	17%
Primary Care Services	16,221	16,099	(122)	(1%)
Pharmaceutical Services	17,764	16,804	(959)	(6%)

Primary Care - 2021-22

Primary Care Services - Narrative - January 2022

% of patients registered with a GP

As expected with the Census results the % of permanent registrations has now dropped below the 5% tolerance. The Primary Care team continue to cleanse the lists on a regular basis to ensure the lists remain correct within an acceptable margin for patient inflation.

Number of patients waiting for a dentist

In December 2021 and January 2022 a total of 342 patients were added to the waiting list and 52 allocations were made. An offer has been made to practices with regard to a reduction in delivery targets for 2021-2022 being accepted in lieu of taking patients from the waiting list. If contractors looking for a relaxing of their targets agree to the offer then it is likely the waiting list will be reduced further within the next few months.

Pharmacy

The staff levels were badly affected by illness, self-isolation and child sickness in December and January. During January we only had two members of the 5 staff associated with GP work actually at work

The number of clinical interventions and the level of savings made are clearly directly affected by the lack of staff.

Data from February has demonstrated that savings significantly picked up.



Manx Care KPI Reporting

Integrated Mental Health Services



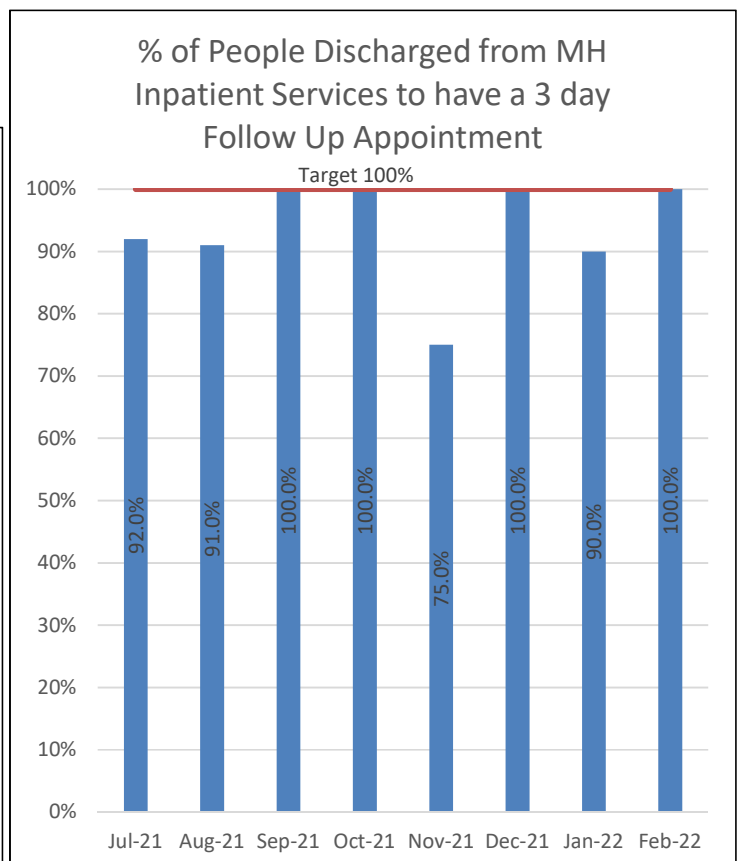
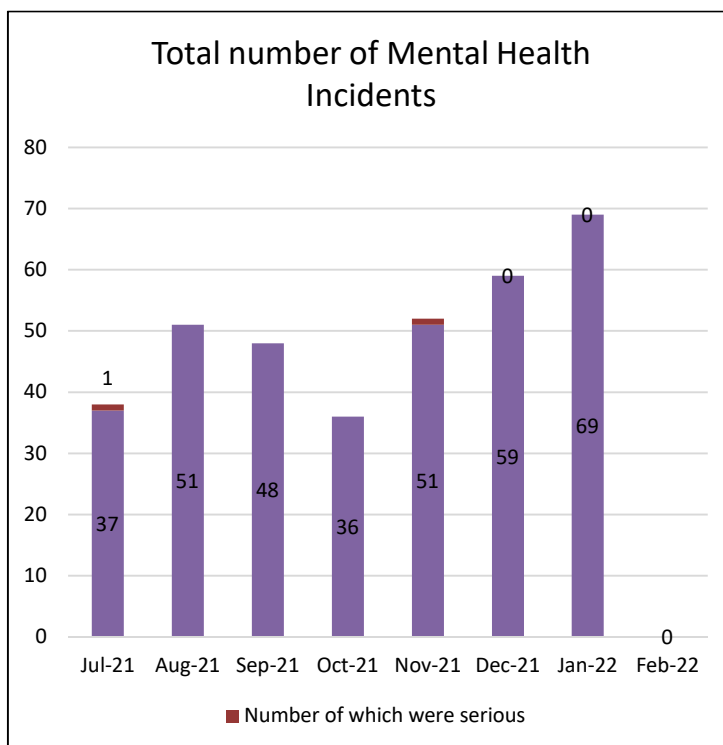
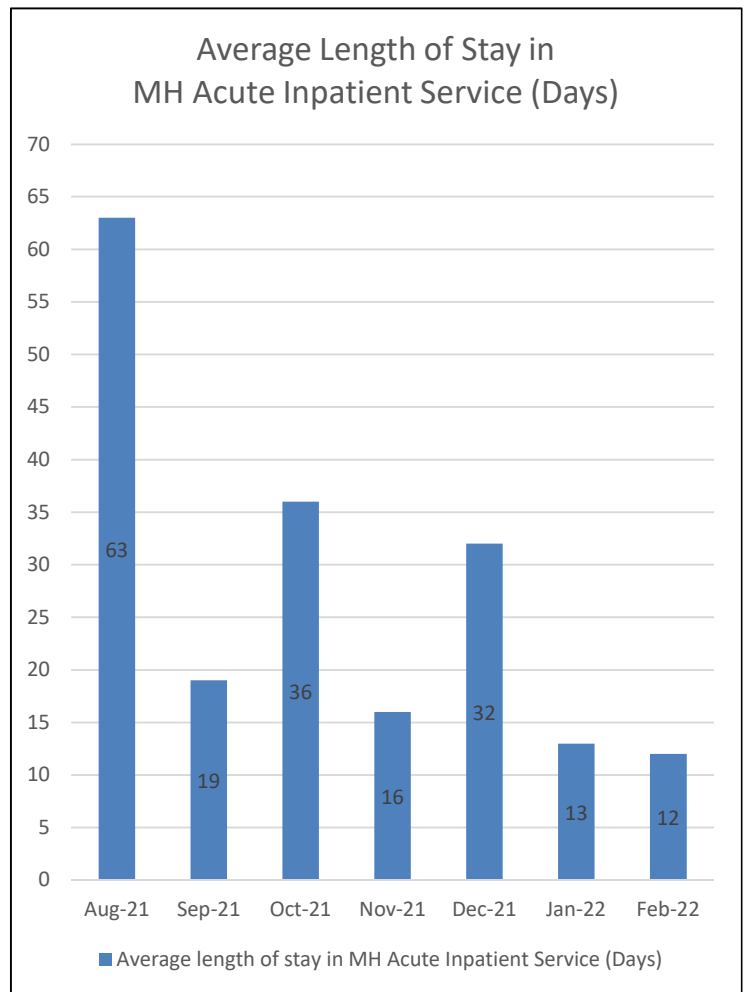
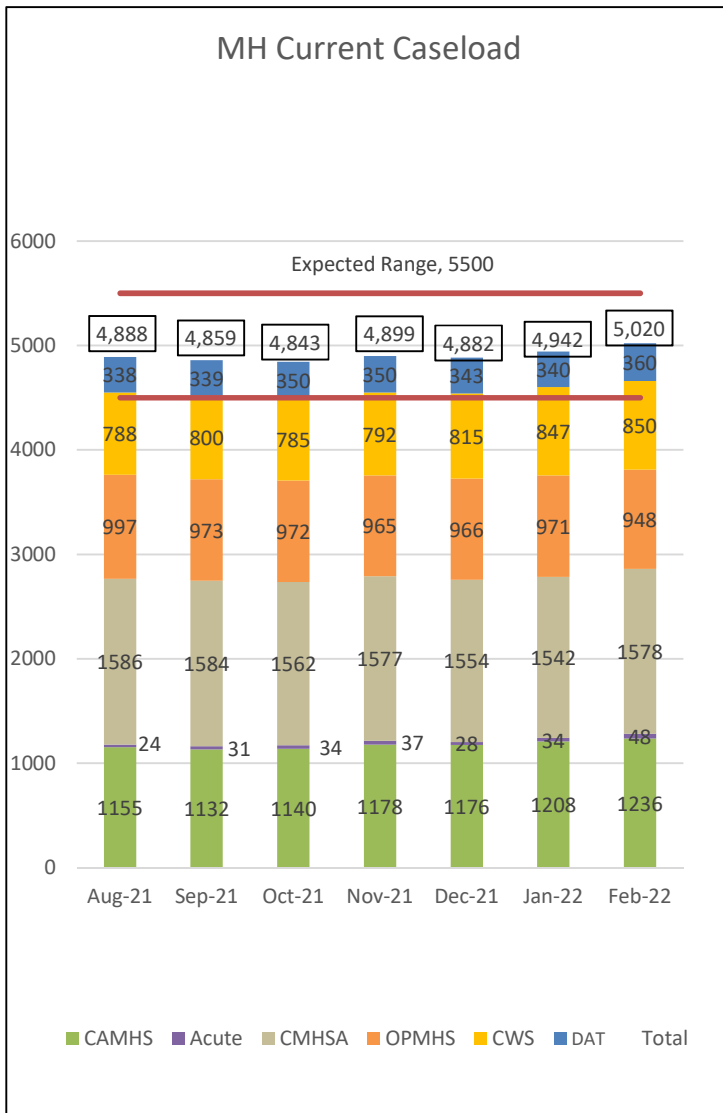
Care Group Reporting

(January 2022)

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	2,011	1,797	(214)	(12%)
Management & Support Services	140	142	3	2%
Mental Health Services	1,291	1,299	8	1%
Nursing Care Placements (s115)	93	167	74	44%
UK Placements	487	189	(298)	(157%)
	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Integrated Mental Health Services	18,682	17,969	(713)	(4%)
Management & Support Services	1,127	1,423	295	21%
Mental Health Services	12,181	12,986	805	6%
Nursing Care Placements (s115)	1,881	1,667	(214)	(13%)
UK Placements	3,493	1,893	(1,600)	(84%)

Mental Health Services - Narrative - January 2022

Caseloads – MHS caseload of 4942 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 decreased by 19 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- 90% compliance with the MHS care group target of 3 day follow. This relates to a patient who was on leave from the older persons ward to a residential ward for several weeks prior to formal discharge. The MHS remains 100% compliant with ROF 4.5.6 (MHS follow up within 7 days post discharge).

Incidents – 69 incidences which represents an increase of 10 when compared to the previous reporting period. All incidents are recorded as low or no harm.. The overwhelming majority of incidents emanate from Manannan Court.

Finance – Dec positive variance of 214k (12%) . YTD variance of 713k (4%). The is strong confidence that the FY position will be improved given the anticipated return of x 2 high cost tertiary care placements. 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 result in savings of 365 k when compared to the previous year..



Manx Care KPI Reporting

Social Care Services

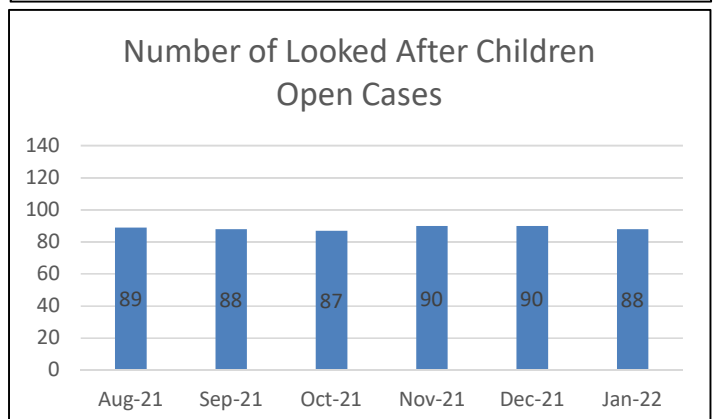
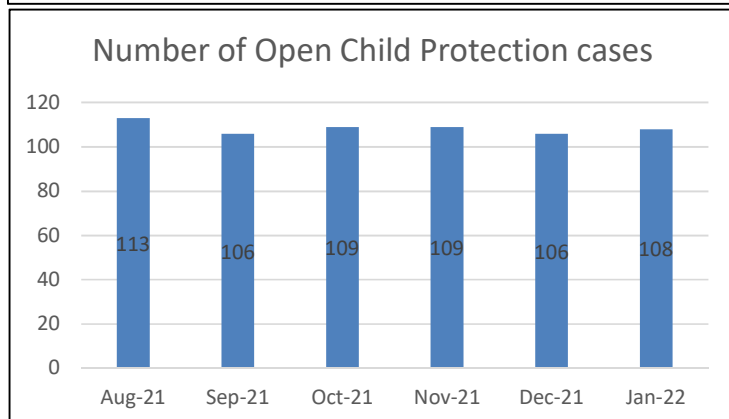
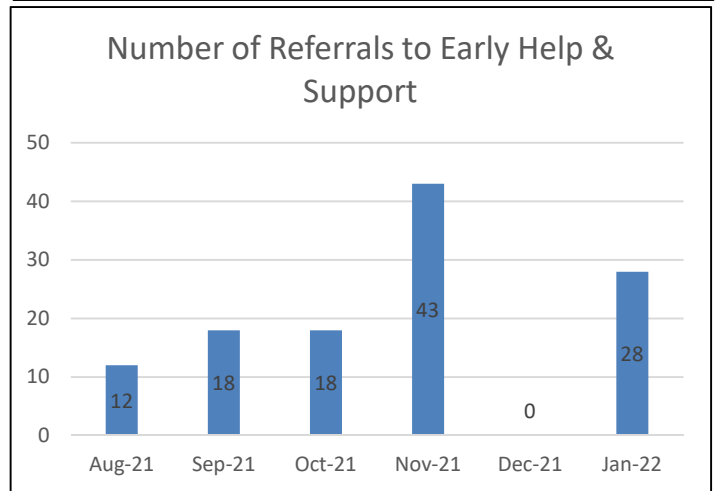
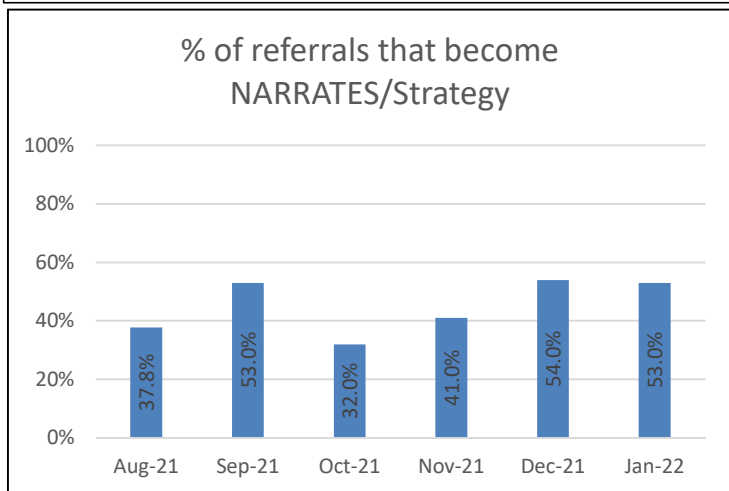
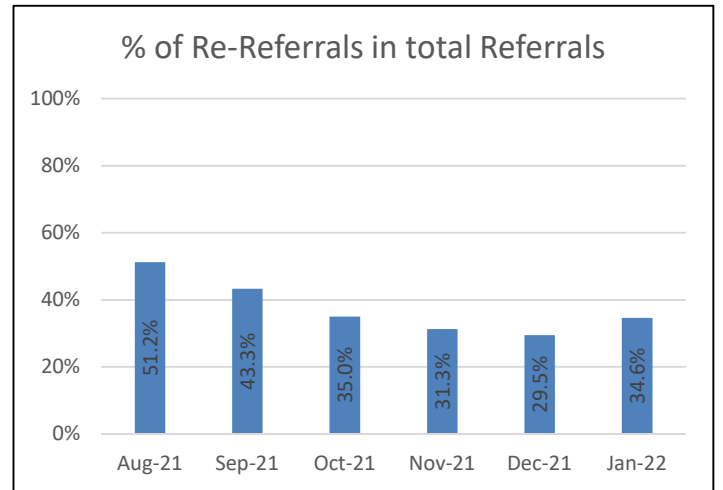
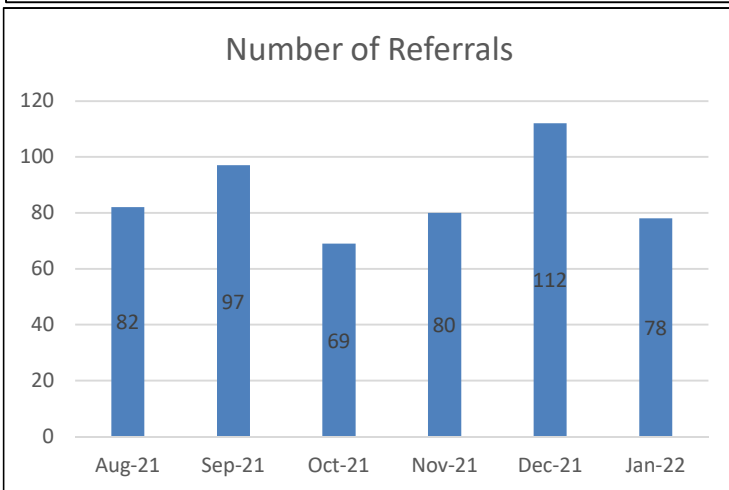
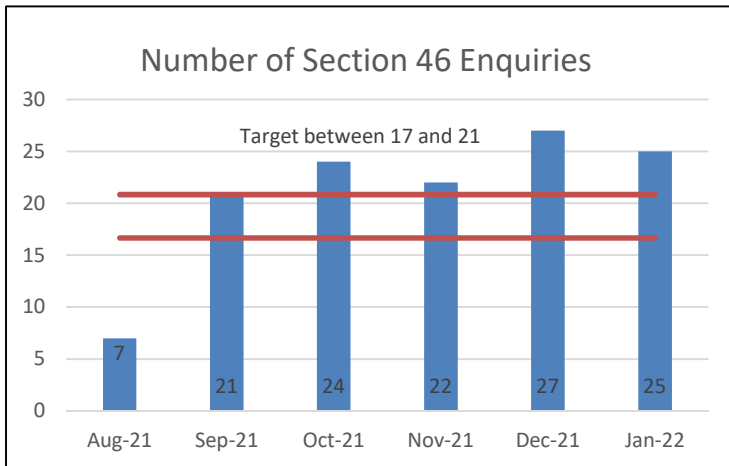


Care Group Reporting (January 2022)

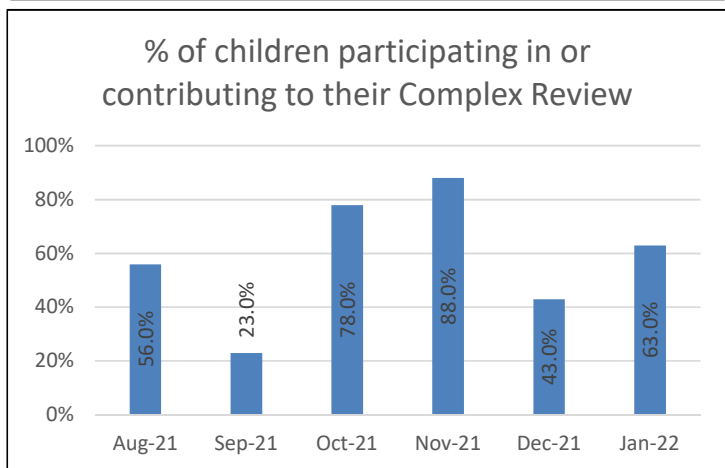
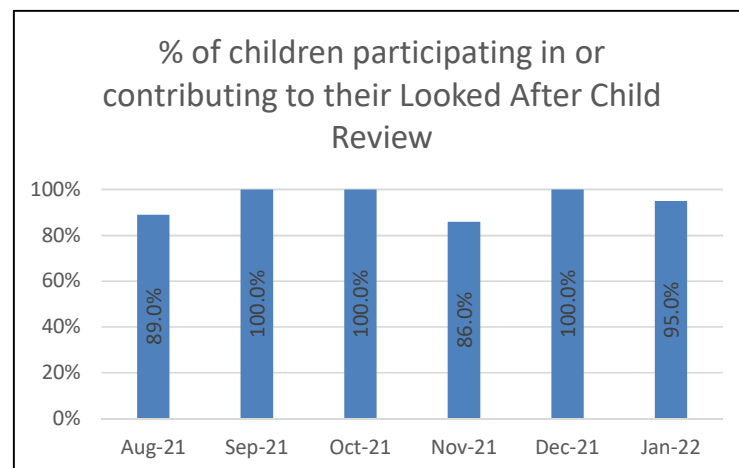
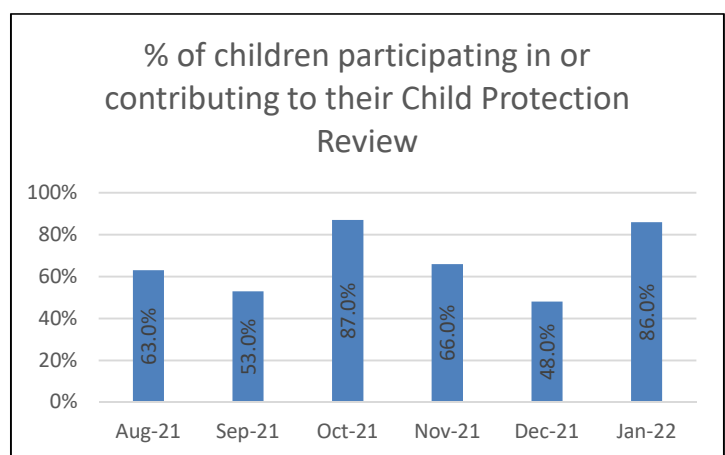
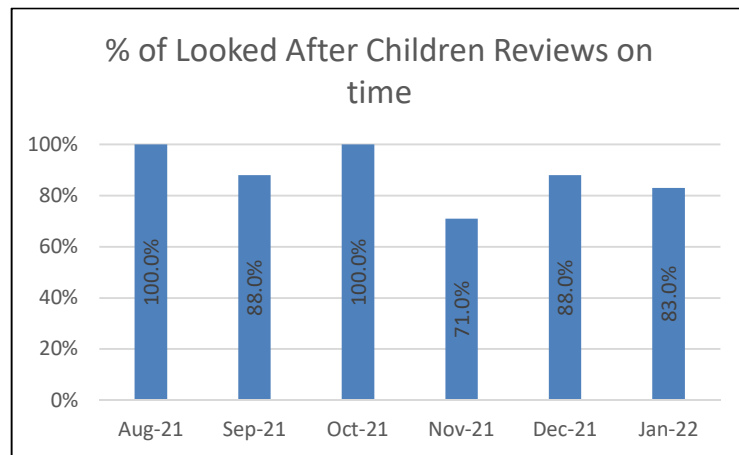
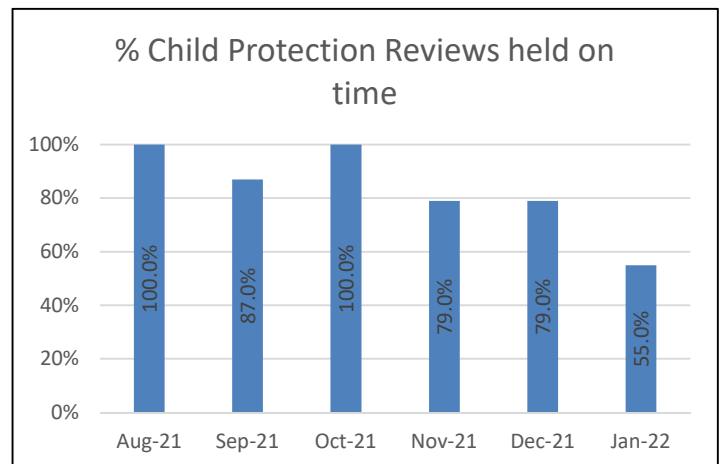
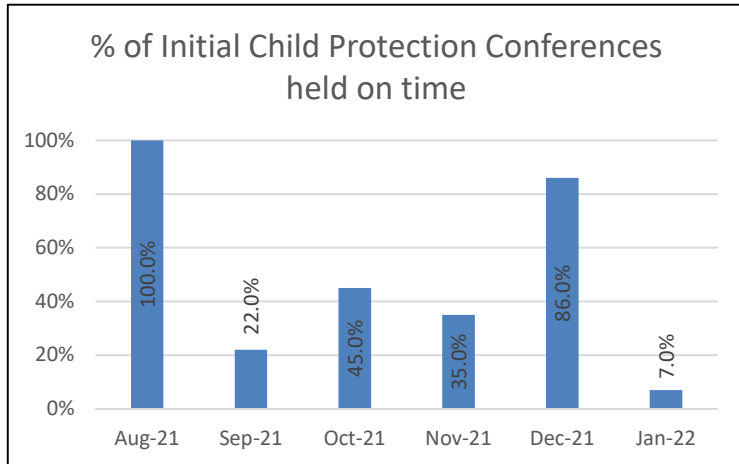
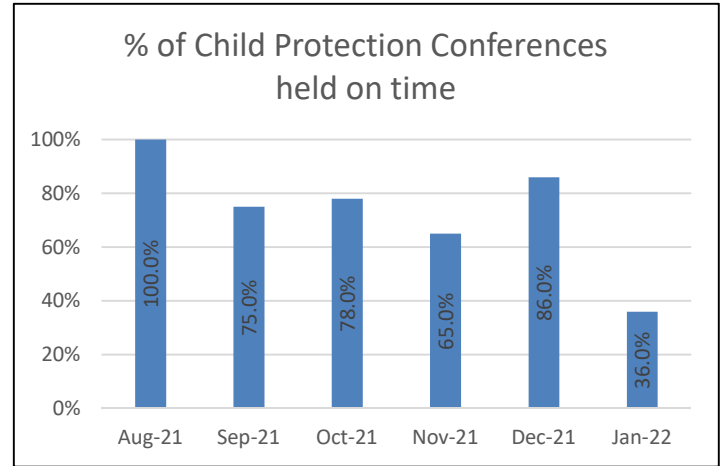
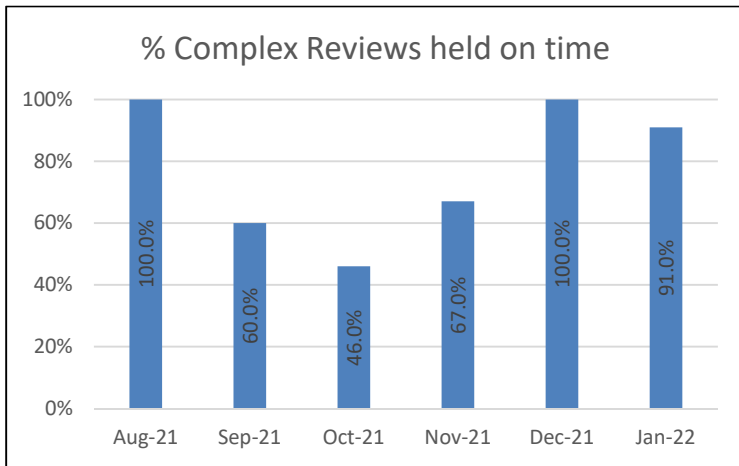
Contents:

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	1,185	1,327	143	11%
Management & Support Services	99	91	(7)	(8%)
Children & Family Services	801	906	105	12%
Children & Family Social Work	284	330	45	14%
YEAR TO DATE £'000				
	Actual	Budget	Var (£)	Var (%)
Children & Family Services	11,837	13,274	1,437	11%
Management & Support Services	794	914	120	13%
Children & Family Services	8,156	9,062	906	10%
Children & Family Social Work	2,887	3,298	411	12%

Children Families Social Care - 2021-22

Children & Families - Narrative - January 2022

Number of Section 46 Enquiries

The past 5 months have seen numbers stabilize in relation to S46 enquiries, this is still outside of the targets of between 17-21 but more within parameters than the previous 3 months. This is an indication that the robust enquiries before progressing cases to strategy meeting appear to be having a positive impact on the numbers that now go through to S46 investigations.

Section 46 Enquiries per 1000 population

Annual target. Monthly target range between 0.9 - 1.2. See above.

% Supervisions due that were completed

We did expect the supervision numbers to be impacted in January, this was due to the sickness absence levels of managers and staff across the service in January. We do expect the numbers of completed supervisions to increase now that we are nearly up to full establishment again.

Social work service to operate to an agreed average caseload

The average caseload is 14 when based on the service's establishment (29.5). There are currently 24 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.

Number of Referrals to Children's Social Care

Annual target. Monthly target range between 74 - 78 we are within this target range this month and this dependent on need at any given month. There have been some historical issues around understanding of threshold from agencies, however when this is identified the service provides guidance and support to these agencies to increase understanding. The numbers have generally decreased over recent months and one hypothesis for this is that the discussions taking place between IRT and referring agencies is having an impact on understanding of threshold for intervention, this will continue to be monitored.

Number of Re-Referrals to Children's Social Care

The high level of re-referrals remains a concern for the service. However there has been an overall reduction over this Q3. The monthly rate does remain inconsistent and outside target range. This is monitored for any threshold or consent issues monthly and raised with agencies if this is the case. Audits continue regularly to identify any themes that will then be addressed. It has been identified in audits that there are some issues around consent being gained, which then closes the referral down and generates a re referral when the referrer gains consent. These issues are addressed when identified.

% of referrals that become NARRATES/Strategy

The service continues to review the conversion rates at each stage of the pathways across the whole system. The numbers that convert from referral to strategy meetings is outside target however the numbers are fairly consistent. There is a better triage system in place that reduces the number of fall off at the conversion stage which is a positive outcome.

Number of Referrals to Early Help & Support

Annual target. Monthly target range between 21 - 25. The numbers have been fairly inconsistent but this is to be expected during school holiday periods as school is the main referrer to early help and support. We are slightly outside of target which is not a concern as the referrals are dependent on need.

% of all NARRATES completed in agreed timescales

The numbers have been fairly inconsistent in this area, however this is to be expected given Covid, impacting on ability to gain access to families overall. This month's numbers are within the target range, which is a bonus given the sickness levels in January. This may impact on February's figures.

% of CWCN NARRATES completed in Timescale [45 days]

The numbers in this area continue to be inconsistent and over the past two quarters have been impacted by low staffing levels, along with some families being reluctant to allow workers into the home due to Covid and illness we have seen a steady increase in timeliness of completion.

Children Families Social Care - 2021-22

% of S46 NARRATES completed in Timescale [15 days]

This is outside of target range, the teams were playing catch up after sickness and the Christmas period. However, this does not account for all of the cases and the team managers are auditing, monitoring and reviewing these cases with a focus on improvement. There have been audits completed of all of the cases to provide oversight and identify plans for getting the assessments completed.

Split between complex/CP/LAC Cases - CP

See comments below re: CP numbers.

Number of Open CP Cases

the number of CP cases has remained fairly consistent although out of the preferred range of 69-94. There are some cases that have been open to the service longer than we would like and there is currently an audit of these cases taking place to determine next steps. There is also a multi agency audit taken place that has looked at threshold for child protection. Intervention the outcomes of this audit will be referred to in February's KPI report.

CP Open Cases per 1000 population

As above

Number of LAC Open Cases

This number is slightly below target range but not at a level that would indicate concern.

% Complex Reviews on time

This number is within parameters and has improved since last quarter.

% of CP Conferences on time

There was significant staff sickness in December and January which impacted on the availability of conference chairs and social workers to complete the meetings within the timeframe. We also have to consider the closedown of the QAU over the Christmas period that always impacts on timeframe. This is now back on track.

% ICPC held on time

There were a small number of ICPC due to take place in January that due to staff sickness could not take place, this has now been resolved and all ICPC have taken place.

% CP Reviews held on time

as above

% of LAC Reviews on time

This is slightly below target however this equates to 24 reviews were held in January 4 out of timescale, these were due to staff sickness.

% of children participating in or contributing to their CP Review

This is slightly below target however 19 out of 22 children over 8 years of age participated in their conference of those three that did not participate this was due to non engagement of parents with the children's rights champion

% of children participating in or contributing to their LAC Review

This is within parameters and equates to 19 out of 20 children over 4 years of age participating in their review.

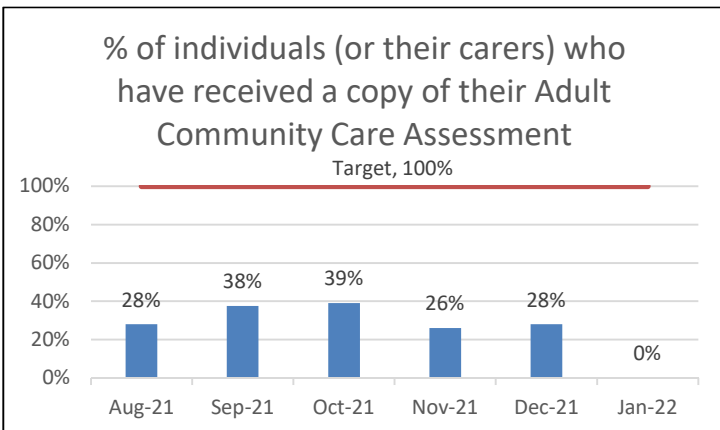
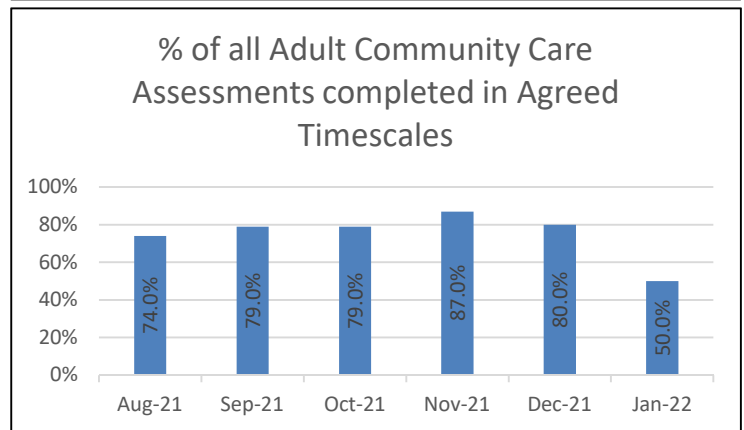
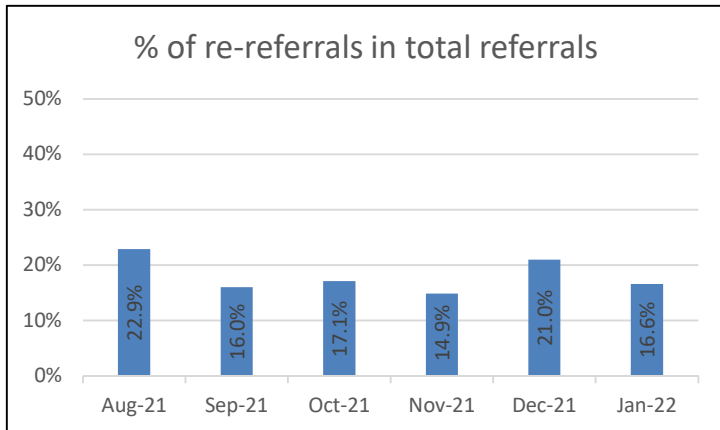
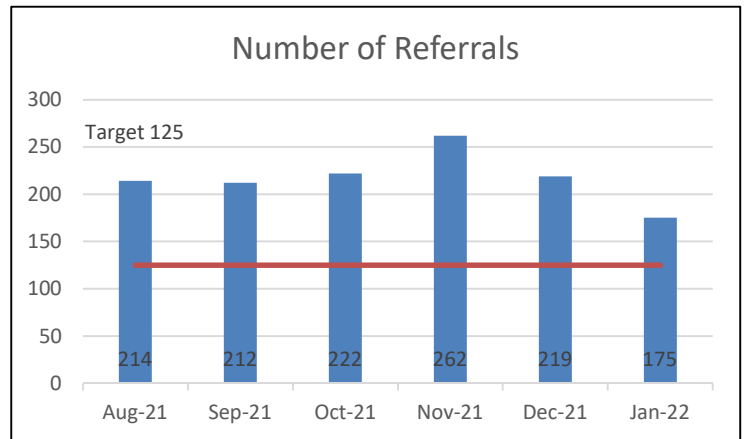
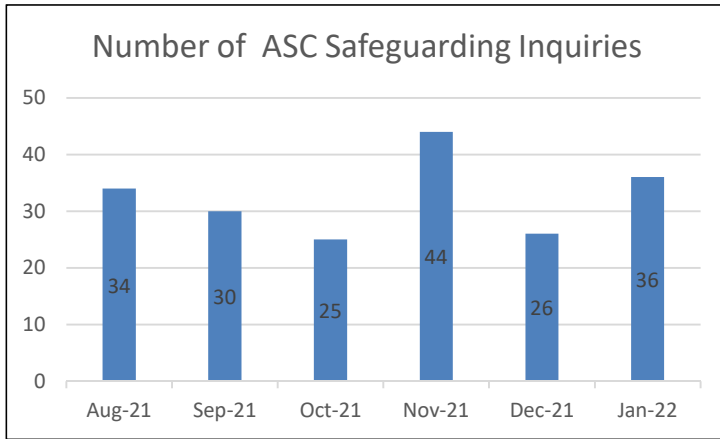
% of children participating in or contributing to their Complex Review

This is outside of target but is dependent on the parents and children cooperating and ensuring that the child is participating, this is monitored and reviewed regularly and parents and young people are encouraged to participate

Occupancy at Ramsey O/N Stays

The Team manager has undertaken a staffing review across Ramsey Respite Centre and Braddan Hub. The increase in complex health needs is impacting on bed availability and staffing. This is because of the very specific needs of some children, both in staffing ratios and training availability (specific health needs require a competency framework and limited staff are trained). Capacity to train within health is also limited. Staffing needs have been reviewed in September to consider future need or impact on service availability.

ADULT SOCIAL CARE SOCIAL WORK SERVICE 2021-22



Variance on Budget 2020-21				
	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Adult Social Work	300	290	(10)	(3%)
	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Adult Social Work	2,775	2,900	125	4%

ADULT SOCIAL CARE SOCIAL WORK SERVICE 2021-22

Adult Social Work Narrative – January 2022

Adult Social Work:-

No of Safeguarding Inquiries

This figure of 36 does not correlate with the manual figure of 41 monitored by the Safeguarding Team during January. On interrogation it appears that Rio is not capturing all the Multi-Agency Referral Forms (MARF's) received from our Police colleagues. The Designated Safeguarding Lead is in discussions with our BI colleagues to determine why this could be. Out of the 41 concerns received the following data has been captured:

The majority of referrals were MARF's at fourteen. Eight were raised by social work teams, another eight by health colleagues, seven by care providers, two by housing providers and two by family members. Out of these 41, fifteen required advice, guidance or signposting, nine related to financial abuse, six to physical abuse, six to self-neglect, and two each to domestic abuse and omission of care, and one to homelessness.

No of Referrals Received

There has been a reduction in number of referrals as more direct referrals are now going to the Wellbeing Partnerships as planned. The number of referrals on the data is accurate when audited manually within each social work team. We are no longer creating duplicate referrals when a team transfers from ASAT to another team. The general feeling is that some referrals are going to the Wellbeing Partnerships for lower level support that may have previously come into ASAT and been screened out. January referrals into the Older People's Community Team, which at 66 is approximately 30% higher than usual, possibly reflecting an increase in referrals following the Christmas break. ASAT reported a drop in referrals around Christmas time as although we were in, other agencies were not as active, hence a large volume coming in in January. The TM's report this is usual. Currently we do not have year on year data to compare. I have asked BI to see if this is possible. The next highest volume of referrals was into the Hospital Social Work Team, numbering 56, which is about the usual number received each month.

% of Re-referrals

We have had discussions with the BI team to ensure the data captures is accurate and relevant. We have asked for re-referral data from February to be limited to people who are re-referred to the service within 3 months as this is more meaningful in terms of assessing whether a discharge from services was premature. This will allow us to review every re-referral to determine whether optimal care and support was in place at the time of discharge. In addition, we have requested a monthly print out of all Rio designated re-referrals to screen out those that do not accurately reflect a re-referral into services, but are as a result of moving people around the Rio system. Currently the data captures any person who is re-referred into any part of the system within 6 months of being discharged from any team. This does not give meaningful data in order to determine whether a re-referral is avoidable or non-avoidable and in some cases reflects transfers between teams. We have looked into each re-referral and the Team Leads are identifying any people who may have had avoidable readmissions and are actively discussing with teams what can be done to reduce re-referrals.

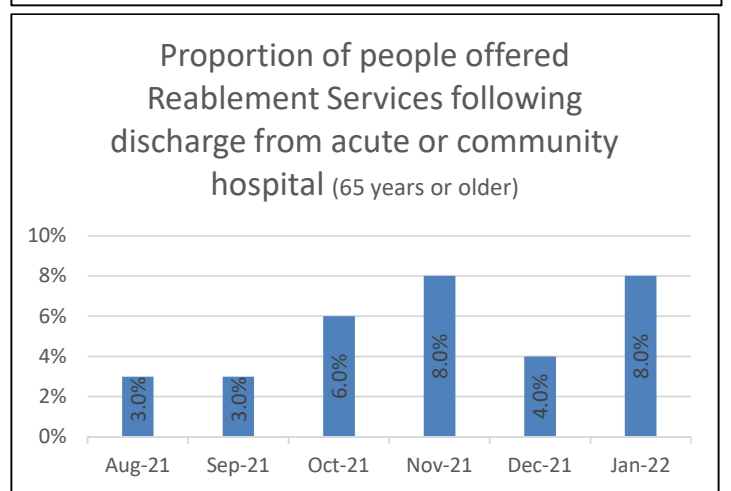
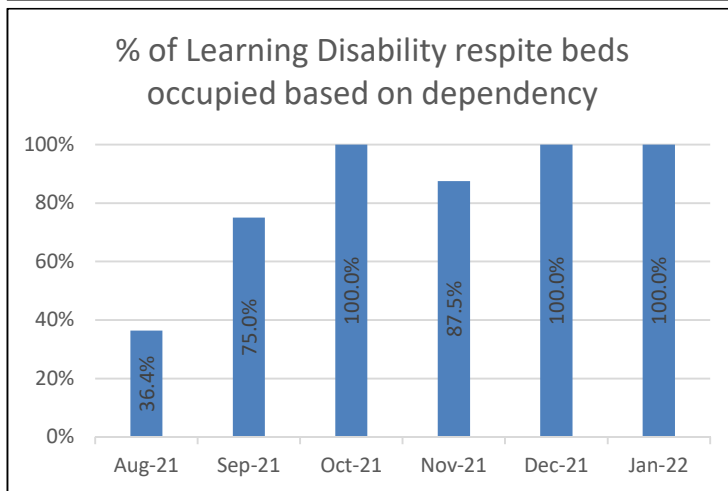
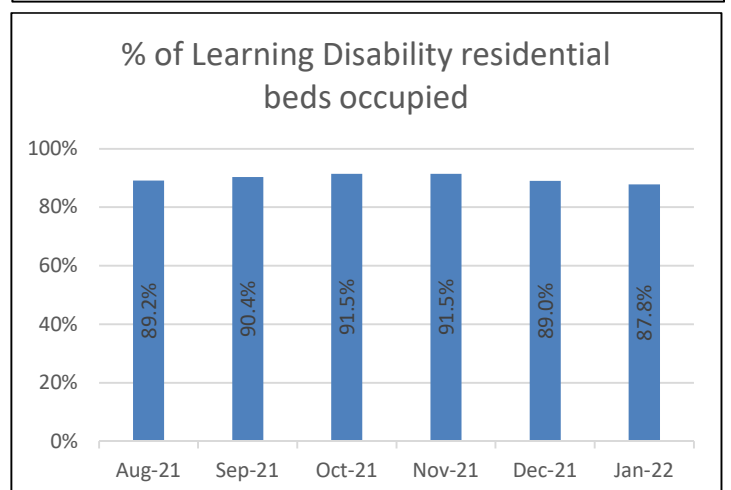
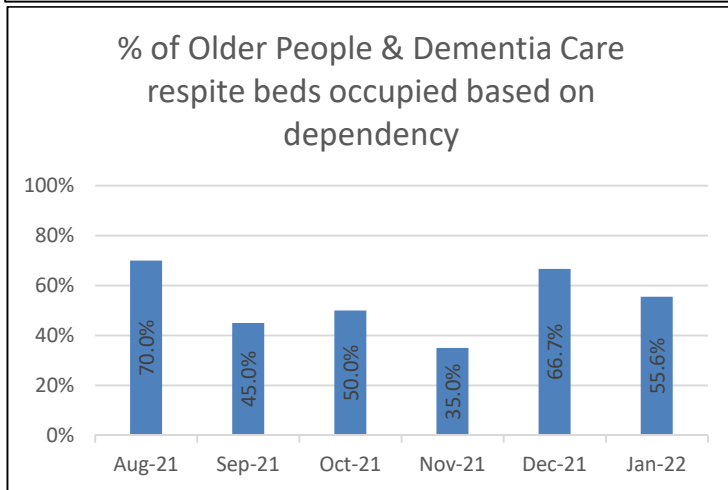
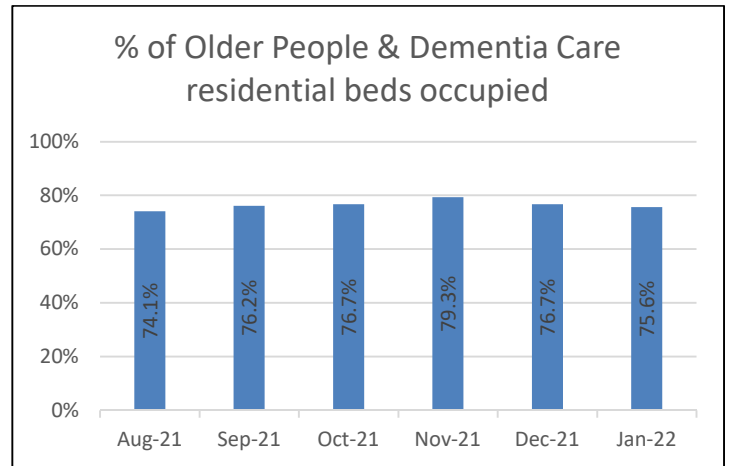
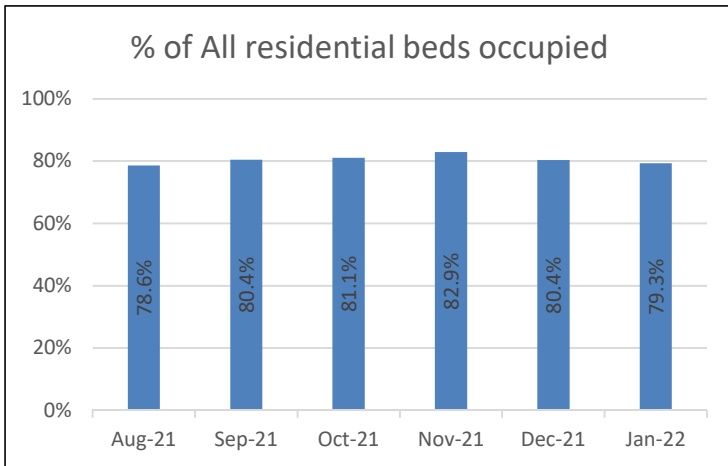
% of Adult Social Work Assessments Completed within Timescales

Following discussions with our BI colleagues in February, we have been made aware that after transferring to the Partnership Single Assessment at the beginning of January, our KPI's are unable to capture this data fully. We are working with our BI colleagues to resolve this issue.

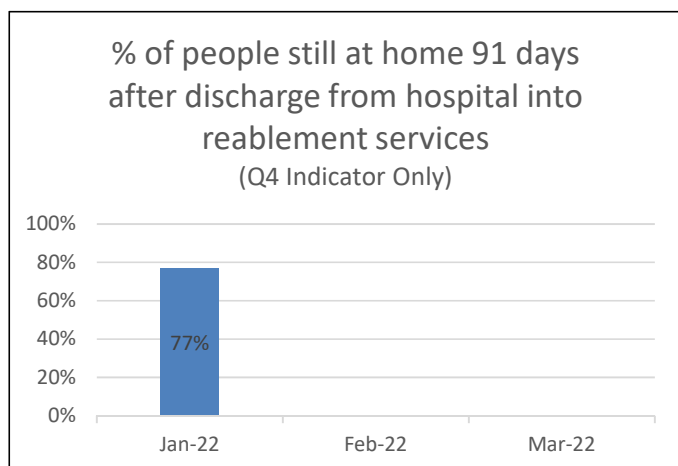
% of Individuals (or Carers) who have received a copy of their Assessment

Following discussions with our BI colleagues in February, we have been made aware that after transferring to the Partnership Single Assessment at the beginning of January, our KPI's are unable to capture this data fully. We are working with our BI colleagues to resolve this issue.

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	1,753	1,722	(31)	(2%)
Management & Support Services	15	16	1	8%
Learning Disability Services	723	761	38	5%
Older Person Services	1,016	945	(70)	(7%)

YEAR TO DATE £'000			
Actual	Budget	Var (£)	Var (%)

Adult Social Care Services	17,931	17,222	(709)	(4%)
Management & Support Services	152	160	8	5%
Learning Disability Services	7,547	7,609	62	1%
Older Person Services	10,232	9,453	(780)	(8%)

Adult Social Care - Operational Services - 2021-22

Adult Social Care - Operational Services - Narrative - January 2022

Adult Social Care – Operational

Following almost continuous Covid outbreaks within our OPS homes and units in the last quarter, with five at one time in January/February 2022 (we have just this week declared the last one outbreak over), all services have continued to assess and admit residents and service users throughout. OPS staff have been redeployed across all services almost continually since July 2021 to keep services operational.

OPS has seen a significant increase in referrals since the beginning of January 2022 with 138 referrals received across all service areas in the last seven weeks:

Service Area	Hospital SW	Community SW	ASAT	Wellbeing Partner	Nobles/RDCH	Other - specify
Cummal Mooar		3				
Dementia Care	9	3		3		2 from other Social Care areas 3 from Manannan Court
Reayrt ny Baie	3	4			3	1 unplanned bed 1 community
Southlands				25		
Community Support Service	1	3		3		1 OPHMS
Reablement	4	6			40	20 Community OTs/Physio
Totals	17	19		31	43	28

Referrals 1st January 2022 to 18 February 2022 - Total Referrals into Older Peoples Services in the last 49 days is **138**

Cummal Mooar currently hold 11 vacancies, but as you can see we are not receiving many referrals for this home, largely based on the environment and no ensuite facilities.

Southlands received 25 referrals with 17 being for respite, Southlands are currently full for all permanent and respite rooms and operating a waiting list.

Reayrt ny Baie currently hold 2 permanent bed vacancies.

Reablement received 70 referrals to their service and continue to work closely with all referral pathways to respond to the volume, on average within 12-24 hours of the referral, as no intermediate care response currently operational.

Dementia Care Services have experienced Covid outbreaks in four of their five units since December 2021 which has put enormous pressure on their staffing levels, but they continue to assess and admit where needs can be met in residential care.

Community Support Service lack capacity in all areas of their service, but proactively work with referral pathways to support any new packages of care either fully or partnering with private providers.



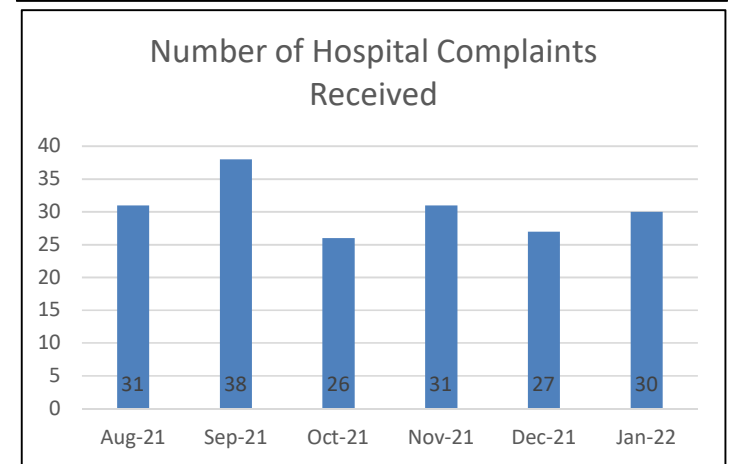
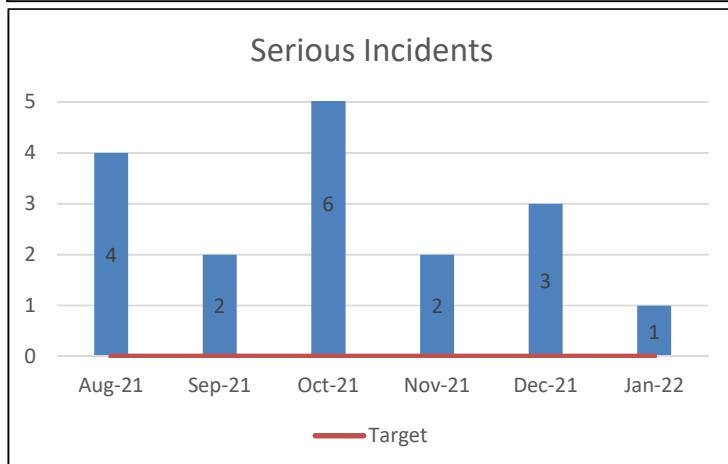
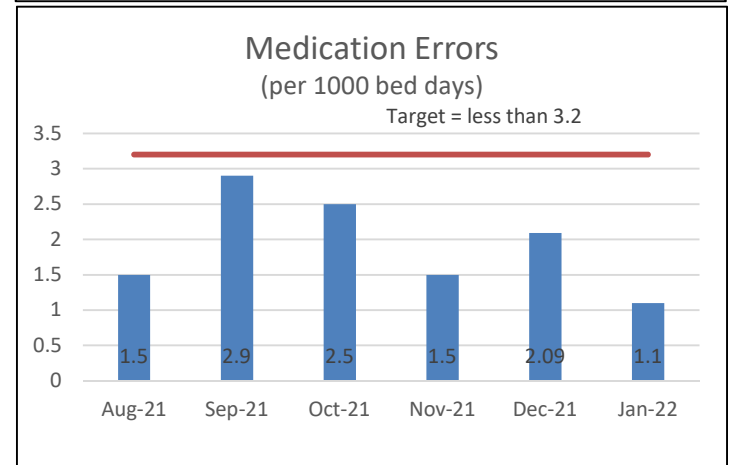
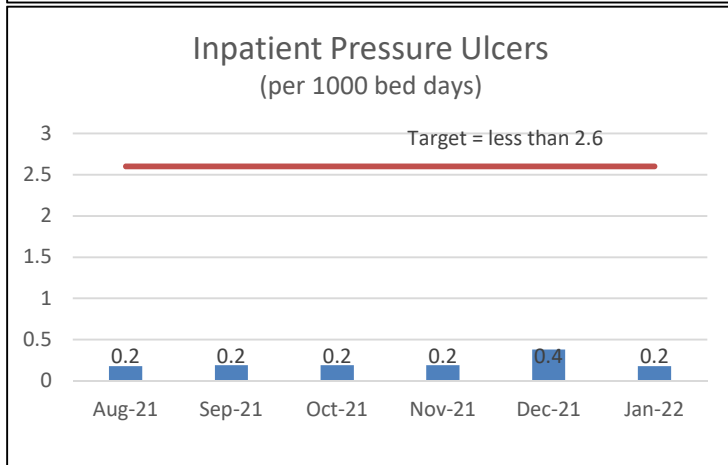
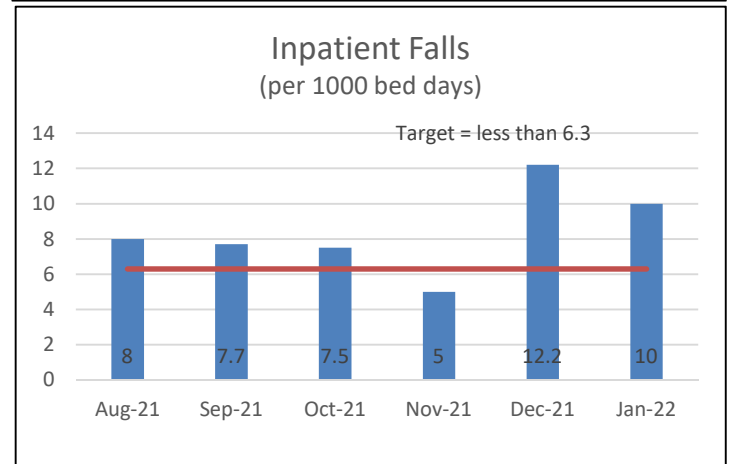
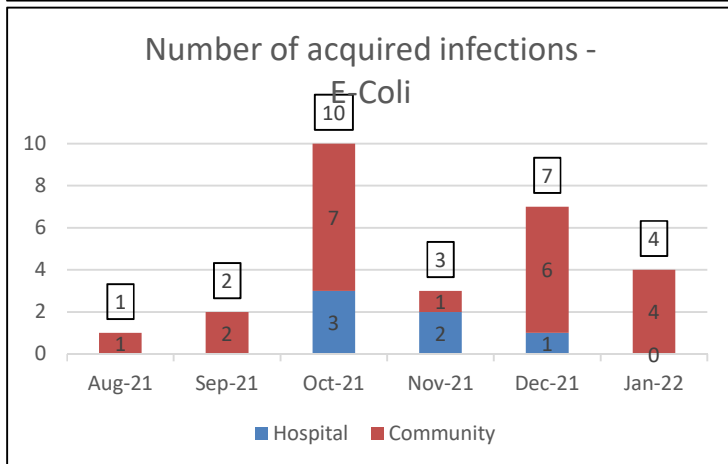
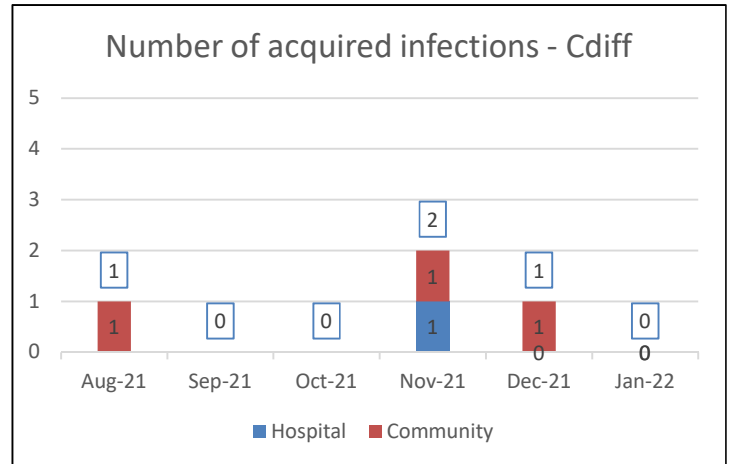
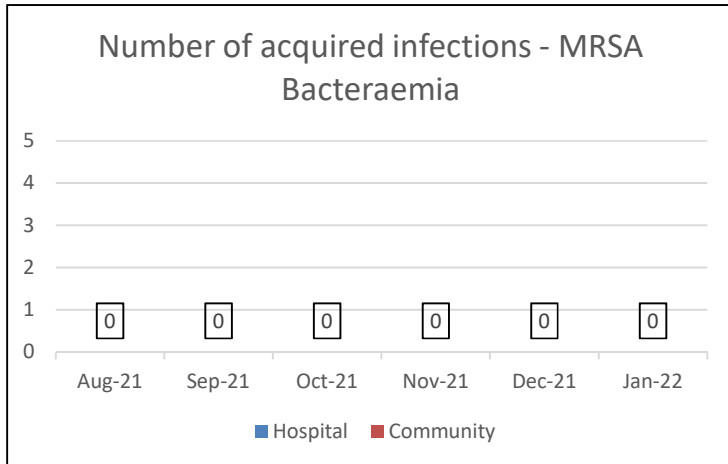
Manx Care KPI Reporting

Care Quality Services (January 2022)

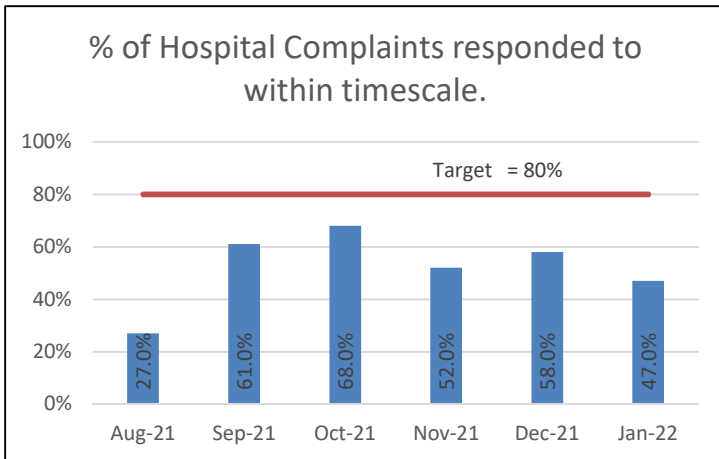
Contents:

Hospital Care Quality Reporting
Community Care Quality Reporting

Hospital Care Quality Indicators - 2021-22



Hospital Care Quality Indicators - 2021-22



Hospital Care Quality - Narrative - January 2022

Total Number of acquired Infections - Cdiff

0 for January

Total Number of acquired Infections - E-Coli

These are mainly associated with biliary conditions and urinary tract infections. There have been four E.coli Bacteraemia cases identified in January 2022 all were community associated. The causes include biliary infection, urinary tract and intraabdominal infections.

Total Number of Inpatient Falls (Per 1000) bed days

10 falls with moderate harm which is 1.98 per 1000 bed days. These are subject to an RCA

Total Number of Serious Incidents

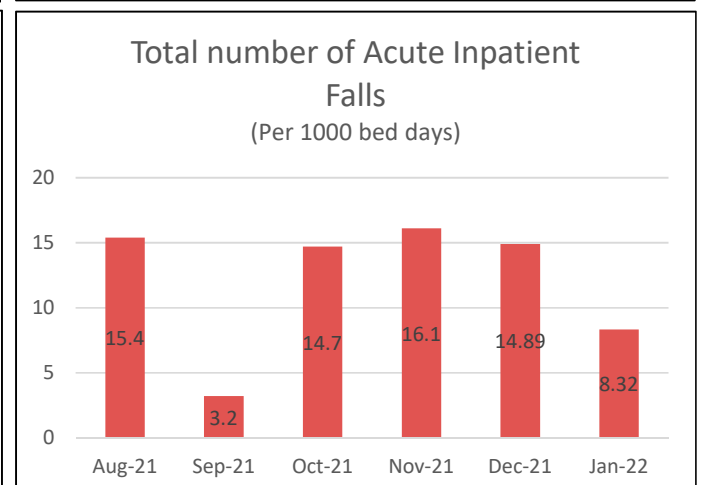
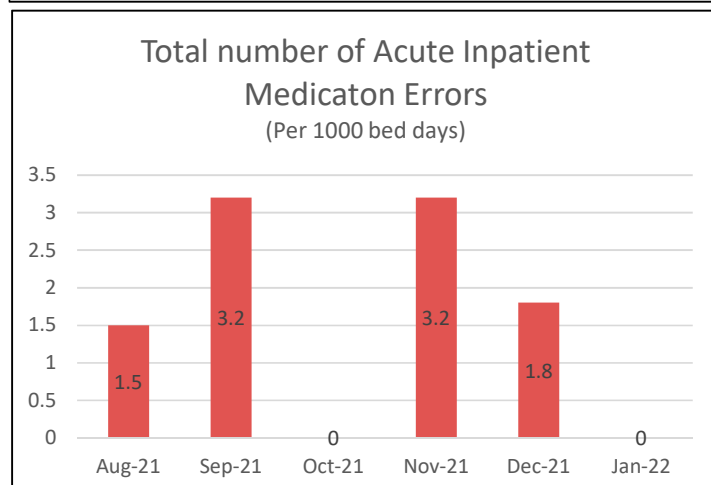
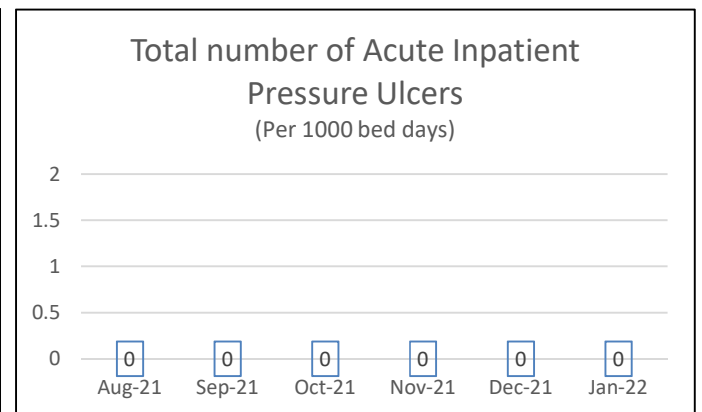
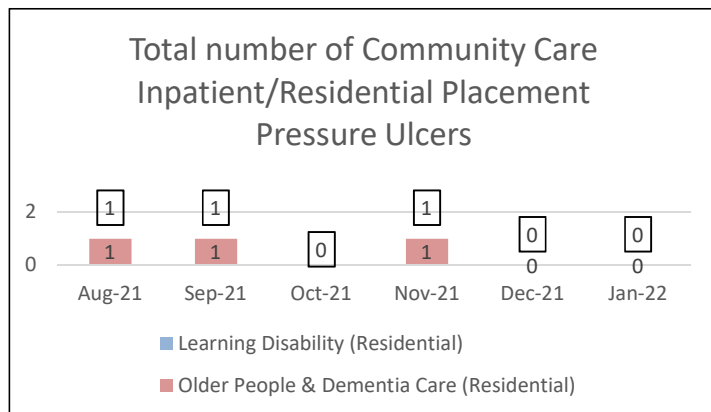
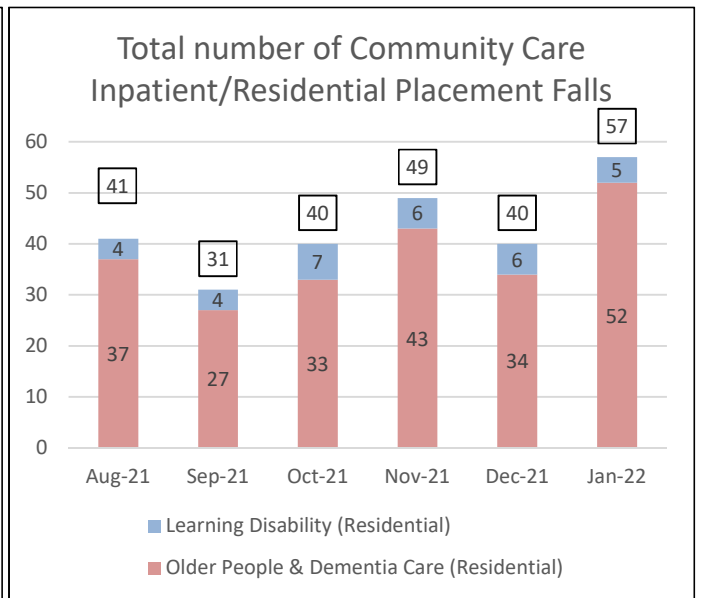
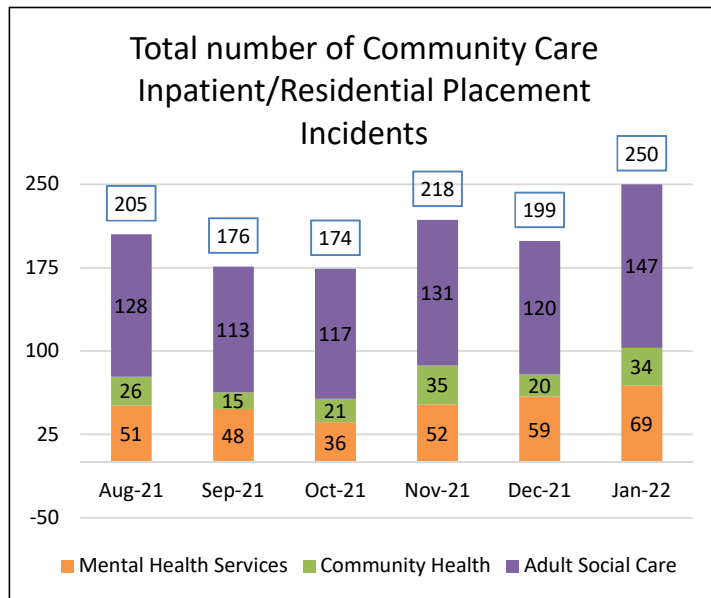
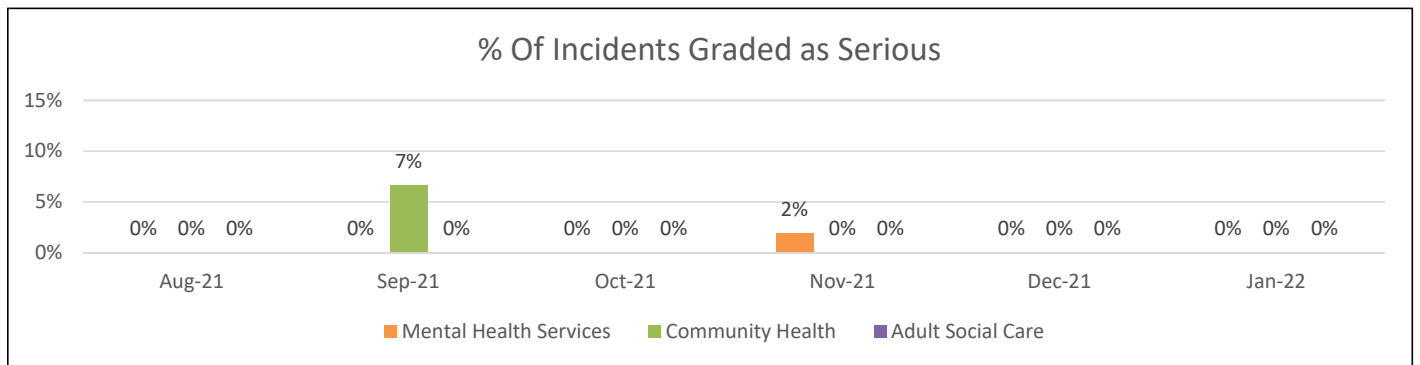
An inpatient on Martin Ward became acutely unwell. MED's was contacted and advised an ambulance should be called to transport the patient to Noble's. There was a delay in the ambulance attending and the patient died en route to hospital

COMPLAINTS

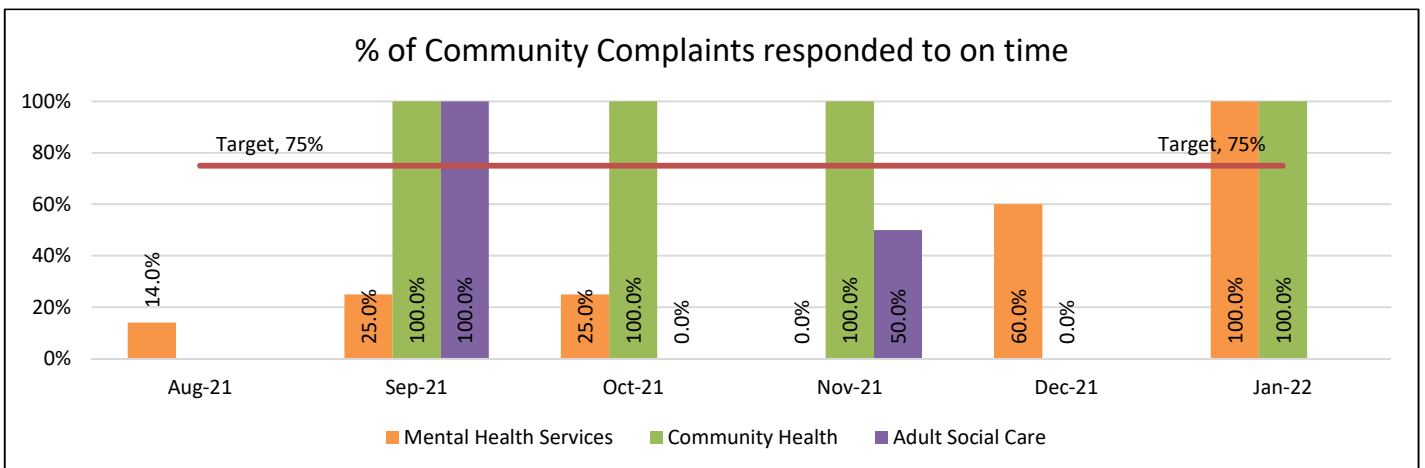
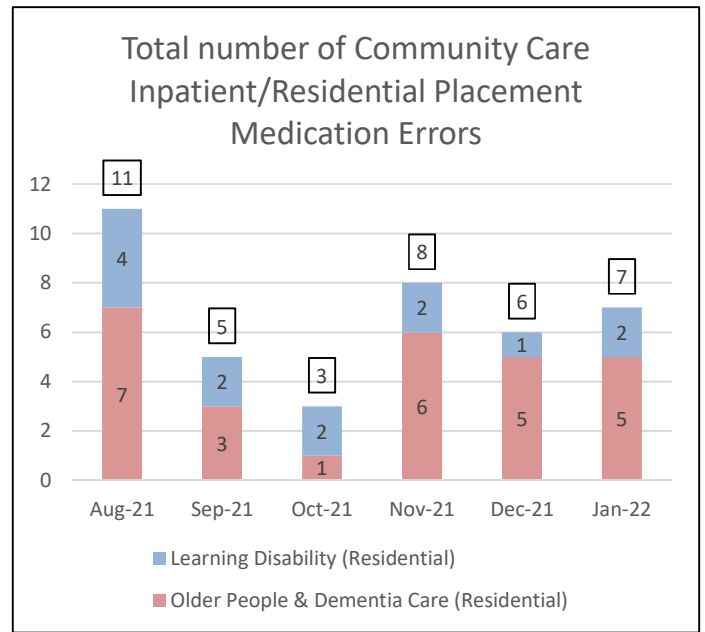
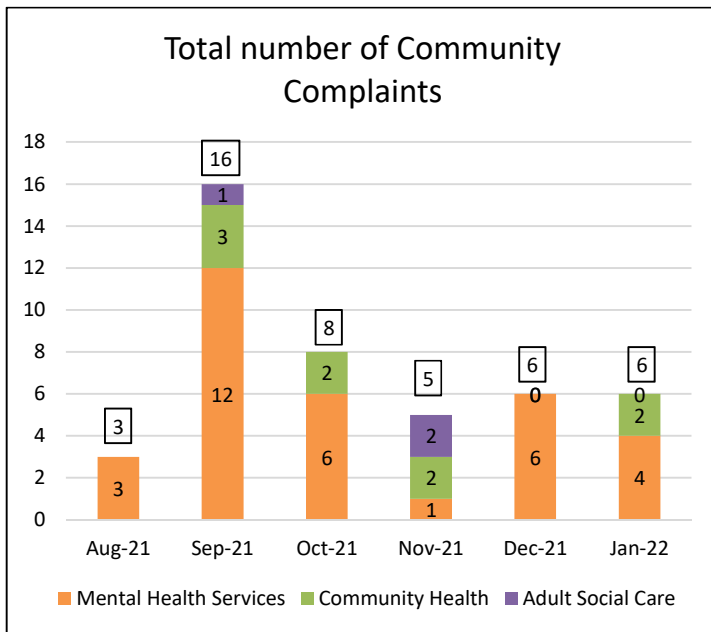
% OF ALL COMPLAINTS RESPONDED TO ON TIME (within 20 days of receipt)

From February all complaints will be reviewed and signed off by the CEO bringing increased executive oversight, scrutiny and accountability. Targeted support to specific care groups is in place with oversight by the Director of Nursing

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 - January 2022

FALLS

Total Number of Acute Inpatient Falls (Per 1000 Bed Days):

No falls were categorised as causing severe harm / meeting the criteria for a serious incident.

Older People & Dementia Care (Residential):

All falls were recorded as no/low harm. Most areas had a number of falls consistent with previous months; the increase here is largely due to an increase in two units. One unit in particular faced a large increase, but this mostly attributable to one resident who experience 9 falls; additional input has been requested and the case is being reviewed due to the level of risk.

In general the absence of serious injuries is positive. This also suggests exceptionally high levels of reporting; 85% of the falls were unwitnessed (primarily in private rooms), with no indication of an act or omission that preceded this, which is evidence that falls are being recorded whether or not the incident threshold is met. Additionally, no harm incidents and near misses are being regularly recorded, as are off site incidents. Again this is a positive.

Learning Disability (Residential):

All falls were recorded as no/low harm. It is difficult to derive trends given the relatively low incidence, but the frequency is consistent with earlier months.

MEDICATION ERRORS

Older People & Dementia Care (Residential):

All errors recorded as no/low harm. The most notable error was an omitted dose of gabapentin/oxycodone. This was discovered at the start of the next shift. In each case advice was sought, and competencies revisited as per policy.

Learning Disability (Residential):

Of the 2 incidents recording here, 1 was suspected to be an administration error. This involved missing mefopam which was believed to have been given in error. Advice sought and policy followed.

The other error involved a delay to the ordering of dornase alfa. As this medication is provided via an off island pharmacy it was not given for a few days. The hospital overseeing the case of the resident were made aware and advised throughout.

This has highlighted weaknesses in the supply chain for certain specialist drugs. In this case two separate off-island suppliers are involved with specialist drugs, in addition to an on island pharmacy providing the remainder. The matter is being looked in to in more detail, and in the interim orders will be placed a minimum of 3 weeks before they are due to ensure a buffer for poor weather and/or human factors.

INCIDENTS

Adult Social Care:

The slight increase is owing to the high number of no/low harm falls recorded, as well as a number of positive covid cases which are now being more regularly recorded on Datix.

Aside from the covid related incidents, the spread looks similar to previous months, with falls being the most frequent category by some margin. Physical/verbal aggression, and unwell/ill remain other major categories, but there were relatively few Accidents or medication incidents recorded.

This month did see a slight increase to incidents recorded specifically as safeguarding. 4 out the 5 recorded were disclosures to learning disability staff about events in the community/away from support environments.

There were 8 moderate harm incidents (7 illness, 1 self harm), and 2 deaths (both related to illness).

 SUMMARY REPORT Kiarail Vannin	Meeting Date: 5 th April 2022	
	Enclosure Number:	

Meeting:	Manx Care Board		
Report Title:	Mandate Assurance Report 2021-22		
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	15/03/2022	

Summary of key points in report

To assist the DHSC with its' ongoing statutory assurance function (as required by the Manx Care Act 2021), the Department has requested an end of year position against each of the 2021-22 mandated objectives.

The attached report provides a detailed summary against each of the twelve objectives, which has been structured to include the following:

- Narrative supporting the progress made in the delivery of the objective
- RAG Rating against suggested criteria
- Key Risks / Challenges that have impacted delivery
- Action plan summarising any remaining work required to deliver objective

The report demonstrates the significant progress that has been made during the service year, whilst also acknowledging the challenges that have been faced.

In order to support the assurance process, and due to overlapping meeting dates, the draft report has been submitted to the Department in advance of the Mandate Assurance meeting on the 30th March 2022, on the understanding that a final version will be submitted once approved by the Manx Care Board.

Recommendation for the Committee to consider:

Consider for Action	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Information	<input type="checkbox"/>
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It is recommended that the Board approve the content of the report, so that an approved final version may be provided to the DHSC.

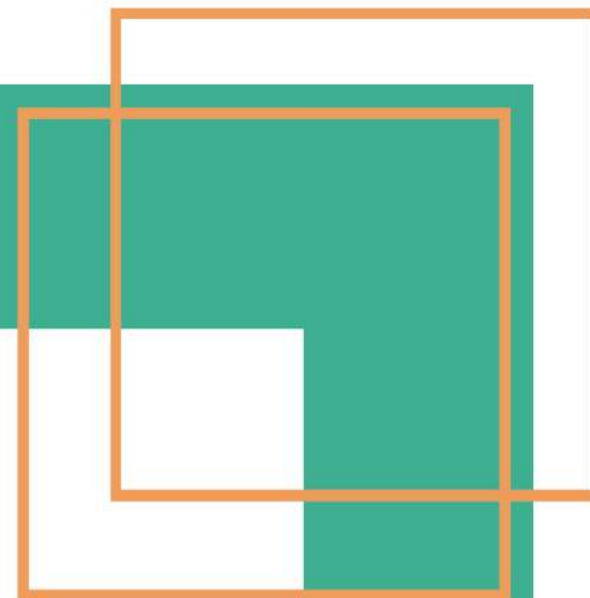
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Is this report relevant to compliance with any key standards? YES OR NO		State specific standard
IG Governance Toolkit	No	
Others (pls specify)		
Impacts and Implications?	YES or NO	If yes, what impact or implication
Patient Safety and Experience	No	
Financial (revenue & capital)	No	
OD/Workforce including H&S	No	
Equality, Diversity & Inclusion	No	
Legal	No	

Mandate Assurance Report 2021/22

March 2022

Version 1.0



Summary

Ref	Objective	RAG Rating
1	Contribution towards the Island's response to the COVID-19 pandemic as directed by DHSC. This includes but is not limited to the ongoing delivery of the COVID-19 testing and vaccination programme in accordance with the strategy set by the Department and Government	
2	Demonstrate that the experience of Service Users, patients and carers is effectively captured, matches the agreed standards and that feedback is used to drive continuous improvement and better outcomes for people accessing and using all services.	
3	Demonstrate changes in transforming an integrated health and care service delivery following international standards for quality and outcomes.	
4	Ensure that all aspects of health and care have balanced equity of decision making, accountability and provision.	
5	Demonstrate, embed and lead an effective and robust corporate, clinical & care governance structure across all services for the effective management of risk, the ability to provide real time intelligence about performance, and promotion of a safe, learning and improvement focused culture.	
6	Demonstrate continued financial balance through delivery of agreed cost and service improvement plans (CIP) and the delivery of the agreed sustainable financial plans.	
7	Waiting times for Mandated Services to be reduced to levels comparable with other developed health and care systems.	
8	Adopt and embed a principle of continuous improvement in design, development and delivery of social care and health care services to ensure high quality measured outcomes are achieved, including, where appropriate, new opportunities to innovate including through the use of new technology.	
9	Effective and collaborative partnership working within the integrated care system	
10	Developing and integrating Primary Care at Scale as an essential part of service delivery within Manx Care.	
11	Demonstrate a continuous improvement in workforce engagement, personal and professional development.	
12	The Isle of Man Government now has a commitment to reach net zero greenhouse gas emissions by 2050, and the Climate Change Bill due to come into operation in 2021 gives every public body a statutory duty to play an active role in achieving that goal.	

DHSC RAG Rating Definition

Rating	Criteria
Green	Objective was met
Green / Amber	Evidence that the objective was mostly achieved, and that appropriate plans and actions were put in place where it was not possible to meet the objective
Amber / Red	Appropriate actions and plans were put in place but the objective remains at risk
Red	The objective was not met and actions and adequate plans or mitigations were or will not be sufficient to meet the objective.

Objective 1: Contribution towards the Island's response to the COVID-19 pandemic as directed by DHSC. This includes but is not limited to the ongoing delivery of the COVID-19 testing and vaccination programme in accordance with the strategy set by the Department and Government	RAG Rating
<p>Manx Care have played a central role in the provision of COVID related services and support to the Isle of Man population during its first year of existence as an organisation – this includes:</p> <ul style="list-style-type: none"> • Taking over the vaccine programme in April 2021 and delivering all developments as advised by JCVI including booster programme, third doses for clinically vulnerable individuals and more recently children from 5 – 17. • Manx Care has continued to deliver a COVID swabbing and testing service which, at times, has increased to 1000 swabs/tests per day which has supported the changes in border restrictions and also ensured that individuals who are symptomatic have been tested and received their results in a timely way • Manx Care has continued to provide an inpatient location for patients who have presented with acute COVID related illness, and provided safe and effective treatment for those requiring acute support as a result of Covid-19 infection. This included opening of a dedicated COVID ward for around 4 months from November 2021 to February 2022. • Manx Care have provided dedicated support to residential care homes across the island to help in preparation of plans should there be a COVID-19 outbreak, as well as provide medical/nursing/infection control support to homes in an outbreak situation to help reduce onward spread of COVID-19 within the home and to support patients with COVID-19 from a medical/nursing point of view • Manx Care has provided a secure supply chain of Personal Protective Equipment (PPE) and Lateral Flow Devices (LFDs) to the island. PPE has been provided free of charge to all public and private healthcare providers and has offered free LFDs to the population for the latter half of 21/22, following the change in government policy around COVID-19 testing. • Manx Care has facilitated the transfer of the 111 service from the Cabinet Office on the 1st January 2022 whilst continuing to provide the vital telephone support and back office processing service. 	
Key Risks / Challenges	Action Plan
<ul style="list-style-type: none"> • Business case for the funding of COVID-19 related costs in Q4 21/22 and Q1 22/23 currently not approved • Business case for the funding of the COVID-19 vaccination service into 22/23 not yet approved – staff uncertainty around future of programme and employment • Requirement to develop 'business as usual' strategy for managing COVID in hospital in the endemic phase and not rely on dedicated COVID wards when there is a resurgence of cases • Development of business continuity plan to ensure safe staffing across all Manx Care services if there are a resurgence of cases resulting in increased sickness absence (not relating to isolation requirements) 	<ul style="list-style-type: none"> • Securing funding for Q1 COVID costs and 22/23 Covid Vaccination service • Development of business continuity plans for hospital services if there are increases in the numbers of COVID inpatients and for increases in COVID related (symptomatic) sickness

<p>Objective 2: Demonstrate that the experience of Service Users, patients and carers is effectively captured, matches the agreed standards and that feedback is used to drive continuous improvement and better outcomes for people accessing and using all services. in 2021/2022:</p> <ul style="list-style-type: none"> • Measure the experience of Service Users, patients and carers, and define plans to improve that experience by 30th July 2021 and commence implementation of that plan to enable demonstrable improvement within the Service Year. 	RAG Rating
Health	
<ul style="list-style-type: none"> • Improve Complaints Management – to ensure consistency and compliance the CEO reviews and signs off all complaint response letters prior to forwarding to complainant. 	
<ul style="list-style-type: none"> • Improve Communication with Patients & Public - MCALS pilot initiated in Aug 21. A total of 2578 contacts recorded between Aug 21 and Feb 22. ARC telephone operating system introduced Nov 22. Business case approved for substantive service following review of pilot; permanent posts advertised. 	
<ul style="list-style-type: none"> • Patient Safety & Satisfaction Walks - process in place across health facilities / services. ‘Walks’ undertaken by senior personnel involving on site structured conversations with patients, visitors and staff. Feedback anonymised and submitted to the relevant care group / service with recommendations. Action plans developed, implemented and monitored via CQS committee meetings based on recommendations. 	
<ul style="list-style-type: none"> • Improve Openness, Transparency & Engagement with the Public - attendance at Board meetings Manx Care has opened up selected Board meetings for members of the public, providing the opportunity for the advanced submission of questions and topics for discussion. 	
<ul style="list-style-type: none"> • Improve Learning from Complaint Outcomes – action plans developed and implemented in response to learning from complaints; progress tracked and monitored by CQS Team alongside care group triumvirate. 	
Social Care	
<ul style="list-style-type: none"> • All areas of directly provided ASC services are regulated and as such have a continuous approach in meeting minimum standards which include; feedback, service user/resident surveys, regular service user/resident meetings, at which minutes are taken and actions logged and communicated back on completion (you said, we did). Annual plan sets out areas for development in the coming 12 months and achievements in previous 12. Weekly meetings within the Wellbeing partnerships give opportunities for allied professionals to feedback and influence. 	
<ul style="list-style-type: none"> • Feedback forms are sent to service users/carers when the case is discharged and any positive feedback is shared at team meetings and managers meetings to inform service development. We are having discussions about alternative ways to seek feedback to increase involvement. Where feedback suggests there is an opportunity for service development or improve outcomes for people using services or their carers, this is considered and implemented as appropriate. The service user/carer received feedback as to how their suggestion has been acted upon. 	
<ul style="list-style-type: none"> • Assessment are not signed off until feedback is gathered and added to the document. We are discussing how this can be more meaningful and particularly in family support and EHAS services adopting a model that some of our commissioned services use. 	

Objective 2 (Continued): Demonstrate that the experience of Service Users, patients and carers is effectively captured, matches the agreed standards and that feedback is used to drive continuous improvement and better outcomes for people accessing and using all services. in 2021/2022:

- Measure the experience of Service Users, patients and carers, and define plans to improve that experience by 30th July 2021 and commence implementation of that plan to enable demonstrable improvement within the Service Year.

Key Risks / Challenges	Action Plan
<p>Health</p> <ul style="list-style-type: none"> • Coordination and collation of feedback – numerous methods employed across Manx Care; however not all information is held centrally • Availability of real time feedback <p>Social Care</p> <ul style="list-style-type: none"> • Lack of consistency across adult and C&F social work services. 	<p>Health</p> <ul style="list-style-type: none"> • Recruit Patient Experience Lead in CQS Team • MCALS – recruit substantive post holders / implement permanent service • Introduce instant feedback mechanism using technology • Introduce Family & Friends Survey • Widen Safety & Satisfaction Walks across all Manx Care services <p>Social Care</p> <ul style="list-style-type: none"> • We need to have a consistent approach across all social work services like we do across all ASC services. This needs to be co-ordinated through the Corporate Services Manager.

<p>Objective 3: Demonstrate changes in transforming an integrated health and care service delivery following international standards for quality and outcomes. In 2021/22:</p> <ul style="list-style-type: none"> • Expansion of integrated well-being hubs in all four geographies of the Island. • Evidence of the development and implementation of a number of agreed integrated care tiered pathways with Primary Care, third sector and other commissioned providers. 	<p>RAG Rating</p>
<p>The development of the Wellbeing Partnerships has taken a great leap forward following the establishment of Manx Care, accompanied by the commencement in post of the three Wellbeing Partnership Leads. These include:</p> <ul style="list-style-type: none"> • Transfer of the responsibility for the Wellbeing Partnerships into Social Care from Community Health • Commencement of the development of the Southern and Northern Wellbeing Partnerships with formal launch of the Southern Wellbeing Partnership in December and public consultation sessions for the development of the Northern Partnership taking place in Q4 21/22. • Two Local Area Coordinators have been appointed to cover the southern region to lead on the development of the foundation level of integrated care, namely building an engaged and connected community that supports its local population • Western Wellbeing Partnership, which has been established since February 2020 continues to support the local population through coordination of referrals to ensure an integrated approach to their care at home, as well as providing a local venue for delivery of service such as community midwifery, podiatry, memory clinic and a benefits drop in session. • A plan for the development of the Eastern Wellbeing Partnership is currently underway <p>In terms of development of other tiers of integrated care:</p> <ul style="list-style-type: none"> • Community Frailty – this project was commenced in early 21/22 however progress has been limited due to lack of community geriatrician availability – this will improve from April 2022 when two new substantive Consultant Geriatricians join the workforce. The development of care pathways and a Comprehensive Assessment document have been finalised which will be used to assess frailty both in the community and hospital • Intermediate Care – progress on this project has been limited due to availability of funding. Care pathways and job descriptions for the Intermediate Care Team have been developed, which include both community and bed based care. Funding for the project (£1.2m per annum) has been included in the overall Urgent and Emergency Integrated Care Transformation business case 	
<p>Key Risks / Challenges</p>	<p>Action Plan</p>
<ul style="list-style-type: none"> • Availability of funding to launch the Eastern Wellbeing Partnership and Intermediate Care Service • Community engagement with Local Area Coordinators working in the South 	<ul style="list-style-type: none"> • Continued roll out of Local Area Coordination pilot in the South – subsequent roll out across the island, including securing funding to achieve this • Completion of Northern Partnership consultation sessions and formal launch of partnership in Q1 22/23 • Securing funding for the development of the Intermediate Care service • Roll out of Community Frailty across all island

Objective 4: Ensure that all aspects of health and care have balanced equity of decision making, accountability and provision. In 2021/22: <ul style="list-style-type: none"> • Implementation of the new delivery arrangements between children's and adult's social care. • Demonstrable evidence that care (including social care) has an equal voice and representation across all governance structures. • Development of a plan to evidence that there is an equitable focus on improving physical and mental health outcomes. 		RAG Rating
<p>Children's & Families services and Adult Social Work and Adult Social Care have come together within one care group. This group now has one Executive Manager and is supported directly by two Assistant Directors – one in each area. We are still looking to appoint to the C&F position. Closing date end March.</p> <p>Work undertaken within the Wellbeing Hubs and that to be undertaken by the Local Area Coordinator, is supporting the right intervention, in the right place, by the right person and in the right place and this is in respect of both physical and mental health wellbeing.</p> <p>Alongside this we have designed a 'partnership assessment' to support multi disciplinary assessment and ongoing care planning.</p> <p>Currently awaiting the presentation of Business Case to BCRG to develop the Wellbeing Hub approach for the East of the island.</p> <p>To undertake an options appraisal in respect of an 'All Age LD service' – given size of the population and to aid transition arrangements. This would not have happened with the C&F and adults sitting separately.</p>		
Key Risks / Challenges	Action Plan	
<ul style="list-style-type: none"> • Social Care does not yet have an equal voice and is probably not represented in all governance structures, i.e. not representation on Audit Committee. 	<p>Non Executive Director appointment being progressed with preference for an Social Care or Allied Health Professional Background – Interviews scheduled for late March.</p>	

<p>Objective 5: Demonstrate, embed and lead an effective and robust corporate, clinical & care governance structure across all services for the effective management of risk, the ability to provide real time intelligence about performance, and promotion of a safe, learning and improvement focused culture. In 2021/22:</p> <ul style="list-style-type: none"> • Progress the development and implementation of an effective clinical and care governance structure, and associated risk management systems. • Baseline and evidence of the continuous improvement of internal and external working cultures, behaviours and allied processes. 	RAG Rating
Health	
<p>The following developments are linked to the 10 Point Governance Roadmap developed by the Executive Team and signed off by the Manx Care Board:</p> <ul style="list-style-type: none"> • Develop a single governance/CQS team for Manx Care – New structure drafted (merging community and hospital CQS Teams), job descriptions drafted, consultation underway; full implementation imminent. • Implement a process / forum for assurance of care group safety & quality activity – Operational Clinical Quality Group and reporting schedule established with representation from all care groups. • Develop and implement a Quality Dashboard based on recognised indicators / metrics – developed in the KLOE framework; reported monthly to the Operational Clinical Quality Group. • Introduce a clear policy and procedure for incident reporting and management – new policy implemented Oct22, inclusive of a robust process for the reporting and management of serious incidents via the Serious Incident Review Group chaired by the DoN / Medical Director. Serious Incident Investigation training held to enhance internal capability and ensure consistency in approach. Memorandum of Understanding between Manx Care, IOM Police and Health and Safety Executive In Development with expected completion by end of Q1 22/23 • Introduce Process for Mortality Reviews – policy and process developed / implemented in hospitals and the Integrated Mental Health Service. • Introduce a Manx Care Safety & Learning Bulletin – issued on a monthly basis by the CQS Team across Manx Care (commenced Feb 22). • Introduce a Manx Care wide Patient Safety Summit - Chaired by the Medical Director and scheduled on a regular basis to share learning from incidents, complaints, audits and inquests. • Ensure compliance with complaints regulations – all complaint response letters are reviewed and signed off by the CEO before forwarding to the complainant. • Enhance internal capability for the effective management of the Safety and Quality Risk Management System (DATX) – Datix Administrator appointed within CQS Team, enabling internal capability for system maintenance / development, reporting and training. • Implement Standards for Inquest Management – SOP established with Coroner’s Office. Inquests tracked on Datix and via SIRG / Executive Team; inclusive of liaison of Comms Team. 	
Social Care	
<ul style="list-style-type: none"> • Within social care we have held a couple of workshops across the Care group looking at Quality Assurance. We are now moving into a more practical phase where we establish a project steering group with a small number of key working groups involving staff from across the care group with some specialist input from members who attended the workshops. It was also recognised that there will be a need for business intelligence (BI) and project management capacity to support the work going forward. 	

Objective 5: Demonstrate, embed and lead an effective and robust corporate, clinical & care governance structure across all services for the effective management of risk, the ability to provide real time intelligence about performance, and promotion of a safe, learning and improvement focused culture. In 2021/22:

- Progress the development and implementation of an effective clinical and care governance structure, and associated risk management systems.
- Baseline and evidence of the continuous improvement of internal and external working cultures, behaviours and allied processes.

Key Risks / Challenges	Action Plan
<p>Health</p> <ul style="list-style-type: none">• Access to automated business intelligence (data) – whilst there is some capability, a number of metrics are reported via manual methodology, which impacts efficiency• Current version of Datix not subject to system upgrades• Policy development - whilst a considerable suite of policies are being reviewed, the size of the task is considerable and challenging internal capability (additional budget secured for interim project) <p>Social Care</p> <ul style="list-style-type: none">• BI team capacity• Health and Social Care working separately on this – there needs to be one approach and currently these are being worked as separate streams.	<ul style="list-style-type: none">• Continue to implement 10 Point Governance Roadmap• Form one Care Quality & Safety Team• Recruit Risk Manager – discussion held with Transformation to assign budget for recruitment of Manx Care Risk Manager• Upgrade current version of Datix to Datix IQ Cloud (enhanced system functionality)• Formalise MOU with IOM Constabulary for management of serious incidents where parallel investigations are required

<p>Objective 6: Demonstrate continued financial balance through delivery of agreed cost and service improvement plans (CIP) and the delivery of the agreed sustainable financial plans. In 2021/22:</p> <ul style="list-style-type: none"> • Contribution to the development of a sustainable financial plan for health and care services on the Isle of Man • 1% CIP delivery • Working within the maximum affordable budget agreed (as defined in Paragraph 4.1) 	<p>RAG Rating</p>
<p><i>Please see Appendix A for further detail regarding this objective.</i></p> <ul style="list-style-type: none"> • The development of the modelling behind the Growth Business Case submitted to Treasury for the 22/23 financial year has provided a clear formula for Treasury (3% + CPI) to apply when planning future funding requirements for Health & Social Care. This is the first step towards developing a sustainable financial plan. The next is to accurately establish what the current service provision ‘should’ cost and work is underway with Transformation to develop this during 22/23. • The forecast year end position is £9.8m deficit and Supplementary Vote funding of £10m has been approved by Tynwald. See attached January 2022 Management Accounts and the Mandate Assurance document for further detail. • Manx Care faced significant cost pressures during 2021/22, many of which were largely outside Manx Care’s control. Manx Care began the year with it’s £4.5m contingency fund entirely allocated against inherited funding pressures which left little scope to deal with business as usual pressures of rising drugs costs, high agency spend driven by high vacancy rates, and Pay Awards above the 1% budgeted (3% for HMD and 4% for MPTC). • During the year, improved financial governance and control mechanisms have been put in place to allow for improved accountability, better forecasting and earlier visibility of potential issues which will allow time for mitigation. • CIP Delivery has fallen short of the target £2.7m and is expected to be £1.7m Whilst this is disappointing, it reflects the fact that the programme was not fully agreed until June 2021 so only represents a partial year of activity. A fuller analysis is provided in the attached Mandate Assurance Support document. However, significant progress has been made in year to establish strong governance and oversight mechanisms and lay the foundation for strong performance in 2022/23. Many of the issues faced in 2021/22 around data and staff absence have delayed delivery into 22/23 rather than creating a shortfall in the overall delivery and approx. £1.5m in savings have already been secured for 22/23. 	

Objective 6 (Continued): Demonstrate continued financial balance through delivery of agreed cost and service improvement plans (CIP) and the delivery of the agreed sustainable financial plans. In 2021/22:

- Contribution to the development of a sustainable financial plan for health and care services on the Isle of Man
- 1% CIP delivery
- Working within the maximum affordable budget agreed (as defined in Paragraph 4.1)

Key Risks / Challenges	Action Plan
<ul style="list-style-type: none"> • Vacancy rates of up to 20% driving high spend on Agency & Locum Staff • Pressures around Pay Awards – 1% budgeted for 22/23 • Rising Drugs Costs • Poor financial governance and oversight across the organisation • Delays to CIP implementation • Lack of activity data that can be linked to spend 	<ul style="list-style-type: none"> • Re-establishment of Workforce Expenditure Panel to provide more robust oversight of spend • Continued focussed effort on recruitment to reduce spend on agency • Full review of nursing establishment carried out to inform future requirements – same to be carried out for other staff groups / operational areas • Early discussions with providers to explore potential options for addressing staffing needs around Bank, Agency & Recruitment • Focus on Consultant Job Planning to ensure maximum efficiency and optimum service delivery • Pay Award discussions for 22/23 already begun to provide early certainty on likely financial impact

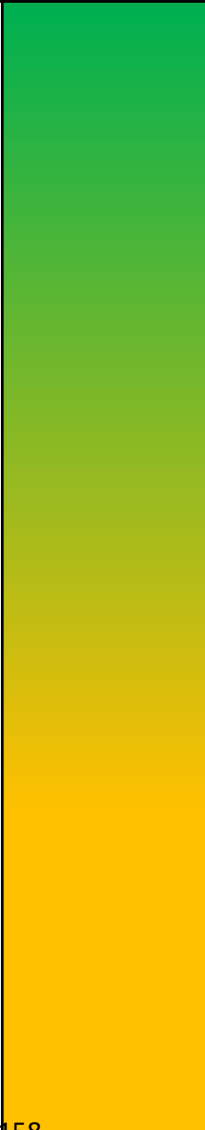
Objective 7: Waiting times for Mandated Services to be reduced to levels comparable with other developed health and care systems. In 2021/22: <ul style="list-style-type: none">• Confirm the current baseline wait times for all Mandated Services by 30th July 2021• Develop a plan by 31st October 2021 to reduce clinically/need-based prioritised wait times, including, but not limited to;<ul style="list-style-type: none">o Integrated cancer services – time between urgent referral to first outpatient attendanceo Urgent and emergency care – time to admit, transfer or discharge following arrival at the emergency departmento Planned care – time on waiting list for treatment• And commence the implementation of that plan by the end of the Service Year, showing improvements in wait times.		RAG Rating
<p>Since Manx Care’s establishment, there has been a new focus on performance across all services, such as cancer, elective and non elective. The development of the Integrated Performance Report has tracked performance since April 2021, which is overseen by the Finance, Performance & Commissioning Sub-Committee of the Manx Care Board, and Performance Delivery Group. Important developments in year include:</p> <ul style="list-style-type: none">• Stabilisation of the two week wait cancer standard following some significant performance variance within several tumour groups in early 21/22. Significant resilience issues have been identified across several tumour sites and funding for additional capacity has been allocated in order to improve performance and outcomes – this includes funding of a second consultant breast radiologist, allocation of recovery funding to endoscopy to reduce historic waiting lists and improve suspected cancer ‘direct to test’ pathway and increase the number of colposcopy clinics in gynae• Investment in the Cancer Tracking Team has meant increased grip of all cancer patients going through diagnosis and treatment• Performance across all non-elective standards has been challenging in year due to a significant increase in demand on the non-elective pathway, in particular calls to the ambulance service and also to MEDS. Although attendances at ED have been stable during 21/22, conversation rate from attendance to admission has increased by 7% meaning more demand on inpatient capacity and increased instances of exit block in ED which has impacted on 4h performance. Work to develop an Ambulatory Emergency Clinic (AEC) has helped to deflect admissions to AEC attendance. In addition further work on the Urgent Integrated Care Transformation Project will also help develop diversionary pathways to reduce pressure on ED in terms of attendances due to presence of practitioners with advanced clinical skills in the community• The securing of £1.86m of recovery and restoration funding to help address long waiting times within several outpatient specialties plus endoscopy and ophthalmology, along with £1m allocation for the recovery of the inpatient orthopaedic waiting list is beginning to deliver significant volumes of outsourced activity via Medefer (outpatients) and Synaptik (cataract/orthopaedics) which will last into the new financial year. A larger recovery and restoration business case is under development to complete the recovery programmes within orthopaedics and ophthalmology and also will address other specialties with long waiting lists such as ENT• An elective demand and capacity assessment process is underway across all specialties – this will uncover whether specialties are correctly resourced to undertake their demand or whether additional resources may be required in order to match demand to capacity.• Funding for a Head of Performance and an Elective Access Manager will ensure that there is senior managerial oversight of elective performance, including the planned implementation of a Referral To Treatment (RTT) standard		
Key Risks / Challenges	Action Plan	
<ul style="list-style-type: none">• Funding and implementation of the Integrated Urgent Care project• Resilience of roll out of the outsourced recovery and restoration workstreams – significant demand/competition from UK NHS• Funding and support for next phase of recovery and restoration project	<ul style="list-style-type: none">• Continued close monitoring of all access standards – formalised through development of Performance & Accountability Framework• Continued leadership of Integrated Urgent Care Transformation Project• Completion of demand and capacity work	

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<p>Objective 8: Adopt and embed a principle of continuous improvement in design, development and delivery of social care and health care services to ensure high quality measured outcomes are achieved, including, where appropriate, new opportunities to innovate including through the use of new technology. In 2021/22:</p> <ul style="list-style-type: none"> • Implementation of a suite of common set of standard processes, a quarterly self-assessment of data validity and agreed improvement plan for the following quarter. • Development of a five-year roadmap in the strategic improvement and outcomes-based approach to the performance management of services. • The development and implementation of an integrated performance management framework. • A focus on improving a number of high risk agreed priority areas and implementation of agreed service improvement plans including the development of network alliance partnerships and health optimisation frameworks. 	<p>RAG Rating</p>
<p>As of 1st April 2021, there was very little by way of performance reporting infrastructure at Manx Care. Since April 2021 Manx Care has worked to redevelop, automate and validate the KPI reporting framework through the construct of a core dataset. This is a large undertaking and involves every department in Manx Care, The plan of works to automate datasets for each area is due to extend to August 2022.</p> <p>In terms of new Technology, plans are somewhat dependent on the delivery of the forthcoming Manx Care Record, which is being delivered by the Transformation Programme. In addition to this Manx Care has introduced a Smart Page emergency alert system dramatically improving response times to urgent calls. Manx Care is in the process of recruiting and Director of Digital Systems reporting directly to the Chief Information officer, whose primary responsibilities will including the oversight of the strategic delivery of new technologies into Manx Care.</p> <p>Manx Care has developed and approved (Feb 2022) a formal Performance Management Framework specifically designed to ensure the Care Groups, their services and individual managers are held to account for their performance. It will be the means by which the Board can easily identify areas of excellence for wider sharing and celebration and areas where additional support may be required.</p> <p>Manx Care is in the process of recruiting a Performance Manager reporting directly to the Executive Director of Operations, whose primary responsibility will be to oversee the strategic improvement and outcomes based approach of our service.</p> <p>Agreed priority programmes include Restoration and Recovery, Endoscopy and the Cancer Alliance. After a slow start in agreeing process and contracts the restoration and recovery piece is now fully underway. The Endoscopy backlog has been cleared through dedicated focus on resource in this area which should be celebrated. The redesign of priority services is ongoing, with input from he Transformation Programme, including an in-depth focus Cancer and Urgent and Emergency Care services.</p>	
<p>Key Risks / Challenges</p> <ul style="list-style-type: none"> • Impact of COVID-19 has had a huge impact on resources throughout. • The reporting infrastructure has had to be developed from the ground up • The ability to attract and retain staff has been difficult • Cultural challenges across the organisation requires recognising and working with a wide range of views with historic lack of exposure to performance management 	<p>Action Plan</p> <ul style="list-style-type: none"> • Finalising recruitment of the performance manager • Finalising the recruitment of the Director of Digital Systems • Embedding the Performance and Accountability Framework • Continued work alongside transformation on service and pathway redesign • Completion of the work on datasets

Objective 9: Effective and collaborative partnership working within the integrated care system. In 2021/22: <ul style="list-style-type: none"> • Contribution to and delivery of the integrated partnership board agenda. • To evidence increased closer work with non-statutory health and care sector providers, and the wider local communities. • Delivery of the Transformation Programme objectives attributable to Manx Care. 	RAG Rating
<ul style="list-style-type: none"> • The Integrated Care Partnership Board is now co-chaired by the Director of Operations and Exec Director for Social Care, and now meets monthly rather than quarterly given the number of work streams that it now covers. This joint approach has improved engagement with third sector organisations and independent providers who provide care in our community, support carers or support those with complex or chronic health conditions. The Integrated Care Partnership board continues to have representation from the Council of Voluntary Organisations (CVO) and there has been increased involvement of staff from Manx Care within the CVO. • All work streams are devising work plans for the year in order that synergies and duplication can be identified, also focussing on KPI's for each work stream to be able to measure success and also transform the KPI reporting for some areas. • Manx Care continues to support the Transformation Programme and specifically the objectives that are attributed to it, whilst additional Care Pathway projects are due to commence the transition to Manx Care in order to manage implementation. <p>Achievements of note include:</p> <ul style="list-style-type: none"> • Commitment to development of a carers' strategy in collaboration between Manx Care and Crossroads • Engagement of Isle Listen to provide additional capacity for CAMHS as part of the Recovery and Restoration project • Co-production of the ME/CFS and Long COVID business case with the local ME Support Isle of Man and Long COVID Support Groups – subsequent establishment of Expert Patient Panels to support development of the ME/CFS/Long COVID Service • Engagement with New View Therapeutic Community with a view to jointly delivering the Recovery College • Development of the Local Area Coordinator pilot for the southern region to develop a community network which can support people in need in the community by the community 	
Key Risks / Challenges	Action Plan
<ul style="list-style-type: none"> • Lack of dedicated resource around engagement of the third sector and community groups in order to develop relationships. • Working in silos – the ICPB will mitigate this. • Capacity in the system. • Transformation not focussing on the right areas and transforming areas separately rather than taking a whole system approach. 	<ul style="list-style-type: none"> • The ICPB will not be just a progress reporting forum, but will support dynamic and agile planning in each work stream. • Ongoing development of the ME/CFS/Long COVID in conjunction with local support groups and expert patient panels • Further exploration of joint delivery of services between statutory and third sector for example the Recovery College • Continuation of Local Area Coordinator pilot within the South and subsequent roll out across the whole island • Progress against the Palliative and End of Life Programme and the 4 key workstreams

<p>Objective 10: Developing and integrating Primary Care at Scale as an essential part of service delivery within Manx Care. In 2021/22:</p> <ul style="list-style-type: none"> • Establishing the delivery of a number of services at a scale across all Primary Care professionals (not currently delivered by Primary Care). • Developing a plan, implementation and evidence of the integration of Primary Care at Scale within Manx Care. • Development of strategic plans for the sustainability of Primary Care services (e.g. recruitment and retention). 	<p>RAG Rating</p>
<p>The Primary Care @ Scale (PCAS) project has made significant progress during 2021/22 however has recently stalled due to complications around the agreement of a data sharing agreement between GP practices and Manx Care for those practitioners employed by Manx Care to deliver the additional services within each GP practice in order to provide an alternative that seeing the GP or Practice Nurse to receive care. Progress so far includes:</p> <ul style="list-style-type: none"> • Funding and appointment of 5 First Contact Practitioners to work across all GP practices to review and commence treatment for musculoskeletal issues • Funding and appointment of 3 Primary Care Pharmacists who can work within GP practices to help manage patients who are prescribed a large number of medicines to undertake regular medication reviews to optimise the medications prescribed. The pharmacists will also assist GPs with repeat prescribing workload • Funding and appointment of 5 Counsellors who will work with GPs to provide talking therapy at the beginning of the pathway which it is hoped will reduce anti-depressant prescription and will help establish a complete stepped pathway of mental health support on island <p>It is anticipated that the services delivered by the new practitioners are described above will go live on the 1st April across the island, if the Information Governance issues can be resolved.</p> <p>Target Operating Model across all primary care modalities (i.e. optometrists, dentists and GPs) currently in draft to be agreed by the end of April, followed by proposals around Leadership Development and Population Health Management.</p>	
<p>Key Risks / Challenges</p>	<p>Action Plan</p>
<ul style="list-style-type: none"> • Resolution of IG issues • GP frustration due to lack of progress with workstream • Lack of engagement with some primary care disciplines 	<ul style="list-style-type: none"> • Urgent resolution of IG issues • Launch of prototype services on 1st April • Completion of Target Operating Model and proposals around Population Health Management and Primary Care Leadership

<p>Objective 11: Demonstrate a continuous improvement in workforce engagement, personal and professional development. In 2021/22:</p> <ul style="list-style-type: none"> • Implementation of staff engagement index, and baseline measurement. • The implementation of a plan to improve staff engagement, satisfaction and morale. • A reduction in staff sickness levels, measured quarterly. An improvement in the agreed mandatory training performance, measured quarterly. 	<p>RAG Rating</p>
<ul style="list-style-type: none"> • Implementation of staff engagement index, and baseline measurement ‘Have Your Say’ surveys for Manx Care – data analysed and consolidated into a report together with recommendations for consideration. However, responses were received from only approximately 10% of Manx Care staff. Local surveys produced a better response but in view of the low overall response the baseline established should be treated with caution. • The implementation of a plan to improve staff engagement, satisfaction and morale. Implementation of a bespoke Manx Care Induction Programme. Improved Leadership Visibility – staff engagement activities with members of the executive team and the board, following up with actions as a result of this engagement. Eg regular Lets Connect session. Development of a Leadership Academy Programme Wellbeing initiatives - A cohort of Manx Care staff are actively involved in wellbeing focus groups, a Staff Committee has been created to review the available spaces for staff to have a break / lunch / rest and propose improvements. Cultural Assessments – Full, themed action plans have been created for those areas where assessment has been completed. Values workshops and away-days for teams across a number of Care Groups. CARE values reviewed with engagement from Manx Care Staff Draft appraisal scheme prepared following consultation with staff underpinned by CARE values CARE award - staff / team recognition scheme implemented • A reduction in staff sickness levels, measured quarterly. An improvement in the agreed mandatory training performance, measured quarterly. Analysis has been completed on available absence data; this has supported initiatives and will be utilised to help inform business cases / strategies for reducing sickness absence rates in the future. In addition the HR advisory team met regularly with operational managers regarding absences that are case for concern. It must be acknowledged that the three waves of COVID-19 during 2020-21 and into 2022 is having an impact on this also. Overall the absence rates for Manx Care remains comparable between the years ending Dec 20 and 21 however absences due to musculoskeletal issues show a significant reduction from a high of 1.8% work time lost following joint work between managers and Health Safety Officer. Mental Health related absence has also fluctuated over the year and remains of concern given the pressures on the workforce an impact of Covid. See summary on following slide. <p>Systems for the collation and reporting of data on mandatory training require updating to reflect the Manx Care workforce and their training needs. Work is currently being undertaken to address this. The mandatory training policy also needs to be updated and agreement reached on how systems and policies are maintained going forward.</p>	

Objective 11 (Continued): Demonstrate a continuous improvement in workforce engagement, personal and professional development. In 2021/22:

- Implementation of staff engagement index, and baseline measurement.
- The implementation of a plan to improve staff engagement, satisfaction and morale.
- A reduction in staff sickness levels, measured quarterly. An improvement in the agreed mandatory training performance, measured quarterly.

Key Risks / Challenges

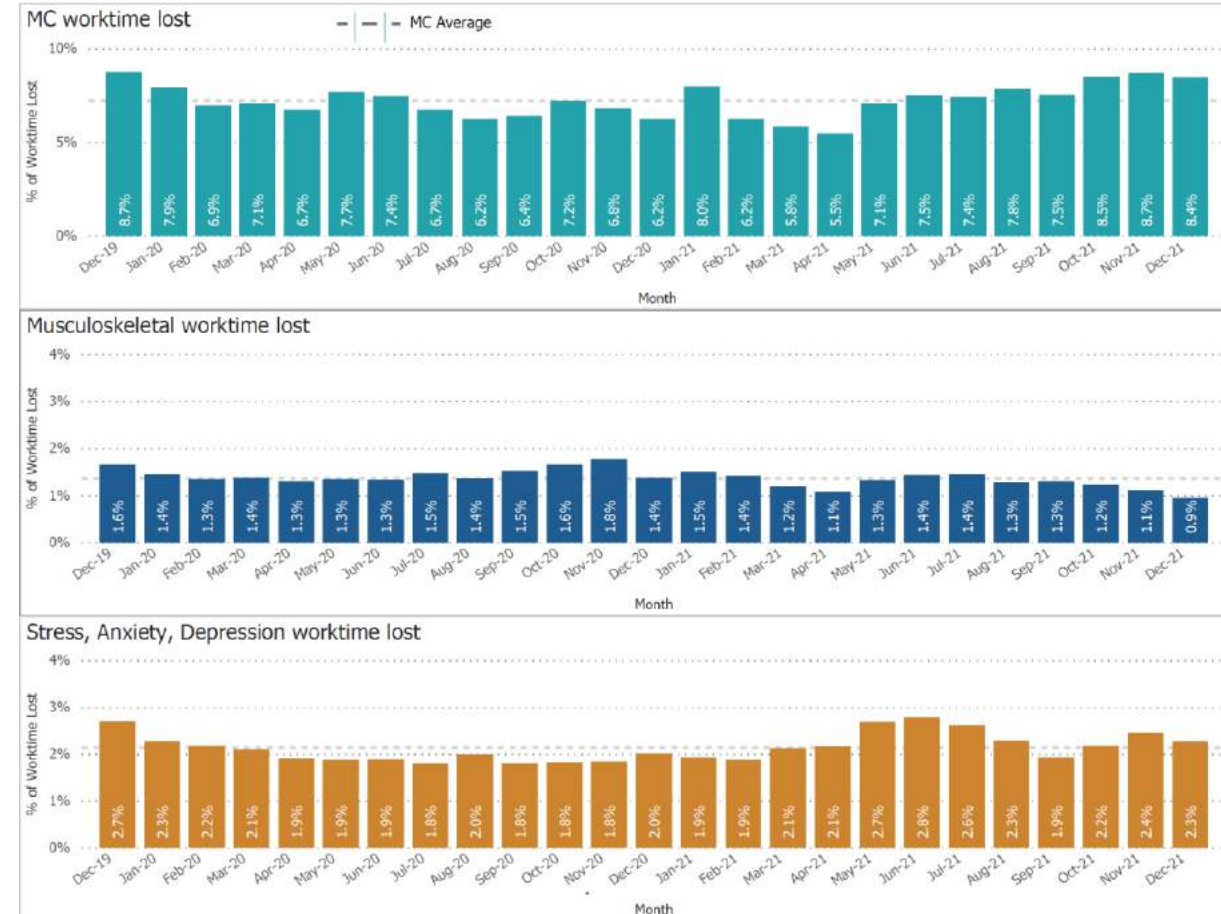
Absence management in the face of a depleted and demoralised workforce and the COVID pandemic, together with management capacity to address absence, are likely to remain challenging.

Reporting on achievement of mandatory training objectives has been difficult due to the electronic system not having been maintained to mirror the organisational structure and manual systems being somewhat piecemeal at present added to a lack of clarity on whether the pre-existing policy meets Manx Care and CQC needs.

Action Plan

Manx Care is currently working on a plans for 22/23 detailing a number of specific actions in relation to absence management, including management competence relating to this and wellbeing and engagement initiatives with the ultimate aim of improving staff engagement and attendance.

Work is ongoing to update the Elearn Vannin systems and put in place processes to keep it up to date. The mandatory training policy is under review to confirm whether this can be used as a basis to plot training in ELV. ELV will be able to report on mandatory training completion provided the system is supplied with information on staff members or groups re their individual mandatory training requirements.



<p>Objective 12: The Isle of Man Government now has a commitment to reach net zero greenhouse gas emissions by 2050, and the Climate Change Bill due to come into operation in 2021 gives every public body a statutory duty to play an active role in achieving that goal.</p> <p>Over the next five years, Manx Care will continue to pursue work to with the Department, Treasury, Department of Infrastructure and the climate change transformation team of the Cabinet Office to assess the emissions from the current estate and reduce them wherever possible, including opportunities for natural carbon sequestration in our grounds; Manx Care will pursue the reduction of the use of polluting anaesthetic gases and the improved use of asthma inhalers (in line with work going on in the UK); and support our staff and patients to choose low carbon options in all aspects of our operation.</p>	<p>RAG Rating</p>
<p>Manx Care are working with the Climate Change Team to achieve Objective 12, however, we are dependent on their progress to enable us to proceed. The public body guidance, which is a requirement of the act, is not yet available; this should have been in place by March 2022. The intention is for this to be issued to all public bodies (Department's, Statutory Boards, Offices and local authorities). It will help guide all public bodies to be able to act in a way that contributes to net zero by 2050 or any interim targets, which are likely to be for 2030.</p> <p>The guidance covers the importance of baselining emissions and then implementing an action plan to reduce them. Reporting will become a requirement on an annual basis. The Climate Change team will be calculating Departmental emissions centrally via a climate impact audit. Manx Care are working with the Climate Change Team to progress our impact audit.</p> <p>The action plan and reporting will become a requirement of Manx Care/the Department however, we have been assured that the Climate Change Team will support the development of the plan, ensuring the reporting is proportional and not excessive.</p> <p>Consultation is due to start on the regulations in the near future, with reporting expected to begin in 2023, this can only be actioned once the guidance has been published for one year.</p>	
Key Risks / Challenges	Action Plan
<ul style="list-style-type: none"> • There are delays to issuing the Public Body Guidance. • There are delays to calculating Departmental Emissions leading to a delay in agreeing our action plan. 	<ul style="list-style-type: none"> • An action plan will be completed once the Departmental Emissions have been agreed.

Appendix A – Objective 6 Mandate Assurance Report

15th March 2022

Mandate Assurance Report

Current Financial Position – Forecast Overspend of £9.9m

FINANCIAL SUMMARY - 31 JANUARY 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	24,690	22,647	(2,042)	(9%)	231,275	226,471	(4,804)	(2%)	276,559	271,764	(4,795)	(2%)	(2,140)	(1,257)
Income	(1,110)	(1,205)	(96)	(8%)	(12,217)	(12,053)	164	1%	(14,563)	(14,464)	99	1%	(172)	(174)
Employee Costs	14,935	14,142	(794)	(6%)	142,740	141,417	(1,323)	(1%)	170,404	169,700	(704)	(0%)	(725)	(909)
Other Costs	10,864	9,711	(1,153)	(12%)	100,751	97,107	(3,644)	(4%)	120,718	116,528	(4,190)	(4%)	(1,242)	(174)
CIP	(80)	(225)	(145)	(64%)	(1,114)	(2,250)	(1,136)	(50%)	(1,700)	(2,700)	(1,000)	(37%)	(51)	0
SV REQUEST	395	0	(395)	-	395	0	(395)	-	4,065	0	(4,065)	-	(395)	(745)
Pay Award (above 1%)	0	0	0	-	0	0	0	-	3,670	0	(3,670)	-	0	(825)
High Cost Patient (IFR)	395	0	(395)	-	395	0	(395)	-	395	0	(395)	-	(395)	80
GRAND TOTAL	25,004	22,422	(2,582)	(12%)	230,555	224,221	(6,335)	(3%)	278,924	269,064	(9,860)	(4%)	(2,586)	(2,002)

Mandate Assurance Report

Baseline Position - Inherited Funding Pressures



Zero Contingency

At the establishment of Manx Care, £13.5m of inherited funding pressures were identified, categorised as:

Committed	£6.5m
Uncommitted	£2.5m
Unfunded	£4.6m (includes £3.7m for NICE TA)

All existing Business Cases were revised and mitigations of £8.8m identified leaving a funding pressure of £4.4m, which was allocated against the Contingency Budget of £4.5m

No available contingency meant no ability to absorb any in year cost pressures.

Forecast Operational Overspend of £4.8m could have been mostly absorbed by the Contingency of £4.5m had it not been fully allocated against inherited funding pressures

Inherited Funding Pressures	£000
115 Aftercare	750
Freestyle Libre	335
Consultant Breast Radiologist	18
Social Care Restructure	200
Abortion Clinic	69
Tertiary Tariff uplift in UK 5%	500
Contract Uplift 2%	223
Community Paediatric & Vaccination Programme	100
Bowel Cancer Screening Kits	48
Mandatory Adult Services Training	100
Radiology Nurse	15
Impact of the Interim Cancer Drug Policy within Tertiary Care	700
Air Ambulance	350
Cystic Fibrosis Drugs	786
Impact of the Increase in Patient Transfer UK Accommodation Rates	198
Total	4,392

Mandate Assurance Report

Baseline Position - Inherited Unknown Risks & Issues



- No headroom built into nursing or medical establishment
- No establishment reviews or acuity and dependency reviews of wards undertaken
- Unsafe Oncology Service due to decommissioning of CCC contract and no investment in local service provision
- Clinical Directors who were not being paid for their roles
- Long list of Medical Staffing matters which had not been progressed taking time and resource from progressing other work
- Contractual non compliance – known it was a non compliant position but Manx Care team have needed to spend last 6 months prioritising quantifying this instead of progressing other efficiency / savings and matters such as PPU
- PPU specifications / Governance work not fit for purpose – not in a fit state to start delivering PPU in year
- Non compliance across the all performance parameters with no assessment of risk within waiting list position – no policies and procedures governing waiting times
- Significant cultural issues within Social Care which required immediate action and delayed the planned restructure
- Contracts not fit for purpose e.g. Hospice & Mental Health St Andrew's Contract
- Multiple key IT systems at end of life or out of support requiring immediate action to maintain functionality
- In practice, some Shared Service agreements not sufficiently robust and need renegotiating
- Impact of SI / AG issue
- Impact of dealing with Covid – especially rollout of vaccination programme
- Deficiencies in Information Governance provision / capability
- Deficiencies in Risk Management, Performance Management and Emergency Planning capability
- Funding of High Cost Patients – DHSC paper Dec 19
- No Activity Data to inform financial modelling and performance management

Mandate Assurance Report

Breaking down the Overspend



Zero Contingency Budget at outset due to Inherited Funding Pressures

Contingency Budget of £4.5m completely allocated against inherited funding pressures at outset
No headroom to absorb in year funding pressures

Rising Drugs Costs £4.6m

Forecast overspend of £4.6m. Partially driven by inherited cost pressures

- £700k Cystic Fibrosis Drugs
- £700k Cancer Drugs
- £335k Freestyle Libre

Further pressure caused by rising prices as a result of Brexit, Covid and general market increases.
Loss of preferential pricing on Pomalidomide £200k

High Agency Spend

Spend to date of £10.5m being driven by:

- High agency rates due to competition in the marketplace for staff
- Difficulty attracting and recruiting candidates in a competitive labour market – vacancy rates of approx. 20%
- High sickness absence rates – partially driven by Covid (approx. 8% of sickness absence)

Currently being offset by unfilled vacancies

CIP Delivery Delays (£1m)

Savings delivered to date of £1.6m

Delays across a number of CIP workstreams has meant the forecast savings will be reduced to £1.7m in year. Savings will instead be delivered in 22/23 with an estimated £1.5m of savings already secured for 22/23

High Cost Patient £0.3m

Funding of £733k for High Cost Patients has been agreed by Treasury.

A further high cost patient has been identified, at a cost in year of £0.3m

Pay Award £3.6m

Significant pressure from Unions to agree Pay Award in excess of 1% funded in Baseline.

Awards ranging from 4% - 15% sought

3% offered and accepted by HMD. 4% offered to MPTC who are now balloting members – result expected on 21st March

Mandate Assurance Report

Key Drivers of Overspend



- Zero Contingency Budget at outset due to Inherited Funding Pressures
- BAU Pressures
 - High Cost Patients
 - Rising Drugs Costs – largely outside of Manx Care control
 - Rising Agency Costs – market pressures
 - Recruitment Delays creating high Agency staff use
- Pay Award
- CIP Delivery Delayed

Mandate Assurance Report

Cost Improvement Programme Delays



Forecast savings £1.7m vs Target of £2.7m

To date, £1.6m of savings have been delivered across the 5 workstreams (below) however significant issues / delays have resulted in the forecast savings being reduced by £1m to £1.7m.

Workstream	CIP Target	Delivered	Remaining
Secondary Care Prescribing	692,520	244,282	448,238
Primary Care Prescribing	1,049,009	328,336	720,673
Procurement & Contracting	899,179	74,754	824,425
Workforce	375,000	293,172	81,828
Tertiary	700,000	700,000	-
Total Cash Out Savings	3,715,708	1,640,544	2,075,164

Delays to CIP

Secondary Care Prescribing

- Delayed clinical engagement / support for Biosimilar switches

Primary Care Prescribing

- Staff absences during November & December
- Delays to policy decisions regarding Limited Value Prescribing

Procurement & Contracting

- Delays to implementation of Stock Transition Workstream due to data quality and processing issues with NHS Supply Chain

Mandate Assurance Report

Cost Improvement Programme – Key Achievements



- **Successful Delivery Model Established**

Using MIAA to provide targeted input aimed at supporting operational delivery has proven successful and allowed maximum flexibility in deploying resource exactly where it's required to gain maximum benefit. Feedback from all workstreams has been extremely positive

- **Key Governance Mechanisms Established**

- CIP Programme Board
- Medicines Optimisation Group
- Product Approval Group
- Improved Reporting templates, mechanisms and PMO Support established

- **Supply Chain Optimisation Task Force**

Established in response to issues with data collection, this team will arrive on-Island from 21st March to include key experts from MIAA and NHS Supply Chain which should accelerate the delivery against this workstream

- **Approx £1.5m in savings already secured for 22/23 as a result of efforts in 21/22**

- | | |
|--|-------|
| • Biosimilar Switches | £72k |
| • Primary Care Prescribing Reviews | £139k |
| • NHS Supply Chain Switch | £135k |
| • Locum Savings from Recruitment | £750k |
| • Block Contract Renegotiation (Mental Health) | £350k |

- **Part Year Operation**

Whilst the Year 1 target of £2.7m has not been met, given the fact that the CIP Plan was not fully operational until Q2, and considering the challenges encountered, achieving £1.7m in savings is a promising start

Mandate Assurance Report

Actions & Mitigations



- Re-establishment of Workforce Expenditure Panel to provide more robust oversight of spend
- Continued focussed effort on recruitment to reduce spend on agency e.g. recently appointed 1 anaesthetist, 3 respiratory consultants, 1 radiologist, 1 geriatrician and 1 urologist and 4 Speciality Doctors currently being covered by locum staff
- Full review of nursing establishment carried out to inform future requirements – same to be carried out for other staff groups / operational areas
- Early discussions with providers to explore potential options for addressing staffing needs around Bank, Agency & Recruitment
- Focus on Consultant Job Planning to ensure maximum efficiency and optimum service delivery
- Pay Award discussions for 22/23 already begun to provide early certainty on likely financial impact
- Creation of CIP Programme Board with DHSC & Transformation input to monitor delivery
- Establishment of Business Case Review Group to review and challenge service delivery and funding requests
- Financial training for Budget Holders being rolled out across Care Groups
- Additional reporting and controls around spend introduced to closely monitor and control – particularly employee costs
- Increased oversight of financial performance and forecasting by Care Groups
- Closer monitoring of activity information from Tertiary providers
- Introduction of Clinical Coding, Job Planning, Patient Access Policy and performance management structures to provide greater understanding of activity and cost drivers in 22/23

Mandate Assurance Report

Risks to Delivery



- Union rejection of Pay Award offer of 4%
- Impact of AG Decision regarding Anaesthetists
- Continued volatility in Tertiary activity
- Impact of any Covid escalation measures on delivery capacity – especially sickness absence
- Continued uncertainty around drug prices
- Continued competition for staff
 - Inability to recruit / attract staff
 - Rising Agency rates
- Invoice processing – risk of costs incurred but not yet invoiced / forecast
- Inflationary pressures due to current global economic events
- Delays to implementation of Transformation initiatives

Elective Recovery update as at 30 03 22

Endoscopy

Our In-house endoscopy Recovery & Restoration elective work stream progressed well with 836 points worth of activity delivered (458 procedures). These procedures have been delivered over the weekends. The work accelerated when swabbing and 72 hour rules were relaxed on 26th Nov.

Cataracts

A total of 330 Pre Assessment Clinic attendances were undertaken by the Synaptik team between the 10th of February and the 25th February.

We anticipate that between the 14th March and 26th of March 2022 150 cataracts operations will be undertaken by Synaptik. A further 120 cataract operations are expected to be delivered between the 28th April and 7th of May 2022, with a third block of 81 cataract operations expected to be delivered in June 2022.

260 post-operative assessments are scheduled to be undertaken by a Synaptik optometrist between 28th April and 7th May 2022, with a further 91 assessments to be delivered by the end of July 2022.

Outpatients

The intention of the business case is to deliver this cohort of consultations via a virtual hospital model, and so Medefer Ltd were identified as being able to deliver the required service. Phase 1 is anticipated to deliver 3,118 new and 2,415 follow-up virtual outpatients across Cardiology, Respiratory, Gastroenterology, ENT, & Dermatology in March 2022. Orthopaedics and Pain Services will follow in phase 2. When we add the in-source and the in-house additional outpatient capacity the activity levels increase to 3,734 outpatient new appointments and 2,870 outpatient follow-up appointments.

Mental Health Patient Backlog

Minds Matter the proposed partner for the procurement that will address the Mental Health patient backlog. Minds Matter will facilitate a treatment programme of 12 month duration for 157 patients. Patients are being invited to consent to have Minds Matter clinical management.

Hip and Knee Activity

We plan to undertake circa 53 hips or knee replacement operations between 20th May 2022 and 13th of June 2022. All surgery will be led by Nobles Orthopaedics Consultants supported by Synaptik theatre and nursing staff.

Alan Wilson
Elective Restoration and Recovery Lead
30 03 22



Manx Care Management Accounts

January 2022

Financial Advisory Service

Manx Care Management Accounts – January 2022

FINANCIAL SUMMARY

FINANCIAL SUMMARY - 31 JANUARY 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	24,690	22,647	(2,042)	(9%)	231,275	226,471	(4,804)	(2%)	276,559	271,764	(4,795)	(2%)	(2,140)	(1,257)
Income	(1,110)	(1,205)	(96)	(8%)	(12,217)	(12,053)	164	1%	(14,563)	(14,464)	99	1%	(172)	(174)
Employee Costs	14,935	14,142	(794)	(6%)	142,740	141,417	(1,323)	(1%)	170,404	169,700	(704)	(0%)	(725)	(909)
Other Costs	10,864	9,711	(1,153)	(12%)	100,751	97,107	(3,644)	(4%)	120,718	116,528	(4,190)	(4%)	(1,242)	(174)
CIP	(80)	(225)	(145)	(64%)	(1,114)	(2,250)	(1,136)	(50%)	(1,700)	(2,700)	(1,000)	(37%)	(51)	0
SV REQUEST	395	0	(395)	-	395	0	(395)	-	4,065	0	(4,065)	-	(395)	(745)
Pay Award (above 1%)	0	0	0	-	0	0	0	-	3,670	0	(3,670)	-	0	(825)
High Cost Patient (IFR)	395	0	(395)	-	395	0	(395)	-	395	0	(395)	-	(395)	80
GRAND TOTAL	25,004	22,422	(2,582)	(12%)	230,555	224,221	(6,335)	(3%)	278,924	269,064	(9,860)	(4%)	(2,586)	(2,002)

Overview

- Since last month's report, the operational forecast has moved by (£1.2m) and additional costs of (£0.8m) have been included for the potential pay award. The operational movements are summarised in Table 1 and the operational variances by Care Group are in Appendix 1. Further detail on the CIP is provided below.
- As all current business cases for fund claims have been approved these are now reported separately and a financial summary for all costs in Manx Care are included in Appendix 2, any additional funding agreed from the DHSC/Treasury will be received as Mandate income.
- The request for further funding of £9.9m to cover the operational overspend, pay award & the additional high cost patient is part of a supplementary vote that is currently being progressed by the DHSC/Treasury and is expected to go to Tynwald in March.

Manx Care Management Accounts – January 2022

Table 1 – Forecast Movement to Prior Month

Forecast Movement to Prior Month	£'000	
Income	(174)	The forecast has been adjusted based on the latest actuals.
Employee costs	(909)	This is mainly due to an increase in bank costs which were needed to cover absence levels in the hospital in January. These costs are not yet shown in the actuals but will be paid in February and have been included in the forecast.
Other Costs	(174)	The change in other costs are across a number of services but includes an increase in drugs costs.
Total	(1,257)	

- The key drivers of the forecast full year operational overspend of £4.6m 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.

Table 2 – Operational Forecast FY Variance to Budget

Forecast Variance to Budget	£'000	
Other Income	99	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	(704)	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 forecast position is net of the release of the annual leave provision to cover additional holidays carried forward from 20/21.
Other Costs - Drugs	(5,386)	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	(1,100)	The Tertiary forecast is based on the expected activity from providers & includes the tariff uplift from the 1st October (expected to be £0.5m). The savings on the Patient Transfer Contract are included as one of the CIP work streams.
Other Costs - Contingency	2,295	Although there are a number of variances across the Care Groups, the forecast reflects the contingency budget of £4.4m which is netting against known cost pressures.
Total	(4,795)	

Manx Care Management Accounts – January 2022

Table 3 - Operational YTD Variance to Budget

YTD Variance to Budget	£'000	
Other Income	164	Excluding income pressures due to Covid, income is on target
Employee Costs	(1,323)	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	(4,575)	Drugs costs have significantly increased and although savings 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 in Pharmacy CIP savings on drugs have reduced over the last couple of months.
Other Costs - Tertiary	(1,811)	Activity has increased in the month as expected and the forecast has remained at previous anticipated levels.
Other Costs - Contingency	2,741	There are a number of variances across the care groups and the impact of the contingency budget YTD is £3.7m (which has been fully allocated to cover some of the cost pressures).
Total	(4,804)	

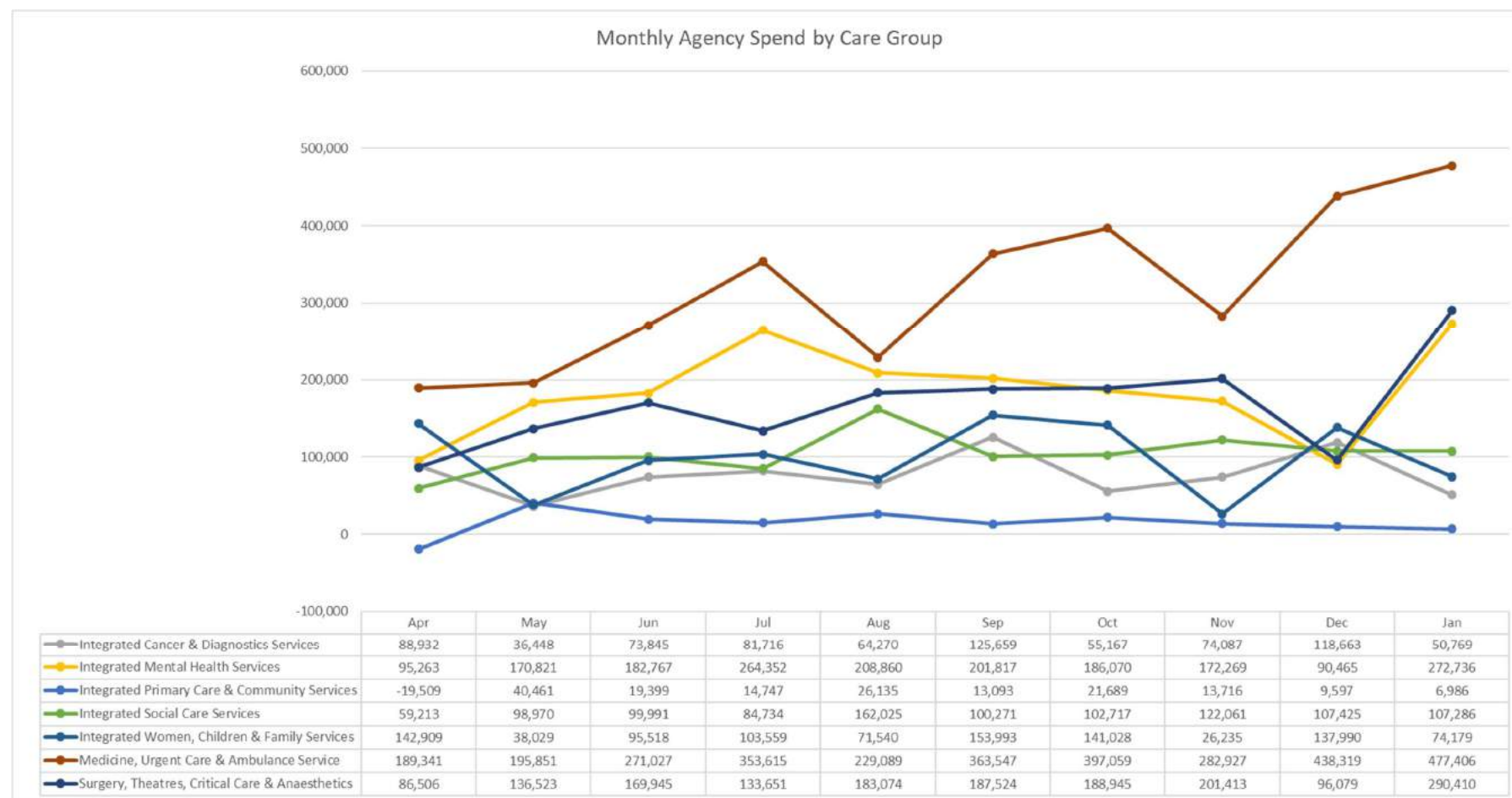
Employee Costs

YTD Employee Costs are (£1,323k) over budget and are forecast to be (£2,704k) 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 £10.5m, broken down across Care Groups below.

Spend increased significantly in January from £1m in December to £1.4m as a result of higher than normal staff absence in the period. A sharp increase in Bank spend in the month from £1.2m in December to £1.5m in January (driven largely by an increase of £414k in Surgery) has also contributed to the overspend position and a significant movement in this month's forecast.

Medicine continues to be the highest spender by far with £3.2m spent to date. Mental Health (£1.8m) Surgery (£1.6m) are the next biggest spend on Agency staff. This cost is primarily incurred to cover existing vacancies in those areas. Overall spend in the month has increased by £315k since January and is expected to remain high in February as the full impact of additional bank spend to cover staff absence is felt.

Manx Care Management Accounts – January 2022



Manx Care Management Accounts – January 2022

Drugs Costs

Drugs Costs are currently forecast to be (£4.6m) 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 (Jan YTD)		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Actual	Variance
Primary	15,731	15,191	540	14,950	16,283	- 1,333	12,383	14,495	- 2,112
Secondary	8,187	7,784	403	8,034	9,326	- 1,292	6,806	9,269	- 2,463
Total	23,918	22,975	943	22,984	25,609	- 2,625	19,189	23,764	- 4,575

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 £0.5m ytd have been generated in Primary & Secondary Prescribing which are netting off against the overspend.

Manx Care Management Accounts – January 2022

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 4 – Movement in Operational Cost from Prior Month

Movement to Prior Month	£'000	
Income	(172)	Income levels were lower due to the actual income for residential care being lower than expected (where is it invoiced quarterly in arrears).
Employee Costs	(725)	Costs were expected to increase from last month due to the timing of payroll claims & backdated timesheets being received.
Tertiary	(486)	Increase in costs due to the latest activity data being received from the UK providers.
Other Costs	(756)	Various movements across the Care Groups including an increase in drugs costs, but most of this was expected due to lower levels of spend in December.
Total	(2,140)	

Manx Care Management Accounts – January 2022

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 £1.64m have been delivered as follows:

Workstream	CIP Target	Delivered	Remaining
Secondary Care Prescribing	692,520	244,282	448,238
Primary Care Prescribing	1,049,009	328,336	720,673
Procurement & Contracting	899,179	74,754	824,425
Workforce	375,000	293,172	81,828
Tertiary	700,000	700,000	-
Total Cash Out Savings	3,715,708	1,640,544	2,075,164

The forecast CIP achievement for the full year has been reduced from £2.7m to £1.7m, which is due to blockages and delays across a number of the CIP Workstreams.

Whilst the Secondary Care Workstream has now begun to deliver savings (£244k to date), there is insufficient time to recover the position before year end. The delays have been primarily due to obtaining clinical approval for biosimilar switches. However, the Integrated Medical Optimisation Group (IMOG) has now been established which should provide clearer governance and decision making around such issues going forward.

Significant staff absences during November & December have impeded Primary Care CIP progress along with delays around DHSC policy decisions regarding limited value prescribing.

Data quality and processing issues with NHS Supply Chain have also slowed down the delivery of the Stock Transition Project. Given these delays, the forecast has been reduced although additional resource is planned to address the data quality issues and so speed up the process going forward. In addition, a Product Approval Group has now been established which should speed up the review of potential, less expensive, alternative product items proposed by NHS Supply Chain.

Work continues apace in each of these areas to drive as much saving as possible in this year. However, the forecast has been adjusted to reflect a conservative estimate of expected savings. This reduction in the forecast represents delays to deliver in year rather than a reduction in the estimated savings overall. The savings are still expected to occur, but will do so in 22/23 instead of this financial year. It is estimated that current year activity has already delivered £377k in savings for 22/23.

Financial Risks & Opportunities

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

Risk / (Opportunity)	£'000	
Pay Award	1,188	Pay negotiations are still ongoing for MPTC & Medical pay groups. The original offer & a one off lump sum have been included in the forecast but there is a risk that additional costs will be incurred.
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	750	Funding for Covid swabbing & testing is covered by an existing contingency fund claim. All the funding has been utilised and additional costs are not included in the current operational forecast. A business case will be submitted to Treasury to request additional funding for this activity.
Vaccination Costs	288	Funding for Covid vaccinations is covered by an existing contingency fund claim. All the funding has been utilised and additional costs are not included in the operational forecast. A business case will be submitted to Treasury to request additional funding for this activity.
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	2,156	

Appendix 1 - Summary by Care Group as at 31st January 2022

OPERATIONAL COSTS BY CARE GROUP - 31 JANUARY 2022								
	YTD £'000				FY £'000			
	Actual	Budget	Var (£)	Var (%)	Forecast	Budget	Var (£)	Var (%)
TOTAL BY CARE GROUP	231,274	226,471	(4,804)	(2%)	276,560	271,764	(4,795)	(2%)
CLINICAL CARE GROUPS	207,901	196,945	(10,956)	(6%)	249,939	236,334	(13,605)	(6%)
Medicine, Urgent Care & Ambulance Service	29,496	23,991	(5,506)	(23%)	35,729	28,891	(6,838)	(24%)
Surgery, Theatres, Critical Care & Anaesthetics	31,124	28,952	(2,172)	(8%)	37,135	34,676	(2,459)	(7%)
Integrated Cancer & Diagnostics Services	17,834	15,640	(2,194)	(14%)	21,681	18,749	(2,932)	(16%)
Integrated Women, Children & Family Services	13,280	12,918	(362)	(3%)	15,985	15,519	(466)	(3%)
Integrated Mental Health Services	18,340	17,969	(371)	(2%)	22,352	21,562	(790)	(4%)
Integrated Primary Care & Community Services	47,512	47,324	(187)	(0%)	57,147	56,754	(393)	(1%)
Integrated Social Care Services	32,138	33,685	1,547	5%	39,186	40,422	1,236	3%
Tertiary Care Services	18,178	16,467	(1,711)	(10%)	20,723	19,760	(963)	(5%)
SUPPORT & CORPORATE SERVICES	23,371	29,525	6,154	21%	26,619	35,430	8,811	25%
Infrastructure & Hospital Operations	7,398	7,339	(59)	(1%)	8,676	8,807	131	1%
Operations Services	10,134	10,753	619	6%	12,151	12,904	753	6%
Nursing, Patient Safety & Governance Services	4,000	3,725	(275)	(7%)	4,933	4,470	(463)	(10%)
Corporate Services	1,839	7,708	5,869	76%	859	9,249	8,390	91%

Manx Care Management Accounts – January 2022

Appendix 2 – Manx Care Financial Statement at 31st January 2022

MANX CARE FINANCIAL SUMMARY - 31 JANUARY 2021

	MONTH £'000				YTD £'000				FY £'000				ADDITIONAL FUNDING	
	Actual	Budget	Var (£)	Var (%)	Actual	Budget	Var (£)	Var (%)	Forecast	Budget	Var (£)	Var (%)	Agreed Amount	Variance to Forecast
TOTAL - OPERATIONAL COSTS	24,690	22,647	(2,042)	(9%)	231,275	226,471	(4,804)	(2%)	276,559	271,764	(4,795)	(2%)		
CIP	(80)	(225)	(145)	(64%)	(1,114)	(2,250)	(1,136)	(50%)	(1,700)	(2,700)	(1,000)	(37%)		
ADDITIONAL FUNDING - SV REQUEST	395	0	(395)	-	395	0	(395)	-	4,065	0	(4,065)	-		
Pay Award (above 1%)	0	0	0	-	0	0	0	-	3,670	0	(3,670)	-		
High Cost Patient (IFR)	395	0	(395)	-	395	0	(395)	-	395	0	(395)	-		
ADDITIONAL FUNDING - FUND CLAIMS	2,111	0	(2,111)	-	16,689	0	(16,689)	-	26,833	0	(26,833)	-	26,491	(342)
Medical Indemnity	40	0	(40)	-	1,794	0	(1,794)	-	2,500	0	(2,500)	-	2,500	0
Covid Swabbing & Testing	132	0	(132)	-	1,194	0	(1,194)	-	1,673	0	(1,673)	-	923	(750)
Lateral Flow Tests	1,259	0	(1,259)	-	6,267	0	(6,267)	-	7,295	0	(7,295)	-	6,267	(1,028)
Covid Vaccination	178	0	(178)	-	1,238	0	(1,238)	-	1,532	0	(1,532)	-	1,244	(288)
Restoration & Recovery	72	0	(72)	-	198	0	(198)	-	1,000	0	(1,000)	-	1,865	865
Increase Base Line Capacity	0	0	0	-	0	0	0	-	405	0	(405)	-	754	349
Expansion of Flu Vaccination	0	0	0	-	230	0	(230)	-	230	0	(230)	-	230	0
Health Transformation Fund	0	0	0	-	218	0	(218)	-	715	0	(715)	-	716	1
Increasing Elective Capacity	0	0	0	-	0	0	0	-	400	0	(400)	-	908	508
Covid Costs	254	0	(254)	-	5,023	0	(5,023)	-	10,045	0	(10,045)	-	10,045	0
111 Service	121	0	(121)	-	121	0	(121)	-	305	0	(305)	-	305	(0)
High Cost Patients	57	0	(57)	-	405	0	(405)	-	733	0	(733)	-	733	0
MANDATE INCOME	(27,115)	(22,422)	4,693	21%	(247,245)	(224,221)	23,024	10%	(305,758)	(269,064)	36,694	14%		
GRAND TOTAL	0	(0)	(0)	-	0	(0)	(0)	-	0	0	(0)	-		

Manx Care Management Accounts – January 2022

Fund Claim	
Medical Indemnity	Covers compensation claims and associated legal fees. Central fund held by Treasury and amount held adjusted based on on-going claims.
Covid Swabbing & Testing	Claim originally agreed in 20/21 for swabbing & testing over 2 years. This funding has now all been utilised & a business case is being prepared for the DHSC & Treasury for additional costs expected to be incurred by the end of the financial year.
Lateral Flow Tests	Fund claim approvals are being given when orders are being placed with spend YTD being covered. Further costs are expected to end of the year but approvals will be given before each order is agreed to.
Covid Vaccination	The current fund claim is only to the end of this financial year & has now all been utilised. A business case is being prepared for the DHSC & Treasury for additional costs expected to be incurred by the end of the financial year.
Restoration & Recovery	Funding agreed to clear waiting list backlogs due to Covid. It expected that some of this funding will be transferred into the next financial year and a request is being prepared for Treasury with a forecast being finalised for what will be incurred in 22/23.
Increase Baseline Capacity	Costs are included in the forecast and a paper has been submitted to the DHSC to ask for some of this funding to be reallocated to similar projects.
Expansion of Flu Vaccination Programme	The flu vaccine programme was expanded this year and a business case has been agreed as part of the 22/23 budget process for this programme to be continued in 2022/23.
Health Transformation Fund	Business cases include the Theatre Improvement Programme & the implementation of Integrated Care. These business cases are in addition to the funding managed as part of the Transformation Programme.
Increasing Elective Capacity	A business case was approved for orthopaedic activity in 21/22 & 22/23. Further forecasting is being undertaken to understand in which financial year the activity will be undertaken.
Covid Costs	Covers all other Covid spend for the 21/22 financial year. A process has been agreed with the DHSC & Treasury going forward to provide projected spend quarterly to cover all Covid associated costs that cannot be managed within the baseline budget for Manx Care.
High Cost Patients	Funding agreed for high cost patients in Tertiary & Mental Health. A process is currently being agreed between Manx Care & the DHSC to agree how high cost patients can be funded going forward.



Department of Health & Social Care £10m Supplementary Vote 2021/22

A Legacy of Over-spending / Under-funding

NET SPEND BY YEAR VS BUDGET							
£000	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22 F
Income	(50,849)	(53,472)	(54,447)	(56,742)	(54,681)	(51,918)	(53,572)
Expenditure	244,455	263,054	273,625	276,889	285,676	285,725	294,605
Net Actual	193,606	209,583	219,177	220,146	230,995	233,806	241,034
Original Budget	183,663	198,385	209,997	216,107	223,120	226,790	232,175
Variance	(9,943)	(11,198)	(9,180)	(4,039)	(7,875)	(7,016)	(8,859)
Variance %	-5%	-6%	-4%	-2%	-4%	-3%	-4%

£58m over budget in 7 years – an average of £8m per year

- ❑ Each Supplementary Vote is given as a **one-off** – i.e. the budget is not carried forward into future years
- ❑ The actual net spend has grown by £47m over the period (24%)
- ❑ The budget has grown by £49m over the same period (26%), hence a slight reduction in the variance
- ❑ In reality both the budget and actual cost have grown by more than the above in the past 6 years as loan charges of around £5m were removed in 2021/22

- 2020/21 excludes £9.3m of Covid costs which were reimbursed to the Dept. but includes £7.9m of cost for which the budget was adjusted in the Purple Book rather than a SV
- 2021/22 forecast excludes Covid costs of around £23m

What-if Scenario +£8m to baseline

SCENARIO - ADD £8M INTO YEAR 1 (2015/16) ON A RECURRING BASIS							
NET SPEND BY YEAR VS BUDGET							
£000	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22 F
Net Actual	193,606	209,583	219,177	220,146	230,995	233,806	241,034
Original Budget	183,663	198,385	209,997	216,107	223,120	226,790	232,175
Add recurring budget	8,000	8,000	8,000	8,000	8,000	8,000	8,000
Revised Budget	191,663	206,385	217,997	224,107	231,120	234,790	240,175
Variance	(1,943)	(3,198)	(1,180)	3,961	125	984	(859)
Variance %	-1%	-2%	-1%	2%	0%	0%	0%

- ❑ Whilst the budget has grown over the period, it has been for new services / initiatives rather than addressing the legacy issue
- ❑ If £8m had been added into the budget on a **recurring** basis back in 2015/16, then the Department could have come in under budget for the past 3 years.
- ❑ In 2021/22 an additional £8m was included in the budget for a legacy pay gap but this was effectively reduced by the inclusion of a £2.7m Cost Improvement Programme (CIP) saving, so the budget increased by a net £5.3m
- ❑ Despite the increase, new issues have arisen which mean that the budget will be exceeded

Cost Pressures

DEPARTMENT OF HEALTH & SOCIAL CARE / MANX CARE									
INCOME & EXPENDITURE BY CATEGORY									
£000	2017/18 Actual	2018/19 Actual	2019/20 Actual	2020/21 Actual	2021/22			4 Yr Growth	Growth %
					Budget	Forecast	Variance		
INCOME									
Taxation Income	(38,605)	(39,762)	(40,956)	(39,017)	(40,400)	(40,400)	-	(1,795)	5%
Third Party Contributions	(1,126)	(1,183)	(1,362)	(1,099)	(1,245)	(1,245)	-	(119)	11%
Operating Income	(14,702)	(15,789)	(12,240)	(11,194)	(13,179)	(13,439)	260	1,262	-9%
Other Non-Trading Income	(15)	(9)	(124)	(608)	(55)	(55)	-	(39)	260%
TOTAL INCOME	(54,447)	(56,742)	(54,681)	(51,918)	(54,879)	(55,139)	260	(692)	1%
EXPENDITURE									
Employee Costs	154,673	158,263	164,072	172,349	171,367	174,065	(2,698)	19,392	13%
Infrastructure Costs	1,742	1,580	1,705	1,435	1,403	1,401	2	(341)	-20%
Transport Costs	4,862	4,869	4,660	4,883	4,816	4,816	0	(46)	-1%
Supplies & Services	27,078	25,317	26,203	31,244	26,440	31,501	(5,061)	4,423	16%
Agency & Contracted Services	78,380	80,363	83,830	79,694	81,023	82,385	(1,362)	4,005	5%
Net Loan Charges	5,822	6,106	5,597	4,829	-	-	-	(5,822)	-100%
Other Costs	1,069	391	(390)	(8,710)	2,005	2,005	-	936	88%
TOTAL EXPENDITURE	273,625	276,889	285,676	285,725	287,054	296,173	(9,119)	22,548	8%
NET TOTAL	219,177	220,146	230,995	233,806	232,175	241,034	(8,859)	21,857	10%
Net Growth Excl Loan Charge adjustment								27,678	13%

Forecast £8.9m over-spend as at January 2022

Key Areas of Cost Pressure:

- 1) Employee Costs (Pay Award)
- 2) Supplies & Services (Drugs/CIP)
- 3) Contracted Services (Tertiary)

Employee Costs

DEPARTMENT OF HEALTH & SOCIAL CARE / MANX CARE							
EMPLOYEE COSTS							
£000	2017/18	2018/19	2019/20	2020/21	2021/22		
	Actual	Actual	Actual	Actual	Budget	Forecast	Variance
Basic Pay	95,125	95,900	103,165	104,021	119,866	108,620	11,246
Overtime	8,364	9,225	9,805	10,836	4,971	11,432	(6,461)
Allowances	10,722	11,089	11,727	12,636	10,695	13,118	(2,423)
ERNI	9,599	9,981	12,925	13,227	14,190	12,368	1,822
Superannuation	13,516	13,781	14,115	14,657	17,873	15,142	2,731
Agency Staff	12,568	12,325	10,690	8,793	1,062	12,141	(11,078)
Other Pay Elements	2,719	4,132	(382)	6,787	771	(506)	1,277
Sub-total Pay Elements	152,613	156,434	162,044	170,956	169,429	172,315	(2,886)
Travel, Training & Recruitment	2,060	1,829	2,027	1,393	1,938	1,750	188
Total Employee Costs	154,673	158,263	164,072	172,349	171,367	174,065	(2,698)
BUDGET (Pink Book)	147,799	151,159	157,465	160,939			
VARIANCE TO BUDGET	(6,874)	(7,104)	(6,607)	(11,410)			

- ❑ Over budget for many years
- ❑ +£8m added in the current financial year, now on track except for current year pay award
- ❑ A pay offer of 4% is still under consideration by MPTC within Manx Care (1% budgeted)
- ❑ HMD staff have accepted a 3% pay award

In order to compare to prior years, the forecast is the total for DHSC and Manx Care.

Employee Costs

- ❑ Excluding 2021/22 pay award, employee costs are about on budget
 - **£3.4m cost pressure for 2022/23 if 4% is accepted**
 - **Additional £2.0m if 4% is provided in 2022/23 (2% in budget)**
- ❑ Risks
 - High vacancy rates
 - Covid isolation causing staff shortages
 - 15% absence rate in January***
 - Increasing agency / locum rates due to short supply
 - Base data limited
- ❑ Mitigations
 - Manx Care are undertaking a review of the establishment
 - Increased recruitment activity

Drug Costs

DRUGS COSTS												
£000	2019/20			2020/21			2021/22 (Nov YTD)			2021/22 (Forecast)		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast	Variance
Primary	15,731	15,191	540	14,950	16,283	(1,333)	9,907	11,202	(1,295)	14,861	16,803	(1,943)
Secondary	8,187	7,784	403	8,034	9,326	(1,292)	5,445	7,252	(1,807)	8,168	10,878	(2,711)
Total	23,918	22,975	943	22,984	25,609	(2,625)	15,352	18,454	(3,102)	23,028	27,681	(4,653)

- ❑ Drugs costs have seen a large increase and are expected to be at least £4m over budget this year.
- ❑ 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

Drug Costs

- ❑ **Primary Care** costs have been driven by increased prices. Although the actual number 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 year-to-date have been generated by the Primary Care Medicines Optimisation Team which are netting off against the over-spend.

- ❑ The increase in **Secondary Care** spend has been driven primarily by increased Cancer drug spend:

CANCER DRUGS COSTS					
£000 Year	Budget	Actual Cost	Variance to Budget	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%

- ❑ **Mitigations**
 - The Department will be reviewing prescription charges
 - CIP activity delivered £600k savings in 21/22

Tertiary Referrals

DEPARTMENT OF HEALTH & SOCIAL CARE							
TERTIARY REFERRALS							
£000	2017/18	2018/19	2019/20	2020/21	2021/22		
	Actual	Actual	Actual	Actual	Budget	Forecast	Variance
Aintree University Hospitals NHS Four	2,635	2,352	2,806	0	0	0	0
Alder Hey Children's NHS Foundation	2,134	2,152	2,381	2,514	2,500	2,460	40
Clatterbridge Cancer Centre NHS Four	1,233	2,579	3,150	2,082	2,292	1,888	404
Liverpool Heart & Chest Hospital NHS	3,429	4,271	4,281	3,583	4,250	5,490	-1,240
Liverpool University Hospitals NHS Fo	2,763	1,441	1,803	2,614	2,590	4,006	-1,416
Walton Centre NHS Trust	1,889	1,229	2,672	1,205	2,000	1,908	92
Non-Contracted Activity UK	0	824	1,527	593	538	399	139
Other Tertiary Services	3,107	2,300	2,288	1,799	1,900	1,758	142
Sub-Total Tertiary Referrals	17,190	17,148	20,909	14,390	16,070	17,909	-1,839
Patient Transport Services	3,272	3,314	3,475	2,548	3,130	2,558	572
Other Costs	500	500	714	517	560	655	-95
Sub-Total Other Costs	3,772	3,813	4,189	3,065	3,690	3,213	476
TOTAL COST UK REFERRALS	20,962	20,961	25,098	17,455	19,760	21,122	-1,362
BUDGET	19,497	19,486	19,345	19,757			
VARIANCE	(1,465)	(1,475)	(5,753)	2,302			

- ❑ Tertiary Referrals are one of the most volatile costs with Manx Care unable to exert much control (demand-led)
- ❑ The actual for 2020/21 is low (Covid) but the variance of £2.3m is expected to be spent this year to 'catch-up'
- ❑ The budget for the current year is (much) lower than the previous actuals, hence is likely to be over-spent
- ❑ The 2021/22 Covid business case includes £2.5m for catch-up of UK treatment

CIP delivery

MANX CARE CIP FORECAST - 2021/22					
£ Workstream	Original CIP	Revised CIP	Delivered (Dec-21)	Remaining	Comments
Secondary Care Medicines	591,256	528,611	65,126	463,485	Target reduced in respect of pharmacy stock-holding
Primary Care Medicines	556,000	1,075,786	452,196	623,590	Reductions in prescribing vitamins & supplements
Procurement	875,000	899,179	110,046	789,133	Savings from centralised procurement and reduced stock
Workforce	450,000	375,000	292,727	82,273	Reduced locum and bank staff spend
Tertiary Care	518,000	700,000	700,000	-	Cost reductions in off-island patient transport service
TOTAL	2,990,256	3,578,576	1,620,095	1,958,481	Required CIP was £2.7m

- ❑ The January finance report forecasts a £1million shortfall in the CIP.
- ❑ In Secondary Care there have been delays in obtaining clinical approval for biosimilar switches. However, the Integrated Medical Optimisation Group (IMOG) has now been established which should provide clearer governance and decision making around such issues going forward.
- ❑ There has also been a slow-down in delivery of the Primary Care CIP as a result of sickness absence, along with delays around DHSC policy decisions regarding limited value prescribing and subsequent implementation.
- ❑ Data quality and processing issues with NHS Supply Chain have slowed down delivery of the procurement project. Additional resource is planned to speed up the process. In addition, a Product Approval Group has now been established which should speed up review of potential, less expensive, alternative product items proposed by NHS Supply Chain.

Cost Pressures 2022/23

Manx Care Cost Pressures		
Description	£000	Comments
2021 Pay Offer	3,400	Carried forward amount from current year - pay offer of 3%/4% vs budget of 1%.
2022 Pay Offer	2,000	Assumes a further 3%/4% is offered and the budget includes 2%
High Cost Patients	2,000	Estimated including recent patient
Tertiary referrals	3,000	Estimated based on prior years
Drugs Costs	5,000	Drugs costs are forecast to be £4m over budget this year
CIP Delivery	2,100	CIP requirement is 1% (£2.7m) but MC have offered a further £1.5m. Assumes 50% delivery
Agency & Locum Costs	500	The cost of agency & locum staff has significantly increased in the current year as demand has significantly outstripped supply
Sub-total	18,000	
Covid	12,000	Estimate assuming reduced need given the endemic position from 1st April
TOTAL	30,000	

- ❑ Looking ahead, there are cost pressures of around £18m next year
- ❑ Other cost pressures could include Employment Tribunals and Medical Indemnity cases. Medical Indemnity is currently covered by a special Treasury Fund.

2022/23 Budget & Governance Process

2022/23 Budget

- ❑ All budget bids approved + original Growth bid = +£11.5m
- ❑ 2% on Pay budget; 1% on non-pay = +£4.5m
- ❑ Now Sir JM growth formula has been updated for Nov CPI rate of 4.6% = +£5m
- ❑ **Total funding £21m:** £6.5m to be held in reserve within DHSC; £14.5m to Manx Care
- ❑ Covid costs are separate

Growth Funding: £17.9m
Cost Pressures: £18m
CIP Target: £4.2m

New Governance Process

- ❑ DHSC/Manx Care prepare a list of actions to manage any financial pressures in year to remain within the budget allocation & test these for sensitivity at an operational and political level.
- ❑ Report to the Treasury and the Council of Ministers on a quarterly basis on its financial forecast, assumptions underlying it and planned mitigating actions.

New Process for Covid Funding

- ❑ Apply for Covid funding, one month in advance, before any expenditure is committed. Including:
 - That the funding is over and above normal levels and how it has been calculated;
 - The mechanisms that will be employed to ensure value for money;
 - Be for a maximum period of three months; and
 - Include information on how a transition away from reliance on additional funds will be achieved.

Thank You

Questions?

For Information: DHSC Budget Bids

2022/23 BUDGET BIDS				
£000	MxC	DHSC	Total	Comments
1% CPI Growth Bid	6,750	1,500	8,250	Sir JM formula: 1% CPI + 3.03%
Extra CPI Growth	0	5,080	5,080	November CPI was 4.6%
1% Non-Pay Growth	1,131	5	1,136	New budget allocation for 2022/23
2% Pay Growth	3,366	60	3,426	Growth now applied to all standard pay elements
Sub-total Growth	11,247	6,645	17,892	
Seasonal Flu	642		642	Funding for one year initially to assess take-up
ME/CFS/Long Covid	408		408	New service
Specialist Palliative	303		303	Hospice allocation following review
Other Bids	1,353	0	1,353	
TOTAL NEW BUDGET	12,600	6,645	19,245	
Air Ambulance	590		590	Agreed continuation of funding
111 Response Team	1,366		1,366	To be funded by Treasury Contingency
GRAND TOTAL	14,555	6,645	21,200	

- ❑ The budget includes growth funding of £17.9m. Cost pressures are £18m.
- ❑ An additional £9m income from the NI fund is being utilised to partly offset the large growth in expenditure
- ❑ The Air Ambulance was originally only for 2 years so the money relates to continued funding (the budget would have otherwise been removed)
- ❑ The 111 Response Team is 1 year funding from the Contingency Fund

 SUMMARY REPORT	Meeting Date: 5 April 2022	
	Enclosure Number:	

Meeting:	Manx Care Board		
Report Title:	Review of Board Committee Terms of Reference		
Authors:	Andy Chittenden, Interim Director of Corporate Affairs		
Accountable Director:	Andrew Foster, CBE. Chair		
Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/ Recommendation from that Committee
	Exec Team		

Summary of key points in report			
<p>The terms of reference of the Board's committees have been reviewed in line with good practice, at the end of the first 12 months of committee oversight. The Board has gained valuable insight into the effectiveness of the system of internal control established to deliver the organisational objectives. Minor recommendations are made in this report with regard to membership, with some Committee memberships being reduced. The Mental Health Act Legislation Committee is subject to review and a recommendation will be brought forward after its next meeting.</p> <p>It is recommended that the Board discuss and consider ratifying the proposed amendments to the Terms of Reference for the committees.</p>			
Consider for Action	<input type="checkbox"/>	Approval	<input checked="" type="checkbox"/>
Assurance	<input type="checkbox"/>	Information	<input type="checkbox"/>

Is this report relevant to compliance with any key standards? YES OR NO		State specific standard
IG Governance Toolkit	No	
Others (pls specify)	No	
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	

Preamble

The Manx Care Board was established on 1 April 2021 at which point the Board immediately established six committees. The Board delegated to each Committee a range of duties. These duties principally relate to the acquisition and scrutiny of assurances that the system of internal controls within Manx Care is appropriately designed, consistently applied and is operating effectively. Where this occurs, the Board can have reasonable confidence that the objectives will be achieved.

Each Committee operates according to conventions set out in its mandate from the Board, referred to as the Terms of Reference ('ToR'). Those ToR anticipate an annual review to ensure that they follow best practice and provide the agility and focus for the Committee to undertake the work required by the Board. Whilst each Committee follows a process of approving its own ToR, so that they are fit for purpose, the authority they enjoy is delegated by the Board, which retains a ratification privilege to itself, thus determining when amendments to ToR come into force.

This paper seeks ratification of minor amendments proposed by Committees.

Review

Each of the Committee ToR has been reviewed by the respective membership following a Board workshop on 22 February at which the effectiveness of Committee work was discussed. As a result, Committees have been reviewed their membership. In some cases, some members will in the future attend regularly or as required thereby reducing management time committed to attendance.

Summary details of the amends are noted on the version control schedule on the front sheet of each document. These are shown in the attached appendices.

The review of the Mental Health Act Legislation Committee function is to follow at its next meeting.

Recommendation

The Board is asked to ratify the amended terms of reference for each of the following committees:

Audit Committee
Digital & Informatics Committee
Finance, Performance & Commissioning Committee
People Committee
Quality, Safety & Experience Committee

Terms of Reference

Document History:	
Name of author(s):	Finance Director, Board Secretary
Committee Chair	Andy Guy, Non-Executive Director

Version	Date	Ratified by	Main amends
1	1.4.21	Board	First version
1.2	26.10.21	Board	Minor amendments
2.1	14.3.22	QSE Committee	Revised membership; added reference to clinical audit; controlled drugs and mental health act legislation assurance.
2.2	5.4.22	Board	Revision of membership

This Committee/Group reports to: Manx Care Board

Target audience: Manx Care Board and Staff

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1. Purpose

The Audit Committee is a sub-committee of the Board of Manx Care and has delegated authority from the Board to oversee, co-ordinate, review and assess the quality of care and the clinical and professional safety arrangements within Manx Care.

These Terms of Reference build on original work based around the UK Corporate Governance Code and uses the model from the English HFMA NHS Audit Committee Handbook 2018. They reflect the particular nature of Audit Committees in health and social care and the growing role of the Committee in developing integrated governance arrangements and providing assurance that health and social care bodies are well managed across the whole range of their activities.

The Committee's overarching duty is to provide assurance to the Board that there are effective systems of governance across Manx Care health and social care services which lead to better outcomes for patients and service users. The Committee will review the effectiveness of the other board committees within Manx Care, whose work can provide relevant assurance on the effectiveness of that governance system.

2. Constitution

The Board hereby resolves to establish a committee of the Board to be known as the Audit Committee (the Committee). The Committee has no executive powers other than those specifically delegated in these Terms of Reference.

3. Roles and duties of the Committee

The Committee will uphold the values of Manx Care in the work it does. In particular it will look for assurances that these values are being delivered in Manx Care, as part of its overall governance role on behalf of the Board. Our values are:



Committed:

We are committed to our community and each other. We work together to understand individual needs and enable access to the best customer-centric care services.

Appreciative:

We appreciate each other, other points of view and ways of working. We communicate, let people speak and make sure we listen.

Respectful:

We have respect and are ethical in everything we do. We speak up and do the right thing. We act with integrity, are trusting and are trusted.

Excellent:

We thrive on excellence, innovation, and are continuously developing ourselves and best practice. We debate, challenge, and embrace change.

In particular the Committee will provide assurance to the Board that there are better outcomes for patients and service users in the following areas:

Integrated governance, risk management and internal control

The Committee will review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (clinical and professional), that supports the achievement of the organisation's objectives.

In particular the Committee will review the adequacy and effectiveness of:

- all risk and control-related disclosure statements, in particular the annual governance statement, auditor opinions and any other appropriate independent assurance prior to submission to the Board
- the assurance processes that indicates the degree of achievement of the organisational objectives and the effectiveness of the management of principal risks.
- the policies for ensuring compliance with relevant regulatory legal and code of conduct requirements and any related reporting and self-certifications
- the policies and procedures for all work-related bribery, counter fraud and security as required by the counter fraud and anti-bribery processes within Treasury.
- the structures, processes and responsibilities within the organisation regarding Emergency Preparedness, Resilience and Response and Business Continuity.

In carrying out this work the Committee will primarily use the work of internal and external audit. It will also use any other appropriate assurance source, including reports from executive directors and managers. This work will be focussed through the principal risks, and the board assurance framework. The Committee will consider the effectiveness of the

Board Assurance Framework and that it supports effective governance arrangements for the operational plans of Manx Care.

As part of its integrated approach the Committee will have effective relationships with other key board committees so that it understands processes and linkages. These other committees must not usurp the Committee's role. Minutes of the meetings of such committees and associated action plans will be presented to the Committee for review.

Internal audit

The Committee will ensure there is an effective internal audit function established by management, that meets the requirements of Manx Care and any professional standards set for the internal audit function. Such internal audit function must provide appropriate independent assurance to the Committee, Chief Executive and Board. This will be achieved by:

- Considering the provision of the internal audit and the costs involved
- Reviewing and approving the internal audit plan and programme of work, and ensuring that it is consistent with the needs of the organisation
- Considering the major findings of audit, the management responses and the implementation of risk controls where the need is identified.
- Ensuring co-ordination of internal and external auditors to optimise the use of audit resources where possible
- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation
- Monitoring the effectiveness of internal audit and carrying out an annual review.

External audit

The Committee will establish a line-of-sight relationship with the Treasury's external auditor and be able to take assurance that the independence, objectivity, work and findings of the appointed external auditor have been reviewed and are monitored.

Clinical Quality and clinical audit

The Committee will receive an annual report from the Quality, Safety & Experience Committee regarding the effectiveness of the systems of clinical governance determined by the work of the Committee during the year, and specifically including the assurance gained from the clinical audit governance arrangements.

Other assurance functions

The Committee shall review the findings of other assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation. These will include, but will not be limited to, any reviews by the IoM Department of Health and Social Care arms-length bodies or regulators/inspectors and other professional bodies with responsibility for the performance of staff or functions.

The Committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the Committee's own areas of responsibility.

In reviewing the work related to clinical and professional quality the Committee will satisfy itself that assurance can be gained from the clinical and professional audit function.

The Committee will review the governance arrangements for procurement

Counter Fraud and Anti-Bribery

Audit Committee

The Committee shall satisfy itself that the organisation has adequate arrangements in place for counter fraud and security that meets IoM regulations and standards and will review the work from these areas.

Management

The Committee shall request and review reports, evidence and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

The Committee may also request specific reports from individual functions within Manx Care, e.g. organisational development

Financial reporting

The Committee shall satisfy itself of the integrity of the financial controls of the organisation and any formal announcements relating to its financial performance by receiving reports from The Finance, Performance & Commissioning Committee and from Internal Audit.

The Committee will ensure that the systems for financial reporting to the board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided.

The Committee shall review the year end position before submission to the Board, including the annual governance statement and other disclosures relevant to the terms of reference of the Committee.

The Committee will review any decision which are exemptions from Financial Regulations in order to ensure consistency across the organisation and that value for money has been achieved.

Whistleblowing

The Committee shall review the adequacy and security of the arrangements in place for allowing staff and contractors to raise (in confidence) concerns about possible improprieties in financial, clinical, professional or safety matters and ensure that any such concerns are investigated proportionately and independently.

The Committee will receive reports from the Freedom to Speak up Guardian and refer matters related to safety to the Quality, Safety & Engagement Committee for oversight where appropriate

In addition to providing such assurance the Committee's duty is to escalate key issues to the Board and provide regular feedback to the Board on the activity of the Committee in the form of a regular report.

4. Membership

The membership of the Committee will comprise:

- Three Non-Executive Directors (including Committee Chair & Deputy Committee Chair) as appointed by the Board

At least one the Non-Executive Directors must have significant, recent and relevant financial experience. The Chair of the Committee shall be independent.

The Chair of Manx Care shall not be a member of the Committee.

Other directors or their deputies may be asked to attend meetings or part meetings for discussions on matters relating to their portfolio, if required. The provisions of Manx Care's Standing Orders relating to acting up arrangements and joint members will apply to this Committee.

In exceptional circumstances, when an executive director cannot attend Committee meetings, they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf. Deputies must be agreed in advance with the Committee Chair.

Other attendees may attend by invitation in order to progress the work of the Committee.

All Board members will be informed of the dates of the Committee meetings and can attend meetings if they wish to.

The Board Secretary will provide support to the Committee Chair and Committee members and ensure that the Committee receives the appropriate administrative and secretarial support. A secretary/minute taker will also be in attendance at all committee meetings.

Membership will be reviewed annually.

5. Meetings and Quorum

The Committee Chair will preside at all meetings. In circumstances where the Committee Chair cannot attend, the Deputy Committee Chair will chair the meeting.

Quorum

A quorum will be 2 members of the Committee. If the Committee is not quorate the meeting may be postponed at the discretion of the Committee Chair. If the meeting does take place and is not quorate, no decision shall be made at that meeting and such matters must be deferred until the next quorate meeting.

Frequency

Meetings shall be held not less than six times a year. The current work plan for Manx Care is four regular meetings together with an additional meeting to focus on the year end position. The Board, Chief Executive or External Auditor or Head of Internal Audit may request additional meetings, through the Chair of the Committee, if they consider that one is necessary.

Where a decision needs to be taken by the Committee outside the normal cycle of meetings, and where the matter is not deemed by the Committee Chair to require an additional meeting to be called, the decision may be made via e-mail. The preference is for decisions to be taken at committee meetings. The decisions via e-mail process will be used on an 'exceptions' basis. The process for decision via e-mail will be as follows.

- a) An e-mail setting out the matter for decision will be sent to all committee members. This shall include a statement setting out how the committee members should signify what their view on the matter is and the deadline for doing so.
- b) Committee members will be given no less than five working days in which to respond.

Audit Committee

- c) For a decision to be passed, all of the committee members must express the same view on the matter.
- d) Where committee members have comments on the proposed decision or recommendation/s these will be circulated to other committee members by the Board Secretary within one working day of receipt.
- e) If any individual committee member wishes to debate an item proposed for decision via e-mail at a committee meeting instead, they may ask the Committee Chair to arrange an additional meeting or defer the item for decision until the next committee meeting (such agreement by the Committee Chair not to be unreasonably withheld).
- f) Decisions via e-mail will be reported to the next committee meeting and the wording of the decision minuted. Any decision made in this manner will be effective from the date of agreement of all of the committee members and confirmed by email by the Board Secretary.

Attendance

All members will be required to attend a minimum of 75% of all meetings held annually. Members should not be absent for more than two consecutive meetings without the agreement of the Committee Chair. Apologies must be received by the Board Secretary in advance of the meetings.

Committee members are committed to working both remotely and in person. Committee members may participate by way of telephone, computer or any other electronic means of communication provided that each person is able to hear and speak. A person participating in this way is deemed to be present in person although their actual location shall be noted in the minutes and is counted in a quorum and entitled to vote. The meeting is deemed to take place 'via Teams' (or relevant software) or where the largest group of those participating is assembled.

Where a specific matter is deemed to be of a confidential or commercially sensitive nature the Committee Chair has the authority to restrict attendance at the Committee meeting to members only and to ask all other attendees to leave the meeting.

If any Committee member or attendee has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he / she will declare that interest as early as possible and shall not participate in the discussions. Such interests must be recorded in the Minutes accordingly. The Committee Chair will have the power to decide whether a declared interest represents a material conflict and to request that member or attendee to withdraw until the Committee's consideration has been completed.

Notice of meetings

Meetings of the Committee shall be called by the secretary who administers the committee at the request of the Committee Chair or any of its members.

Unless otherwise agreed, notice of each meeting and agenda of items to be discussed, shall be forwarded to each Committee member, any other person required to attend no later than four working days before the date of the meeting. Supporting papers shall be sent to committee members and to other attendees as appropriate, at the same time.

Notices, agendas and supporting papers can be sent in electronic form where the recipient has agreed to receive documents in such a way.

Audit Committee

The Committee will agree a meeting calendar on an annual basis, setting out the main work items to be carried out by the Committee at each meeting to ensure that adequate time is given to the main duties of the Committee.

6. Authority

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any Manx Care employee and all such employees are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. The budget for such advice should be within agreed financial constraints.

The Committee is authorised to establish working groups to support its assurance work and its scrutiny and monitoring obligations. Such working groups will be chaired by the Executive Lead and report back to the Committee on a regular basis. Appropriate terms of reference outlining the scope of the working group and its membership must be agreed in advance by the Committee.

7. Monitoring Effectiveness

The Committee shall at least once a year, review its own performance, constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board for approval.

The Committee shall be provided with appropriate and timely training, both in the form of an induction programme for new members and on an ongoing basis for all members.

A record of the frequency of attendance by members, quoracy and the frequency of meetings will be maintained. Any areas of concern will be highlighted to the Chair of the Board by the Committee Chair.

8. Administrative Arrangements

The Committee will be supported by a nominated secretary who will administer the Committee by:

- producing a schedule of meetings and maintain the annual work plan for the Committee
- preparing the agenda and papers with the Committee Chair and Executive Lead for the Committee and circulating these 4 working days prior to the meeting;
- maintaining accurate records of attendance, key discussion points and decisions taken and issue necessary action logs within five full working days of the meeting;
- the recording of draft minutes where the Committee has gained assurance through relevant reports and subsequent discussion, debate and challenge, and where further assurance is required for circulation to members within five full working days of the meeting;

Audit Committee

- maintaining a database of any documents discussed and/or approved and recall them to the Committee when due;
- organising future meetings; and
- filing and maintaining records of the work of the Committee.

9. Relationships and Reporting

The Committee will report to the Board on how it discharges its responsibilities.

The minutes of the Committee shall be formally recorded, and a summary of decisions taken submitted to Manx Care Board by the Committee Chair. The minutes will also be submitted to the Board. The Committee Chair shall draw to the attention of Board any issues that require disclosure to the full Manx Care Board or require executive action.

The Committee will report to the Board annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements and the appropriateness of the self-assessment against regulatory arrangements including the Mandate's essential standards and any subsequent regulatory regime, and the robustness of the processes behind the quality accounts.

As part of its Annual Report to the Board, the Committee will prepare an 'impact assessment' to identify specific areas where the Committee has made important positive differences to the governance of Manx Care.

The Committee will receive the meeting minutes of the other Board Committees and will ensure that these Committees' roles within the overall governance of Manx Care is discharged. The Committee will report back to these Committees if it has any concerns about its adherence to the Terms of Reference. The Committee will prepare a report to the Board on governance of Manx Care, which will include the roles of the Board Committees and their performance in relation to the systems of internal control.

Where the Committee considers there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the committee wishes to raise, the Chair of the Committee should raise the matter at a full meeting of the Board. Exceptionally the matter may need to be referred to the IoM Department of Health and Social Care.

The Board has responsibility for the effectiveness of sub-committees. The Board will use the above reports to ensure that the Committee is meeting its duties according to these Terms of Reference.

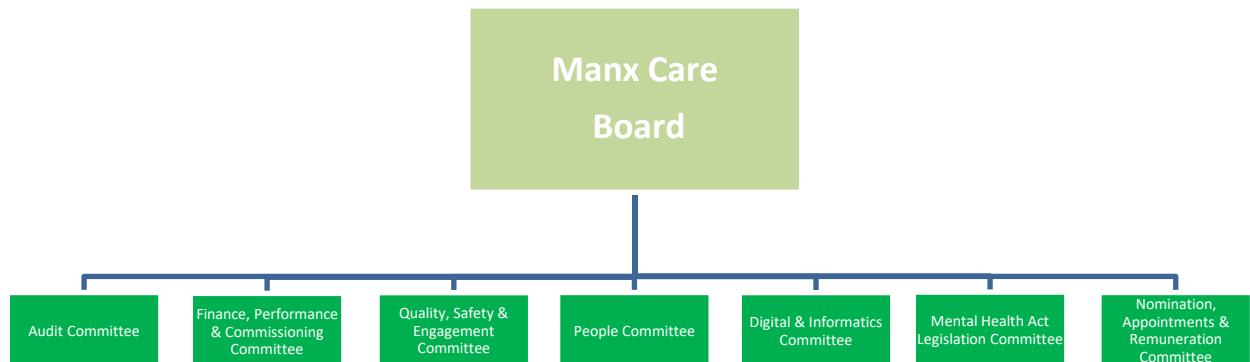
10. Review

The terms of reference, purpose, function, responsibilities and duties of this Committee will be reviewed on an annual basis or sooner if agreed by the Committee or Board.

Any amended Terms of Reference will be agreed by the Committee for recommendation to a subsequent meeting of Manx Care Board for its approval.

11. Committee Structure

The committee structure* is reflected in the chart below, however reporting groups may change to reflect operational requirements.



*This structure to be updated as the Sub-Groups are operationalised

Finance, Performance & Commissioning Committee



Terms of Reference

Document History:	
Name of author(s):	Director of Finance Board Secretary
Committee Chair	Nigel Wood, Non-Executive Director

Version	Date	Ratified by	Main amends
1	31.3.21	Shadow Board	First version
2	22.2.22	FP&C	Second draft reviewed for comment
2.1	5.4.22	Board	Revision of membership

This Committee/Group reports to: Manx Care Board

Target audience: Manx Care Shadow Board and Staff

Finance, Performance & Commissioning Committee



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1. Purpose

The Finance, Performance & Commissioning Committee is a sub-committee of the Board of Manx Care and has delegated authority from the Board oversee, co-ordinate, review and assess the financial and performance management arrangements within Manx Care.

The Finance, Performance & Commissioning Committee will assist in ensuring that Board members have a sufficiently robust understanding of key performance and financial issues to enable sound decision-making.

The Committee's overarching duty is to provide assurance to the Board that monitoring financial sustainability, performance and commissioning decisions across Manx Care health and social care services leads to better outcomes for patients and service users.

2. Constitution

The Board hereby resolves to establish a committee of the Board to be known as the Finance and Performance Committee (the Committee). The Committee has no executive powers other than those specifically delegated in these Terms of Reference.

Terms of Reference

Finance, Performance & Commissioning Committee



3. Roles and duties of the Committee

The Committee will uphold the values of Manx Care in the work it does. In particular it will look for assurances that these values are being delivered in Manx Care, as part of its overall governance role on behalf of the Board. Our values are:



Committed:

We are committed to our community and each other. We work together to understand individual needs and enable access to the best customer-centric care services.

Appreciative:

We appreciate each other, other points of view and ways of working. We communicate, let people speak and make sure we listen.

Respectful:

We have respect and are ethical in everything we do. We speak up and do the right thing. We act with integrity, are trusting and are trusted.

Excellent:

We thrive on excellence, innovation, and are continuously developing ourselves and best practice. We debate, challenge, and embrace change.

In particular the Committee will provide assurance to the Board that there are better outcomes for patients and service users by ensuring that:

- The financial and performance management systems of the organisation are robust and meet the requirements of Manx Care; including forecasting, analysis, and risk management
- Effective financial and performance management systems, highlighting risks and areas for consideration and providing reports to the Board continues to be developed and improved.
- There is a rigorous process for annual budget-setting and monitoring of delivery against budget with remedial action implemented in respect of any variances against budget.
- Performance against the Cost Improvement Programme (CIP) and Quality, Innovation, Productivity and Prevention (QIPP) programme is considered and monitored.
- The outcome of periodic performance reviews to assess Care Group performance against key objectives and targets has been reviewed and monitored.
- Business development proposals, progress updates and post implementation evaluations are scrutinised and challenged in accordance with the Standing Financial Instructions.
- Financial, risk and quality tolerances for authorised projects and the point at which exception reporting and renewed approval are triggered have been approved

Finance, Performance & Commissioning Committee



- Progress and concerns relating to the delivery of the targets resulting from the organisation's strategy and business plan is being scrutinised and challenged. In particular this includes the review and monitoring of :
 - contractual targets;
 - efficiency indicators; and
 - financial performance of the organisation against budgets
- Remedial action plans to improve financial and performance targets are reviewed and monitored and that any delays to remedial action are escalated to the Board as appropriate.
- Manx Care's capital programme and its implementation has been monitored and reviewed especially in relation to the Transformation Programme.
- The strategic and operational commissioning plan for all health and care services is on track and effective for the delivery of high-quality care and services.
- The procurement processes for all commissioned health and care services is robust, fit for purpose and compliant with the Standing Financial Instructions
- Compliance with Financial Regulations and Directives is robust and exceptions to compliance are addressed and escalated appropriately
- Any material control issues have been reported to the Audit Committee
- Reports from all sub-committee and working groups have been considered and concerns or issues escalated appropriately:
- All finance, performance and commissioning risks are reviewed and the implications for the Board Assurance Framework and/or Care Group risk registers have been scrutinised and challenged.

In addition to providing such assurance the Committee's duty is to escalate key issues to the Board and provide regular feedback to the Board on the activity of the Committee in the form of a monthly report.

4. Membership

The membership of the Committee will comprise:

- Three Non-Executive Directors (including Committee Chair & Deputy Committee Chair) as appointed by the Board
- Director of Finance (Executive Lead)
- Operations Director
- Director of Infrastructure
- Chief Information Officer
- Board Secretary

Terms of Reference

Finance, Performance & Commissioning Committee



Other directors or their deputies may be asked to attend meetings or part meetings for discussions on matters relating to their portfolio, if required. The provisions of Manx Care's Standing Orders relating to acting up arrangements and joint members will apply to this Committee.

In exceptional circumstances, when an executive director cannot attend Committee meetings, they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf. Deputies must be agreed in advance with the Committee Chair.

Other attendees may attend by invitation in order to progress the work of the Committee.

All Board members will be informed of the dates of the Committee meetings and can attend meetings if they wish to.

The Board Secretary will provide support to the Committee Chair and Committee members and ensure that the Committee receives the appropriate administrative and secretarial support. A secretary/minute taker will also be in attendance at all committee meetings.

Membership will be reviewed annually.

5. Meetings and Quorum

The Committee Chair will preside at all meetings. In circumstances where the Committee Chair cannot attend, the Deputy Committee Chair will chair the meeting.

Quorum

A quorum will be 3 members and must include 2 Non-Executive Directors and 1 Executive Director including the Committee Chair or Deputy Committee Chair and the Director of Finance or Operations Director.

If the Committee is not quorate the meeting may be postponed at the discretion of the Committee Chair. If the meeting does take place and is not quorate, no decision shall be made at that meeting and such matters must be deferred until the next quorate meeting.

Frequency

The Committee will meet at least ten times a year, and ideally monthly prior to the Board meeting held in public. Additional meetings of the Committee can be arranged for specific purposes as necessary, with agreement by the Committee Chair or Deputy Committee Chair.

Where a decision needs to be taken by the Committee outside the normal cycle of meetings, and where the matter is not deemed by the Committee Chair to require an additional meeting to be called, the decision may be made via e-mail. The preference is for decisions to be taken at committee meetings. The decisions via e-mail process will be used on an 'exceptions' basis. The process for decision via e-mail will be as follows.

Finance, Performance & Commissioning Committee



- a) An e-mail setting out the matter for decision will be sent to all committee members. This shall include a statement setting out how the committee members should signify what their view on the matter is and the deadline for doing so.
- b) Committee members will be given no less than five working days in which to respond.
- c) For a decision to be passed, all of the committee members must express the same view on the matter.
- d) Where committee members have comments on the proposed decision or recommendation/s these will be circulated to other committee members by the Board Secretary within one working day of receipt.
- e) If any individual committee member wishes to debate an item proposed for decision via e-mail at a committee meeting instead, they may ask the Committee Chair to arrange an additional meeting or defer the item for decision until the next committee meeting (such agreement by the Committee Chair not to be unreasonably withheld).
- f) Decisions via e-mail will be reported to the next committee meeting and the wording of the decision minuted. Any decision made in this manner will be effective from the date of agreement of all of the committee members and confirmed by email by the Board Secretary.

Attendance

All members will be required to attend a minimum of 75% of all meetings held annually. Members should not be absent for more than two consecutive meetings without the agreement of the Committee Chair. Apologies must be received by the Board Secretary in advance of the meetings.

Committee members are committed to working both remotely and in person. Committee members may participate by way of telephone, computer or any other electronic means of communication provided that each person is able to hear and speak. A person participating in this way is deemed to be present in person although their actual location shall be noted in the minutes and is counted in a quorum and entitled to vote. The meeting is deemed to take place 'via Teams' (or relevant software) or where the largest group of those participating is assembled.

Where a specific matter is deemed to be of a confidential or commercially sensitive nature the Committee Chair has the authority to restrict attendance at the Committee meeting to members only and to ask all other attendees to leave the meeting.

If any Committee member or attendee has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he / she will declare that interest as early as possible and shall not participate in the discussions. Such interests must be recorded in the Minutes accordingly. The Committee Chair will have the power to decide whether a declared interest represents a material conflict and to request that member or attendee to withdraw until the Committee's consideration has been completed.

Notice of meetings

Meetings of the Committee shall be called by the secretary who administers the committee at the request of the Committee Chair or any of its members.

Terms of Reference

Finance, Performance & Commissioning Committee



Unless otherwise agreed, notice of each meeting and agenda of items to be discussed, shall be forwarded to each Committee member, any other person required to attend no later than four working days before the date of the meeting. Supporting papers shall be sent to committee members and to other attendees as appropriate, at the same time.

Notices, agendas and supporting papers can be sent in electronic form where the recipient has agreed to receive documents in such a way.

The Committee will agree a meeting calendar on an annual basis, setting out the main work items to be carried out by the Committee at each meeting to ensure that adequate time is given to the main duties of the Committee.

6. Authority

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any Manx Care employee and all such employees are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. The budget for such advice should be within agreed financial constraints.

The Committee is authorised to establish working groups to support its assurance work and its scrutiny and monitoring obligations. Such working groups will be chaired by the Executive Lead and report back to the Committee on a regular basis. Appropriate terms of reference outlining the scope of the working group and its membership must be agreed in advance by the Committee.

7. Monitoring Effectiveness

The Committee shall at least once a year, review its own performance, constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board for approval.

The Committee shall be provided with appropriate and timely training, both in the form of an induction programme for new members and on an ongoing basis for all members.

A record of the frequency of attendance by members, quoracy and the frequency of meetings will be maintained. Any areas of concern will be highlighted to the Chair of the Board by the Committee Chair.

8. Administrative Arrangements

The Committee will be supported by a nominated secretary who will administer the Committee by:

Terms of Reference

Finance, Performance & Commissioning Committee



- producing a schedule of meetings and maintain the annual work plan for the Committee
- preparing the agenda and papers with the Committee Chair and Executive Lead for the Committee and circulating these 4 working days prior to the meeting;
- maintaining accurate records of attendance, key discussion points and decisions taken and issue necessary action logs within five full working days of the meeting;
- the recording of draft minutes where the Committee has gained assurance through relevant reports and subsequent discussion, debate and challenge, and where further assurance is required for circulation to members within five full working days of the meeting;
- maintaining a database of any documents discussed and/or approved and recall them to the Committee when due;
- organising future meetings; and
- filing and maintaining records of the work of the Committee.

9. Relationships and Reporting

The Committee will obtain assurance from the working groups shown in the structure chart below

The Committee will report to the Board on how it discharges its responsibilities.

The Audit Committee will receive the meeting minutes of the Committee and will ensure that the Committee's role within the overall governance of Manx Care is discharged. The Audit Committee will report back to the Committee if it has any concerns about its adherence to the Terms of Reference. The Audit Committee will prepare a report to the Board on governance of Manx Care, which will include the Committee's role and performance in relation to the systems of internal control.

The minutes of the Committee shall be formally recorded, and a summary of decisions taken submitted to Manx Care Board by the Committee Chair. The minutes will also be submitted to the Board. The Committee Chair shall draw to the attention of Board any issues that require disclosure to the full Manx Care Board or require executive action.

The Committee will receive standing monthly reports and additional reports as part of the scheduled programme of annual reports.

Manx Care's integrated performance report will be provided monthly.

In addition, the Committee will receive thematic 'deep dive' reports or reviews accordingly to provide more quality-orientated discussions about specific issues and to facilitate in depth discussions between the Committee members and staff providing services.

Internal Auditors will carry out an audit of the governance systems within Manx Care, including the role of the Committee, and will use this audit to prepare the annual Head of Internal Audit Opinion.

Finance, Performance & Commissioning Committee



The Board has responsibility for the effectiveness of sub-committees. The Board will use the above reports to ensure that the Committee is meeting its duties according to these Terms of Reference.

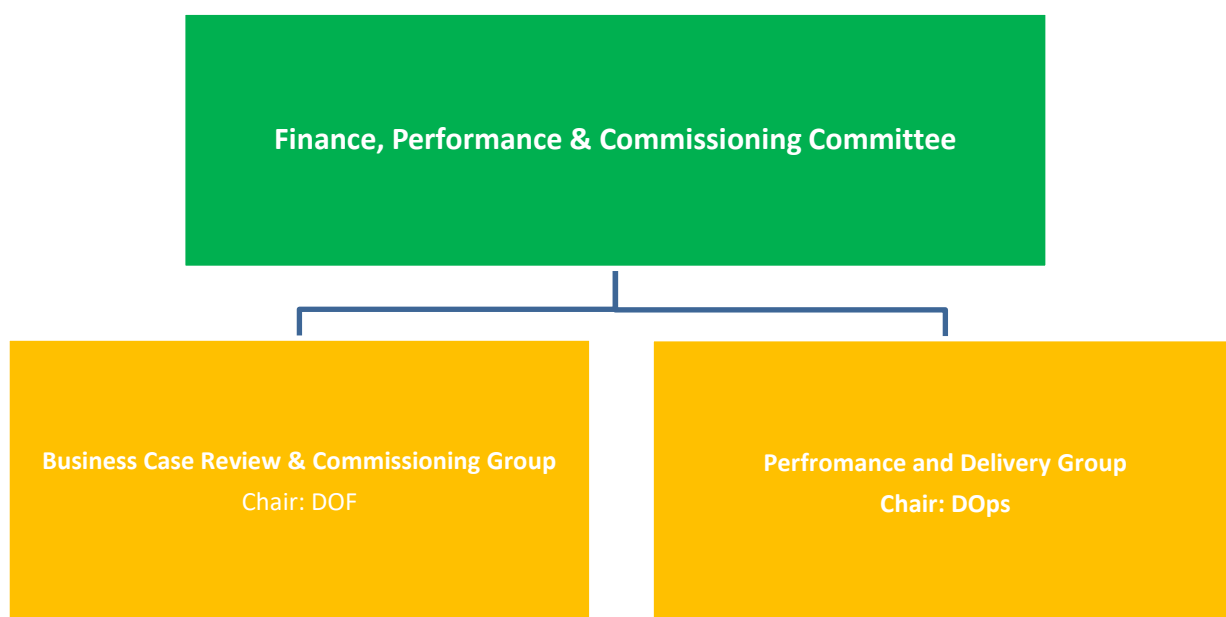
10. Review

The terms of reference, purpose, function, responsibilities and duties of this Committee will be reviewed on an annual basis or sooner if agreed by the Committee or Board.

Any amended Terms of Reference will be agreed by the Committee for recommendation to a subsequent meeting of Manx Care Board for its approval.

11. Committee Structure

The committee structure* is reflected in the chart below, however reporting groups may change to reflect operational requirements.



*This structure to be updated as the Sub-Groups are operationalised

Terms of Reference

Document History:	
Name of author(s):	Chief Information Officer Board Secretary
Committee Chair	Katie Kapernaros, Non-Executive Director

Version	Date	Ratified by	Main amends
1	1.4.21	Board	First version
2	26.10.21	Board	Second draft
2.1	8.3.22	D & I Committee	Revision of membership.
2.3	5.4.22	Board	Revision of membership.

This Committee provides assurance to: Manx Care Board

Target audience: Manx Care Board and Staff

Digital & Informatics Committee

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1. Purpose

The Digital & Informatics Committee is a committee of the Board of Manx Care and has delegated authority from the Board to oversee, co-ordinate, review the quality and integrity; safety and security and appropriate access and use of data and information to support health and social care service improvement and the provision of high-quality health and social care within Manx Care.

The Committee will provide advice and assurance to the Board in relation to the direction and delivery of strategies relating to digital/informatic development and information governance to drive continuous improvement and support IT enabled health and social care to achieve the strategic objectives of the Manx Care Board.

The Committee will seek assurance on behalf of the Board in relation to Manx Care's arrangements for the development and effective management of data and information to support a fit and proper system of performance management/business intelligence in line with the strategic objectives of the Manx Care Board.

The Committee will seek assurance on behalf of the Board in relation to Manx Care's arrangements for appropriate and effective management and protection of information (including patient and personal information) in line with legislative and regulatory responsibilities.

Digital & Informatics Committee

2. Constitution

The Board hereby resolves to establish a committee of the Board to be known as the Digital & Informatics Committee (the Committee). The Committee has no executive powers other than those specifically delegated in these Terms of Reference.

3. Roles and duties of the Committee

The Committee will uphold the values of Manx Care in the work it does. In particular it will look for assurances that these values are being delivered in Manx Care, as part of its overall governance role on behalf of the Board. Our values are:



Committed:

We are committed to our community and each other. We work together to understand individual needs and enable access to the best customer-centric care services.

Appreciative:

We appreciate each other, other points of view and ways of working. We communicate, let people speak and make sure we listen.

Respectful:

We have respect and are ethical in everything we do. We speak up and do the right thing. We act with integrity, are trusting and are trusted.

Excellent:

We thrive on excellence, innovation, and are continuously developing ourselves and best practice. We debate, challenge, and embrace change.

In particular the Committee will provide assurance to the Board that the system of internal controls supporting the digital and informatics agenda is appropriately designed, consistently applied and is operating effectively, and as a result there are better outcomes for patients and service users in the following areas:

- Digital and informatics performance. In providing such oversight and advice to the Board, the Committee shall oversee (i) current and forward looking digital and informatics delivery and financial pressures; (ii) consider future digital and informatics delivery strategy and architecture, including information and insight and infrastructure and service management; (iii) scrutinise assurances provided by management in respect of key performance indicators (as a minimum this would include requirements set out in the Mandate and the Required Outcomes Framework, and indicators prioritised by the Manx Care Strategy).
- Risks relating to information governance and informatics. To consider the control and mitigation of such risks and provide assurance to the Board that such risks are being effectively controlled and managed. These risks include, but not exclusively;
 - data quality and data governance
 - privacy and protection of personal information
 - data security and information technology system controls
 - disaster and recovery planning
 - financial, reputational, compliance risks
 - sustainability considerations
 - project and system implementation risks

Digital & Informatics Committee

- Risks associated with any major digital and informatics implementations. In preparing such advice the Committee shall satisfy itself that an appropriate due diligence appraisal of the proposition is undertaken, focusing in particular on the implications for digital and informatics performance and organisation wide benefits. These need to be considered within the risk appetite and tolerance of the Board, drawing on independent external advice where appropriate and available.
- Board Assurance Framework and Corporate Risk register. All digital, informatic, and information governance risks are reviewed and the implications for the Board Assurance Framework and/or Care Group risk registers have been scrutinised and challenged.
- Business intelligence. Provide assurance on the accuracy and validity of such information which enables the Board and its Committees to act on the intelligence and supports its decision- making.
- Information Governance. To provide assurance to the Board that
 - an appropriate and comprehensive information governance framework is in place and throughout Manx Care in line with regulatory standards such as data protection and Freedom Of Information legislation which is regularly monitored;
 - the Information Governance Strategy, policies and guidance material is developed and implemented across Manx Care;
 - any self-assessment or Information Governance Toolkit assessment is scrutinised and any subsequent remedial actions acted upon
 - Manx Care's approach to information handling is reflective of regulatory standards and is communicated to all staff and made available to the public. The standards used for data handling should represent information governance best practice;
 - There is a robust and fit for purpose framework in place in relation to data protection, confidentiality, information security, information quality, records management and Freedom of Information and Subject Access Requests;
 - The work of the Caldicott Guardians is undertaken independently and without undue interference on matters of data protection and confidentiality; and
 - Beaches of information governance are appropriately investigated and that lessons learnt from such incidents are disseminated across Manx Care
- Cyber security. To work closely with and support the Audit Committee by reviewing and overseeing the effectiveness of the Manx Care's internal control framework in relation to Information Governance and Cyber Security.
- Strategy – the development of information management and ICT. To provide assurance to the Board on
 - the development and maintenance of the rolling five year strategy for Manx Care IM&T.
 - financially sustainable improvements to improve communication between services for the benefit of those who receive health and social care service from Manx Care
 - the development of community wide information and ICT strategies through open dialogue with other IoM government departments and organisations including regular stakeholder engagement

Digital & Informatics Committee

- Legal and regulatory requirements. To provide assurance that such requirements relating to data and information are met
- To consider any material issues communicated to it by the Audit Committee arising from the work of the Internal Audit function relating to digital and information matters which fall within the scope of the objective and responsibilities of the Committee.
- To oversee the work of the sub-committees and groups outlined the structure chart below by receiving reports and/or minutes.
- To undertake or consider on behalf of the Chairman or the Board such other related tasks or topics as the Chairman or the Board may from time to time entrust to the Committee.

In addition to providing such assurance the Committee's duty is to escalate key issues to the Board and provide regular feedback to the Board on the activity of the Committee in the form of a monthly report.

4. Membership

The membership of the Committee will comprise:

- Three Non-Executive Directors (including Committee Chair & Deputy Committee Chair) as appointed by the Board
- Chief Information Officer and SIRO (Executive Lead for Digital & Informatics and information governance)

Regular attendees shall include:

- Board Secretary
- Chief Operating Officer
- Caldicott Guardian for health and social care
- Data Protection Officer
- Head of the PMO
- Head of Business Intelligence

Other directors or their deputies may be asked to attend meetings or part meetings for discussions on matters relating to their portfolio, if required. The provisions of Manx Care's Standing Orders relating to acting up arrangements and joint members will apply to this Committee.

In exceptional circumstances, when an executive director cannot attend Committee meetings, they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf. Deputies must be agreed in advance with the Committee Chair.

Other attendees may attend by invitation in order to progress the work of the Committee.

All Board members will be informed of the dates of the Committee meetings and can attend meetings if they wish to.

Digital & Informatics Committee

The Board Secretary will provide support to the Committee Chair and Committee members and ensure that the Committee receives the appropriate administrative and secretarial support. A secretary/minute taker will also be in attendance at all committee meetings.

Membership will be reviewed annually.

5. Meetings and Quorum

The Committee Chair will preside at all meetings. In circumstances where the Committee Chair cannot attend, the Deputy Committee Chair will chair the meeting.

Quorum

A quorum will be 3 members and must include 2 Non-Executive Directors and 1 Executive Director including the Committee Chair or Deputy Committee Chair and the Chief Information Officer

If the Committee is not quorate the meeting may be postponed at the discretion of the Committee Chair. If the meeting does take place and is not quorate, no decision shall be made at that meeting and such matters must be deferred until the next quorate meeting.

Frequency

The Committee will meet at least six times a year, and ideally monthly prior to the Board meeting held in public. Additional meetings of the Committee can be arranged for specific purposes as necessary, with agreement by the Committee Chair or Deputy Committee Chair.

Where a decision needs to be taken by the Committee outside the normal cycle of meetings, and where the matter is not deemed by the Committee Chair to require an additional meeting to be called, the decision may be made via e-mail. The preference is for decisions to be taken at committee meetings. The decisions via e-mail process will be used on an 'exceptions' basis. The process for decision via e-mail will be as follows.

- a) An e-mail setting out the matter for decision will be sent to all committee members. This shall include a statement setting out how the committee members should signify what their view on the matter is and the deadline for doing so.
- b) Committee members will be given no less than five working days in which to respond.
- c) For a decision to be passed, all of the committee members must express the same view on the matter.
- d) Where committee members have comments on the proposed decision or recommendation/s these will be circulated to other committee members by the Board Secretary within one working day of receipt.
- e) If any individual committee member wishes to debate an item proposed for decision via e-mail at a committee meeting instead, they may ask the Committee Chair to arrange an additional meeting or defer the item for decision until the next committee meeting (such agreement by the Committee Chair not to be unreasonably withheld).
- f) Decisions via e-mail will be reported to the next committee meeting and the wording of the decision minuted. Any decision made in this manner will be effective from the date of agreement of all of the committee members and confirmed by email by the Board Secretary.

Attendance

Digital & Informatics Committee

All members will be required to attend a minimum of 75% of all meetings held annually. Members should not be absent for more than two consecutive meetings without the agreement of the Committee Chair. Apologies must be received by the Board Secretary in advance of the meetings.

Committee members are committed to working both remotely and in person. Committee members may participate by way of telephone, computer or any other electronic means of communication provided that each person is able to hear and speak. A person participating in this way is deemed to be present in person although their actual location shall be noted in the minutes and is counted in a quorum and entitled to vote. The meeting is deemed to take place 'via Teams' (or relevant software) or where the largest group of those participating is assembled.

Where a specific matter is deemed to be of a confidential or commercially sensitive nature the Committee Chair has the authority to restrict attendance at the Committee meeting to members only and to ask all other attendees to leave the meeting.

If any Committee member or attendee has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he / she will declare that interest as early as possible and shall not participate in the discussions. Such interests must be recorded in the Minutes accordingly. The Committee Chair will have the power to decide whether a declared interest represents a material conflict and to request that member or attendee to withdraw until the Committee's consideration has been completed.

Notice of meetings

Meetings of the Committee shall be called by the secretary who administers the committee at the request of the Committee Chair or any of its members.

Unless otherwise agreed, notice of each meeting and agenda of items to be discussed, shall be forwarded to each Committee member, any other person required to attend no later than four working days before the date of the meeting. Supporting papers shall be sent to committee members and to other attendees as appropriate, at the same time.

Notices, agendas and supporting papers can be sent in electronic form where the recipient has agreed to receive documents in such a way.

The Committee will agree a meeting calendar on an annual basis, setting out the main work items to be carried out by the Committee at each meeting to ensure that adequate time is given to the main duties of the Committee.

6. Authority

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any Manx Care employee and all such employees are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. The budget for such advice should be within agreed financial constraints.

Digital & Informatics Committee

The Committee is authorised to establish working groups to support its assurance work and its scrutiny and monitoring obligations. Such working groups will be chaired by the Executive Lead and report back to the Committee on a regular basis. Appropriate terms of reference outlining the scope of the working group and its membership must be agreed in advance by the Committee.

7. Monitoring Effectiveness

The Committee shall at least once a year, review its own performance, constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board for approval.

The Committee shall be provided with appropriate and timely training, both in the form of an induction programme for new members and on an ongoing basis for all members.

A record of the frequency of attendance by members, quoracy and the frequency of meetings will be maintained. Any areas of concern will be highlighted to the Chair of the Board by the Committee Chair.

8. Administrative Arrangements

The Committee will be supported by a nominated secretary who will administer the Committee by:

- producing a schedule of meetings and maintain the annual work plan for the Committee
- preparing the agenda and papers with the Committee Chair and Executive Lead for the Committee and circulating these 4 working days prior to the meeting;
- maintaining accurate records of attendance, key discussion points and decisions taken and issue necessary action logs within five full working days of the meeting;
- the recording of draft minutes where the Committee has gained assurance through relevant reports and subsequent discussion, debate and challenge, and where further assurance is required for circulation to members within five full working days of the meeting;
- maintaining a database of any documents discussed and/or approved and recall them to the Committee when due;
- organising future meetings; and
- filing and maintaining records of the work of the Committee.

9. Relationships and Reporting

The Committee will obtain assurance from the working groups shown in the structure chart below

The Committee will report to the Board on how it discharges its responsibilities.

The Audit Committee will receive the meeting minutes of the Committee and will ensure that the Committee's role within the overall governance of Manx Care is discharged. The Audit Committee will report back to the Committee if it has any concerns about its adherence to the Terms of Reference. The Audit Committee will prepare a report to the Board on

Digital & Informatics Committee

governance of Manx Care, which will include the Committee's role and performance in relation to the systems of internal control.

The minutes of the Committee shall be formally recorded, and a summary of decisions taken submitted to Manx Care Board by the Committee Chair. The minutes will also be submitted to the Board. The Committee Chair shall draw to the attention of Board any issues that require disclosure to the full Manx Care Board or require executive action.

The Committee will receive standing monthly reports and additional reports as part of the scheduled programme of annual reports.

In addition, the Committee will receive thematic 'deep dive' reports or reviews accordingly to provide more quality-orientated discussions about specific issues and to facilitate in depth discussions between the Committee members and staff providing services.

Internal Auditors will carry out an audit of the governance systems within Manx Care, including the role of the Committee, and will use this audit to prepare the annual Head of Internal Audit Opinion.

The Board has responsibility for the effectiveness of sub-committees. The Board will use the above reports to ensure that the Committee is meeting its duties according to these Terms of Reference.

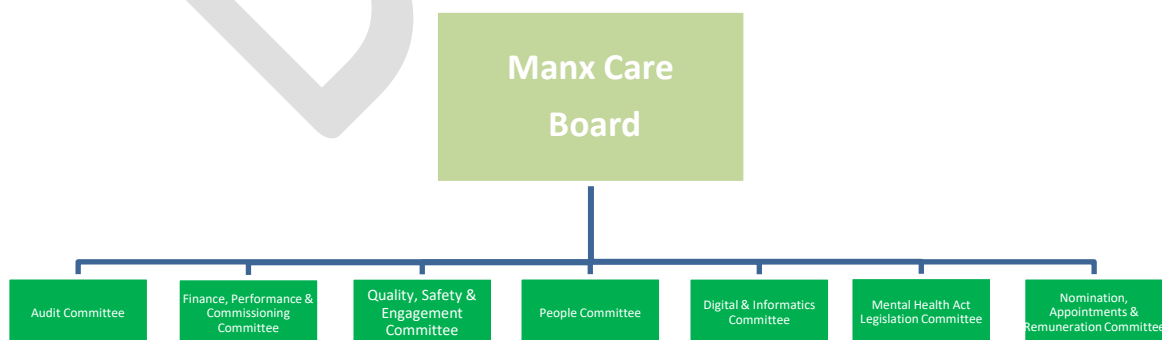
10. Review

The terms of reference, purpose, function, responsibilities and duties of this Committee will be reviewed on an annual basis or sooner if agreed by the Committee or Board.

Any amended Terms of Reference will be agreed by the Committee for recommendation to a subsequent meeting of Manx Care Board for its approval.

11. Committee Structure

The committee structure* is reflected in the chart below, however reporting groups may change to reflect operational requirements.



*This structure to be updated as the Committee Sub-Groups are operationalised

Terms of Reference

Document History:	
Name of author(s):	Director of HR Business Board Secretary
Committee Chair	Sarah Pinch, Non-Executive Director

Version	Date	Ratified by	Main amends
1	1.4.21	Board	First version
2	26.10.21	Board	Second draft
2.1	7.3.22	People Committee	Revision of membership
2.2	5.4.22	Board	Revision of membership

This Committee provides assurance to the Manx Care Board

Target audience: Manx Care Board and Staff

People Committee

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1. Purpose

The People Committee is a committee of the Board of Manx Care and has delegated authority from the Board to oversee, co-ordinate, review all aspects of people, engagement, workforce and organisational development (OD) planning within Manx Care.

The People Committee will provide scrutiny and challenge with regard to all aspects of people, engagement, workforce and OD planning. This will include workforce strategy and delivery, clinical and professional training, and staff engagement in order to obtain assurance and make appropriate reports or recommendations to the Board.

The Committee's overarching duty is to provide assurance to the Board that monitoring all aspects of people, engagement, workforce and OD planning across Manx Care health and social care services leads to better outcomes for patients and service users.

2. Constitution

The Board hereby resolves to establish a committee of the Board to be known as the People Committee (the Committee). The Committee has no executive powers other than those specifically delegated in these Terms of Reference.

People Committee

3. Roles and duties of the Committee

The Committee will uphold the values of Manx Care in the work it does. In particular it will look for assurances that these values are being delivered in Manx Care, as part of its overall governance role on behalf of the Board. Our values are:



Committed:

We are committed to our community and each other. We work together to understand individual needs and enable access to the best customer-centric care services.

Appreciative:

We appreciate each other, other points of view and ways of working. We communicate, let people speak and make sure we listen.

Respectful:

We have respect and are ethical in everything we do. We speak up and do the right thing. We act with integrity, are trusting and are trusted.

Excellent:

We thrive on excellence, innovation, and are continuously developing ourselves and best practice. We debate, challenge, and embrace change.

In particular the Committee will provide assurance to the Board that the system of internal controls supporting the people and culture agenda is appropriately designed, consistently applied and is operating effectively, and as a result, there are better outcomes for patients and service users in the following areas:

- There is progress on the development and delivery of people, engagement, workforce, OD and cultural change strategies that support Manx Care's strategic priorities
- Workforce and OD strategies are scrutinised, and recommendations made to the Board on the proposed strategies
- Reports relating to the creation and delivery of workforce plans demonstrate alignment to Manx Care strategy and provide assurance that Manx Care has adequate staff with the necessary skills and competencies to meet the future needs of patients, service users and carers;
- Policies and performance targets for workforce and OD are monitored, for example, sickness absence, performance management and grievances, bank and agency usage, vacancies, mandatory training and appraisals.
- Care Groups are progressing performance against their workforce and OD KPI's
- Reports on key matters including employee relations, occupational health, workforce (including recruitment and retention), clinical and professional staffing, equality, diversity and inclusion, culture, staff engagement, organisational development and learning and development are scrutinised, and remedial actions are timely and effective.
- The implementation of health and wellbeing activities, including the delivery of Occupational Health services to the organisation are timely and effective.

People Committee

- Reports and proposals arising from staff feedback, including but not limited to staff surveys, staff engagement, internal communication feedback, pulse surveys, safety walkarounds, and listening events, are scrutinised, and that any remedial actions are timely and effective.
- HR policies are identified, prioritised and approved (following consultation as per agreed procedures) as appropriate
- Assurance relating to legal and regulatory requirements for the workforce are met;
- All people, engagement, workforce and OD planning risks are reviewed and the implications for the Board Assurance Framework and/or Care Group risk registers have been scrutinised and challenged.

In addition to providing such assurance the Committee's duty is to escalate key issues to the Board and provide regular feedback to the Board on the activity of the Committee in the form of a monthly report.

4. Membership

The membership of the Committee will comprise:

- Three Non-Executive Directors (including Committee Chair & Deputy Committee Chair) as appointed by the Board
- Director of HR Business (Executive Lead for workforce/OHR)
- Director of Nursing
- Executive Director - Social Care
- Medical Director

Regular attendees shall include:

- Director of Operations
- Finance Director
- Board Secretary

Other directors or their deputies may be asked to attend meetings or part meetings for discussions on matters relating to their portfolio, if required. The provisions of Manx Care's Standing Orders relating to acting up arrangements and joint members will apply to this Committee.

In exceptional circumstances, when an executive director cannot attend Committee meetings, they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf. Deputies must be agreed in advance with the Committee Chair.

Other attendees may be invited for specific items as follows including:

- Director of Infrastructure
- HR Business Partner
- Workforce and Culture Lead
- Head of Communications
- And representatives from operations, nursing and social care

Other attendees may attend by invitation in order to progress the work of the Committee.

People Committee Terms of Reference

People Committee

All Board members will be informed of the dates of the Committee meetings and can attend meetings if they wish to.

The Board Secretary will provide support to the Committee Chair and Committee members and ensure that the Committee receives the appropriate administrative and secretarial support. A secretary/minute taker will also be in attendance at all committee meetings.

Membership will be reviewed annually.

5. Meetings and Quorum

The Committee Chair will preside at all meetings. In circumstances where the Committee Chair cannot attend, the Deputy Committee Chair will chair the meeting.

Quorum

A quorum will be 3 members and must include 2 Non-Executive Directors including the Committee Chair or Deputy Committee Chair and the Director of HR Business

If the Committee is not quorate the meeting may be postponed at the discretion of the Committee Chair. If the meeting does take place and is not quorate, no decision shall be made at that meeting and such matters must be deferred until the next quorate meeting.

Frequency

The Committee will meet at least six times a year, and ideally monthly prior to the Board meeting held in public. Additional meetings of the Committee can be arranged for specific purposes as necessary, with agreement by the Committee Chair or Deputy Committee Chair.

Where a decision needs to be taken by the Committee outside the normal cycle of meetings, and where the matter is not deemed by the Committee Chair to require an additional meeting to be called, the decision may be made via e-mail. The preference is for decisions to be taken at committee meetings. The decisions via e-mail process will be used on an 'exceptions' basis. The process for decision via e-mail will be as follows.

- a) An e-mail setting out the matter for decision will be sent to all committee members. This shall include a statement setting out how the committee members should signify what their view on the matter is and the deadline for doing so.
- b) Committee members will be given no less than five working days in which to respond.
- c) For a decision to be passed, all of the committee members must express the same view on the matter.
- d) Where committee members have comments on the proposed decision or recommendation/s these will be circulated to other committee members by the Board Secretary within one working day of receipt.
- e) If any individual committee member wishes to debate an item proposed for decision via e-mail at a committee meeting instead, they may ask the Committee Chair to arrange an additional meeting or defer the item for decision until the next committee meeting (such agreement by the Committee Chair not to be unreasonably withheld).
- f) Decisions via e-mail will be reported to the next committee meeting and the wording of the decision minuted. Any decision made in this manner will be effective from the date of

People Committee

agreement of all of the committee members and confirmed by email by the Board Secretary.

Attendance

All members will be required to attend a minimum of 75% of all meetings held annually. Members should not be absent for more than two consecutive meetings without the agreement of the Committee Chair. Apologies must be received by the Board Secretary in advance of the meetings.

Committee members are committed to working both remotely and in person. Committee members may participate by way of telephone, computer or any other electronic means of communication provided that each person is able to hear and speak. A person participating in this way is deemed to be present in person although their actual location shall be noted in the minutes and is counted in a quorum and entitled to vote. The meeting is deemed to take place 'via Teams' (or relevant software) or where the largest group of those participating is assembled.

Where a specific matter is deemed to be of a confidential or commercially sensitive nature the Committee Chair has the authority to restrict attendance at the Committee meeting to members only and to ask all other attendees to leave the meeting.

If any Committee member or attendee has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he / she will declare that interest as early as possible and shall not participate in the discussions. Such interests must be recorded in the Minutes accordingly. The Committee Chair will have the power to decide whether a declared interest represents a material conflict and to request that member or attendee to withdraw until the Committee's consideration has been completed.

Notice of meetings

Meetings of the Committee shall be called by the secretary who administers the committee at the request of the Committee Chair or any of its members.

Unless otherwise agreed, notice of each meeting and agenda of items to be discussed, shall be forwarded to each Committee member, any other person required to attend no later than four working days before the date of the meeting. Supporting papers shall be sent to committee members and to other attendees as appropriate, at the same time.

Notices, agendas and supporting papers can be sent in electronic form where the recipient has agreed to receive documents in such a way.

The Committee will agree a meeting calendar on an annual basis, setting out the main work items to be carried out by the Committee at each meeting to ensure that adequate time is given to the main duties of the Committee.

6. Authority

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any Manx Care employee and all such employees are directed to co-operate with any request made by the Committee.

People Committee

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. The budget for such advice should be within agreed financial constraints.

The Committee is authorised to establish working groups to support its assurance work and its scrutiny and monitoring obligations. Such working groups will be chaired by the Executive Lead and report back to the Committee on a regular basis. Appropriate terms of reference outlining the scope of the working group and its membership must be agreed in advance by the Committee.

7. Monitoring Effectiveness

The Committee shall at least once a year, review its own performance, constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board for approval.

The Committee shall be provided with appropriate and timely training, both in the form of an induction programme for new members and on an ongoing basis for all members.

A record of the frequency of attendance by members, quoracy and the frequency of meetings will be maintained. Any areas of concern will be highlighted to the Chair of the Board by the Committee Chair.

8. Administrative Arrangements

The Committee will be supported by a nominated secretary who will administer the Committee by:

- producing a schedule of meetings and maintain the annual work plan for the Committee
- preparing the agenda and papers with the Committee Chair and Executive Lead for the Committee and circulating these 4 working days prior to the meeting;
- maintaining accurate records of attendance, key discussion points and decisions taken and issue necessary action logs within five full working days of the meeting;
- the recording of draft minutes where the Committee has gained assurance through relevant reports and subsequent discussion, debate and challenge, and where further assurance is required for circulation to members within five full working days of the meeting;
- maintaining a database of any documents discussed and/or approved and recall them to the Committee when due;
- organising future meetings; and
- filing and maintaining records of the work of the Committee.

9. Relationships and Reporting

The Committee will obtain assurance from the working groups shown in the structure chart below

The Committee will report to the Board on how it discharges its responsibilities.

The Audit Committee will receive the meeting minutes of the Committee and will ensure that the Committee's role within the overall governance of Manx Care is discharged. The Audit Committee will report back to the Committee if it has any concerns about its adherence to the Terms of Reference. The Audit Committee will prepare a report to the Board on governance of Manx Care,

People Committee

which will include the Committee's role and performance in relation to the systems of internal control.

The minutes of the Committee shall be formally recorded and a summary of decisions taken submitted to Manx Care Board by the Committee Chair. The minutes will also be submitted to the Board. The Committee Chair shall draw to the attention of Board any issues that require disclosure to the full Manx Care Board, or require executive action.

The Committee will receive standing monthly reports and additional reports as part of the scheduled programme of annual reports.

In addition, the Committee will receive thematic 'deep dive' reports or reviews accordingly to provide more quality-orientated discussions about specific issues and to facilitate in depth discussions between the Committee members and staff providing services.

Internal Auditors will carry out an audit of the governance systems within Manx Care, including the role of the Committee, and will use this audit to prepare the annual Head of Internal Audit Opinion.

The Board has responsibility for the effectiveness of sub-committees. The Board will use the above reports to ensure that the Committee is meeting its duties according to these Terms of Reference.

10. Review

The terms of reference, purpose, function, responsibilities and duties of this Committee will be reviewed on an annual basis or sooner if agreed by the Committee or Board.

Any amended Terms of Reference will be agreed by the Committee for recommendation to a subsequent meeting of Manx Care Board for its approval.

11. Committee Structure

The committee structure* is reflected in the chart below, however reporting groups may change to reflect operational requirements.



*This structure to be updated as the People Sub-Groups & Committees are operationalised

People Committee Terms of Reference

Terms of Reference

Document History:

Name of author(s):	Board Secretary
Committee Chair	Sarah Pinch, Non-Executive Director

Version	Date	Ratified by	Main amends
1	1.4.21	Board	First version
1.1	14.3.22	QSE Committee	Revised membership; added reference to clinical audit; controlled drugs and mental health act legislation assurance.
2.1	5.4.22	Board	Revision of membership

This Committee/Group reports to: Manx Care Board

Target audience: Manx Care Shadow Board and Staff

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1. Purpose

The Quality, Safety & Engagement Committee is a sub-committee of the Board of Manx Care and has delegated authority from the Board to oversee, co-ordinate, review and assess the quality of care and the clinical and professional safety arrangements within Manx Care.

The Quality, Safety & Engagement Committee will provide scrutiny and challenge with regard to all aspects of the quality of care and clinical and professional safety. This will include care strategy and delivery, clinical and professional governance, patient, public and service user engagement, clinical and professional audit and research in order to obtain assurance and make appropriate reports or recommendations to the Board.

The Committee's overarching duty is to provide assurance to the Board that monitoring all aspects of quality, safety and engagement across Manx Care health and social care services leads to better outcomes for patients and service users.

2. Constitution

The Board hereby resolves to establish a committee of the Board to be known as the Quality, Safety & Engagement Committee (the Committee). The Committee has no executive powers other than those specifically delegated in these Terms of Reference.

3. Roles and duties of the Committee

The Committee will uphold the values of Manx Care in the work it does. In particular it will look for assurances that these values are being delivered in Manx Care, as part of its overall governance role on behalf of the Board. Our values are:



Committed:

We are committed to our community and each other. We work together to understand individual needs and enable access to the best customer-centric care services.

Appreciative:

We appreciate each other, other points of view and ways of working. We communicate, let people speak and make sure we listen.

Respectful:

We have respect and are ethical in everything we do. We speak up and do the right thing. We act with integrity, are trusting and are trusted.

Excellent:

We thrive on excellence, innovation, and are continuously developing ourselves and best practice. We debate, challenge, and embrace change.

In particular the Committee will provide assurance to the Board that the systems of internal control over quality of clinical care and social care are appropriately designed, consistently applied and are operating effectively, and as a result, there are better outcomes for patients and service users in the following areas:

- Manx Care is compliant against the statutory requirements laid down by the Required Outcomes Framework as required by the IoM Department of Health and Social Care
- Actions identified following any DHSC care quality inspection or a review by the IoM Independent Review Body or the advice of any other external body are being completed within timescales and monitored on a regular basis through the appropriate care quality and safety governance processes.
- Patients, service users, carers and members of the public are treated as equal partners in the review and redesign of services and that engagement results in comprehensive and involved patients, carers and service users in Manx Care's day to day activity
- Adequate systems and processes are in place to ensure and continuously improve the management of risk across all Manx Care services so that patients and service users receive high-quality safe care
- A robust process is in place to respond to near misses, incidents and complaints that involves appropriate investigation and ensures that remedial, timely actions are taken, and that learning is shared across all Manx Care services
- An effective structure is in place to measure and continuously improve the effectiveness of care including the use of benchmarking and clinical/professional evidence, that

Quality, Safety & Engagement Committee

identifies and addresses variations in clinical and professional practice and that care intervention is based upon best available evidence.

- Manx Care is listening to patients and service users about their experiences of care and taking action to improve the experience of those using its services
- Manx Care has put in place an annual clinical audit plan; that outcomes from clinical audits are reported to the Committee; that progress in delivering the plan is tracked and that learning from the clinical audit programme is disseminated across Manx Care.
- The Committee will provide assurance to the Board of the governance arrangements supporting the clinical audit plan and the overall assurance received from clinical audit activity as part of the Committee's annual report.
- The Committee will provide assurance to the Board of the governance arrangements supporting compliance with relevant mental health act legislation.
- Manx Care is working with partners and priority groups in relation to the public sector equality, diversity and inclusion agenda.
- Stakeholder engagement arrangements and Manx Care's communication strategies are developed and implemented (including the work of customer review structures across all Manx Care services).
- A model of engagement in decision making is developed and implemented that drives innovation, flexibility and the delivery of fully integrated flexible services.
- The implementation of the Mandate and the Care Quality Strategy is reviewed and monitored.
- Adequate systems and processes are in place to ensure that clinical and professional services are giving appropriate priority to continuous improvement in care quality and safety and how that care is experienced.
- The monthly care quality dashboard report for Manx Care around an agreed set of Key Performance Indicators is challenged and scrutinised so there is assurance in relation to the indicators set out in the Required Outcomes Framework as required by the IoM Department of Health and Social Care.
- Evidence that where performance in respect of quality and safety has fallen short of agreed standards concerns have been investigated, corrective action has been taken and lessons have been learnt

Quality, Safety & Engagement Committee

- A Quality Equality Impact Assessment (QEIA) has been conducted and reviewed where service changes, cost improvement programmes, quality innovation prevention & productivity initiatives within Manx Care are being considered.
- All quality, safety and engagement risks are reviewed and the implications for the Board Assurance Framework and/or Care Group risk registers have been scrutinised and challenged.
- The governance arrangements for controlled drugs are appropriately designed, consistently applied and are operating effectively.

In addition to providing such assurance the Committee's duty is to escalate key issues to the Board and provide regular feedback to the Board on the activity of the Committee in the form of a monthly report.

4. Membership

The membership of the Committee will comprise:

- Three Non-Executive Directors (including Committee Chair & Deputy Committee Chair) as appointed by the Board
- Director of Nursing (Executive Lead for clinical quality & safety)
- Executive Director - Social Care (Executive Lead for professional quality & safety)
- Medical Director

Additional officers who may attend regularly or periodically shall include:

- Director of Operations
- Director of Infrastructure
- Chief Information Officer / Director of Digital & Informatics
- Director of HR Business
- Board Secretary

Other directors or their deputies may be asked to attend meetings or part meetings for discussions on matters relating to their portfolio, if required. The provisions of Manx Care's Standing Orders relating to acting up arrangements and joint members will apply to this Committee.

In exceptional circumstances, when an executive director cannot attend Committee meetings, they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf. Deputies must be agreed in advance with the Committee Chair.

Other attendees may be invited for specific items at the discretion of the relevant Executive Director.:

Other attendees may attend by invitation in order to progress the work of the Committee.

All Board members will be informed of the dates of the Committee meetings and can attend meetings if they wish to.

The Board Secretary will provide support to the Committee Chair and Committee members and ensure that the Committee receives the appropriate administrative and secretarial support. A secretary/minute taker will also be in attendance at all committee meetings.

Q, S & E Committee Terms of Reference

Membership will be reviewed annually.

5. Meetings and Quorum

The Committee Chair will preside at all meetings. In circumstances where the Committee Chair cannot attend, the Deputy Committee Chair will chair the meeting.

Quorum

A quorum will be 3 members and must include 2 Non-Executive Directors and 1 Executive Director including the Committee Chair or Deputy Committee Chair and the Director of Nursing, Director of Social Care or Medical Director.

If the Committee is not quorate the meeting may be postponed at the discretion of the Committee Chair. If the meeting does take place and is not quorate, no decision shall be made at that meeting and such matters must be deferred until the next quorate meeting.

Frequency

The Committee will meet at least ten times a year, and ideally monthly prior to the Board meeting held in public. Additional meetings of the Committee can be arranged for specific purposes as necessary, with agreement by the Committee Chair or Deputy Committee Chair.

Where a decision needs to be taken by the Committee outside the normal cycle of meetings, and where the matter is not deemed by the Committee Chair to require an additional meeting to be called, the decision may be made via e-mail. The preference is for decisions to be taken at committee meetings. The decisions via e-mail process will be used on an 'exceptions' basis. The process for decision via e-mail will be as follows.

- a) An e-mail setting out the matter for decision will be sent to all committee members. This shall include a statement setting out how the committee members should signify what their view on the matter is and the deadline for doing so.
- b) Committee members will be given no less than five working days in which to respond.
- c) For a decision to be passed, all of the committee members must express the same view on the matter.
- d) Where committee members have comments on the proposed decision or recommendation/s these will be circulated to other committee members by the Board Secretary within one working day of receipt.
- e) If any individual committee member wishes to debate an item proposed for decision via e-mail at a committee meeting instead, they may ask the Committee Chair to arrange an additional meeting or defer the item for decision until the next committee meeting (such agreement by the Committee Chair not to be unreasonably withheld).
- f) Decisions via e-mail will be reported to the next committee meeting and the wording of the decision minuted. Any decision made in this manner will be effective from the date of agreement of all of the committee members and confirmed by email by the Board Secretary.

Attendance

Quality, Safety & Engagement Committee

All members will be required to attend a minimum of 75% of all meetings held annually. Members should not be absent for more than two consecutive meetings without the agreement of the Committee Chair. Apologies must be received by the Board Secretary in advance of the meetings.

Committee members are committed to working both remotely and in person. Committee members may participate by way of telephone, computer or any other electronic means of communication provided that each person is able to hear and speak. A person participating in this way is deemed to be present in person although their actual location shall be noted in the minutes and is counted in a quorum and entitled to vote. The meeting is deemed to take place 'via Teams' (or relevant software) or where the largest group of those participating is assembled.

Where a specific matter is deemed to be of a confidential or commercially sensitive nature the Committee Chair has the authority to restrict attendance at the Committee meeting to members only and to ask all other attendees to leave the meeting.

If any Committee member or attendee has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he / she will declare that interest as early as possible and shall not participate in the discussions. Such interests must be recorded in the Minutes accordingly. The Committee Chair will have the power to decide whether a declared interest represents a material conflict and to request that member or attendee to withdraw until the Committee's consideration has been completed.

Notice of meetings

Meetings of the Committee shall be called by the secretary who administers the committee at the request of the Committee Chair or any of its members.

Unless otherwise agreed, notice of each meeting and agenda of items to be discussed, shall be forwarded to each Committee member, any other person required to attend no later than four working days before the date of the meeting. Supporting papers shall be sent to committee members and to other attendees as appropriate, at the same time.

Notices, agendas and supporting papers can be sent in electronic form where the recipient has agreed to receive documents in such a way.

The Committee will agree a meeting calendar on an annual basis, setting out the main work items to be carried out by the Committee at each meeting to ensure that adequate time is given to the main duties of the Committee.

6. Authority

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any Manx Care employee and all such employees are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. The budget for such advice should be within agreed financial constraints.

Quality, Safety & Engagement Committee

The Committee is authorised to establish working groups to support its assurance work and its scrutiny and monitoring obligations. Such working groups will be chaired by the Executive Lead and report back to the Committee on a regular basis. Appropriate terms of reference outlining the scope of the working group and its membership must be agreed in advance by the Committee.

7. Monitoring Effectiveness

The Committee shall at least once a year, review its own performance, constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board for approval.

The Committee shall be provided with appropriate and timely training, both in the form of an induction programme for new members and on an ongoing basis for all members.

A record of the frequency of attendance by members, quoracy and the frequency of meetings will be maintained. Any areas of concern will be highlighted to the Chair of the Board by the Committee Chair.

8. Administrative Arrangements

The Committee will be supported by a nominated secretary who will administer the Committee by:

- producing a schedule of meetings and maintain the annual work plan for the Committee
- preparing the agenda and papers with the Committee Chair and Executive Lead for the Committee and circulating these 4 working days prior to the meeting;
- maintaining accurate records of attendance, key discussion points and decisions taken and issue necessary action logs within five full working days of the meeting;
- the recording of draft minutes where the Committee has gained assurance through relevant reports and subsequent discussion, debate and challenge, and where further assurance is required for circulation to members within five full working days of the meeting;
- maintaining a database of any documents discussed and/or approved and recall them to the Committee when due;
- organising future meetings; and
- filing and maintaining records of the work of the Committee.

9. Relationships and Reporting

The Committee will obtain assurance from the working groups shown in the structure chart below

The Committee will report to the Board on how it discharges its responsibilities.

The Audit Committee will receive the meeting minutes of the Committee and will ensure that the Committee's role within the overall governance of Manx Care is discharged. The Audit Committee will report back to the Committee if it has any concerns about its adherence to the Terms of Reference. The Audit Committee will prepare a report to the Board on governance of Manx Care, which will include the Committee's role and performance in relation to the systems of internal control.

Quality, Safety & Engagement Committee



The minutes of the Committee shall be formally recorded and a summary of decisions taken submitted to Manx Care Board by the Committee Chair. The minutes will also be submitted to the Board. The Committee Chair shall draw to the attention of Board any issues that require disclosure to the full Manx Care Board, or require executive action.

The Committee will receive standing monthly reports and additional reports as part of the scheduled programme of annual reports.

Manx Care's integrated care quality and safety report will be provided monthly as soon as available.

In addition, the Committee will receive thematic 'deep dive' reports or reviews accordingly to provide more quality-orientated discussions about specific issues and to facilitate in depth discussions between the Committee members and staff providing services.

Internal Auditors will carry out an audit of the governance systems within Manx Care, including the role of the Committee, and will use this audit to prepare the annual Head of Internal Audit Opinion.

The Board has responsibility for the effectiveness of sub-committees. The Board will use the above reports to ensure that the Committee is meeting its duties according to these Terms of Reference.

10. Review

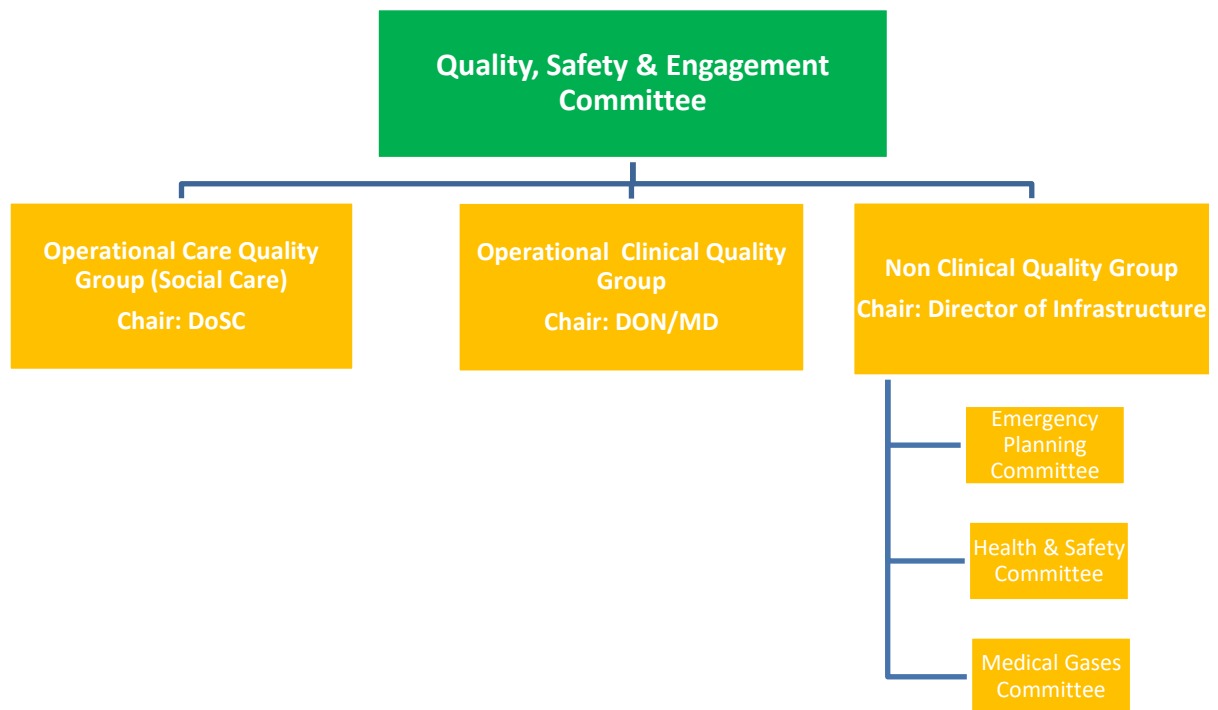
The terms of reference, purpose, function, responsibilities and duties of this Committee will be reviewed on an annual basis or sooner if agreed by the Committee or Board.

Any amended Terms of Reference will be agreed by the Committee for recommendation to a subsequent meeting of Manx Care Board for its approval.

11. Committee Structure

The committee structure* is reflected in the chart below, however reporting groups may change to reflect operational requirements.

Quality, Safety & Engagement Committee



*This structure to be updated as the Quality Sub-Groups are operationalised

Manx Care **Integrated Performance Report**

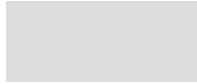


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2022 DRAFT

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KEY



"Current State" reporting enclosed with a grey box. These metrics are yet to be reviewed.



"New" reporting denoted by a Manx Care Logo and enclosed in a green box. These metrics have been reviewed and automated.

Notes:

Please note that this is still a draft of our new automated report.

The "new" metrics in this report are pulled from the first version of our core dataset. All metrics pulled from our dataset have been reviewed, new methodologies written and agreed with services areas and reporting fully automated. Each area we have worked with will now have access to an automated dashboard and, in most cases, operational metrics which will enable services to actively monitor progress towards the KPIs and other key service metrics. We are continuing to develop and refine operational reporting over the coming weeks. Please see the above key to identify between the new reporting and those areas still to be reviewed.

Some of new metrics are however, all still under initial review and validation with service area leads as we continue to develop supporting operational reporting. Narrative for these areas will be added, including to note any areas where they may have been data capture or reporting changes - with better data capture, quality and/or reporting, there are more accurate metrics, however the changes need to be fully explained in order that we do not compare previous reporting alongside incorrectly, which may misinform.

Please note all new metrics report last month's data i.e. February, however all "current state" reporting reports the month prior i.e. January, due to the nature in which the data is collated. The Board can decide how they would like us to accommodate this going forwards and if they would like to see all data for the same period i.e. two months prior or if we leave as is.

For future release:

- * Exceptions narrative to be added.
- * Formatting upgrade - Further formatting work to be undertaken (feedback welcome).
- * Automated CATs KPI to be added. - System change required.
- * Automated Mental Health KPIs to be added.

Work continues in the Manx Care BI Team to understand and document reporting requirements and barriers. Documentation of which will follow in due course.

Care Quality Safety

Hospitals

CQC Standard	Indicator	Target	Last Month	Last Year	Trend (Since April 21)
Safe	Total Number of acquired Infections - MRSA Bacteraemia		0		
Safe	Hospital	0	0		
Safe	Community		0		
Safe	Total Number of acquired Infections - Cdiff		0		
Safe	Hospital	0	0		
Safe	Community		0		
Safe	Total Number of acquired Infections - E-Coli		4		
Safe	Hospital	0.16	0		
Safe	Community		4		
Safe	Total Number of Inpatient Falls (Per 1000) bed days	8.9	12.8		
Safe	Of these the number that were categorised as serious		1.9		
Safe	Total Number of Inpatient Pressure Ulcers (Per 1000) bed days	2.6	0.18		
Safe	Total Number of Medication Errors (Per 1000) bed days	3.2	1.1		
Safe	Of these the number that were categorised as serious		0		
Safe	Total Number of Serious Incidents	0	1		
Responsive	Total number of complaints received		37		
Responsive	% of all complaints responded to on time (within 20 days of receipt)	80%	47%		

Total Number of acquired Infections - Cdiff

Community

GP is undertaking an RCA

Total Number of acquired Infections - E-Coli

These are mainly associated with biliary conditions and urinary tract infections. There have been four E.coli Bacteraemia cases identified in January 2022 all were community associated. The causes include biliary infection, urinary tract and intraabdominal infections.

Total Number of Inpatient Falls (Per 1000) bed days

The number that were categorised as serious. RCA's being undertaken for falls with harm

Total Number of Serious Incidents

Patient complained of testicular pain prior to discharge. Returned following day with testicular torsion requiring orchiectomy. Pt attended ED with haemoptysis, recommended repeat X-Ray in 6 weeks which did not occur. 19 months later had developed lung cancer. / Pt with VP shunt fell. 48 Hours later had neurological deterioration and was transferred to Walton and underwent neuro surgery.

COMPLAINTS

% OF ALL COMPLAINTS RESPONDED TO ON TIME (within 20 days of receipt)

Delays due to workload of clinical staff and staff on AL

Community Care Directorate

CQC Standard	Indicator	Target		Last Month	Last Year	Trend (Since April 21)
Safe	Total number of acute inpatient falls (per 1000 bed days)	8.9	●	8.32		
Safe	Of these the number that were categorised as serious			0		
Safe	Number of other Falls			8.32		
Safe	Total number of community residential placement falls			57		
Safe	Older People & Dementia Care (Residential)	23.9	●	52		
Safe	Of these the number that were categorised as serious			-		
Safe	Number of other Falls			52		
Safe	Learning Disability (Residential)	4.3	●	5		
Safe	Of these the number that were categorised as serious			0		
Safe	Number of other Falls			5		
Safe	Total number of acute inpatient pressure ulcers (per 1000 bed days)	2.6	●	0		
Safe	Total number of community residential placement pressure ulcers			0		
Safe	Older People & Dementia Care (Residential)	1.16	●	0		
Safe	Learning Disability (Residential)	0.08		0		
Safe	Total number of acute inpatient medication errors (per 1000 bed days)	3.2	●	2.9		
Safe	Of these the number that were categorised as serious			0		
Safe	Total number of community residential placement medication errors			7		
Safe	Older People & Dementia Care (Residential)	8.7	●	5		
Safe	Of these the number that were categorised as serious			0		
Safe	Learning Disability (Residential)	1.8	●	2		
Safe	Of these the number that were categorised as serious			0		
Safe	Total community incidents			250		
Safe	Total community incidents recorded as serious			0		
Safe	% Community incidents recorded as serious			0%		
Safe	Mental Health Services Incidents	53	●	69		
Safe	Number of which were serious			0		
Safe	Number of other incidents			69		
Safe	% of which were serious			0%		
Safe	Community Health Incidents	23	●	34		
Safe	Number of which were serious			0		
Safe	Number of other incidents			34		
Safe	% of which were serious			0%		
Safe	Adult Social Care Incidents	110	●	147		
Safe	Number of which were serious			0		
Safe	Number of other incidents			147		
Safe	% of which were serious			0%		
Safe	Total number of complaints received	6.08	●	6		
Safe	Mental Health Services	3.38	●	4		
Safe	Community Health	1.5	●	2		
Safe	Adult Social Care	1.2	●	0		

Responsive	% of all complaints responded to on time (within 20 days of receipt)	75%			
Responsive	Mental Health Services	75%	●	100%	
Responsive	Community Health	75%	●	100%	
Responsive	Adult Social Care	75%		N/A	

FALLS

Total Number of Acute Inpatient Falls (Per 1000 Bed Days):

No falls were categorised as causing severe harm / meeting the criteria for a serious incident.

Older People & Dementia Care (Residential):

All falls were recorded as no/low harm. Most areas had a number of falls consistent with previous months; the increase here is largely due to an increase in two units. One unit in particular faced a large increase, but this mostly attributable to one resident who experience 9 falls; additional input has been requested and the case is being reviewed due to the level of risk. In general the absence of serious injuries is positive. This also suggests exceptionally high levels of reporting; 85% of the falls were unwitnessed (primarily in private rooms), with no indication of an act or omission that preceded this, which is evidence that falls are being recorded whether or not the incident threshold is met. Additionally, no harm incidents and near misses are being regularly recorded, as are off site incidents. Again this is a positive.

Learning Disability (Residential):

All falls were recorded as no/low harm. It is difficult to derive trends given the relatively low incidence, but the frequency is consistent with earlier months.

MEDICATION ERRORS

Older People & Dementia Care (Residential):

All errors recorded as no/low harm. The most notable error was an omitted dose of gabapentin/oxycodone. This was discovered at the start of the next shift. In each case advice was sought, and competencies revisited as per policy.

Learning Disability (Residential):

Of the 2 incidents recording here, 1 was suspected to be an administration error. This involved missing mefopam which was believed to have been given in error. Advice sought and policy followed. The other error involved a delay to the ordering of dornase alfa. As this medication is provided via an off island pharmacy it was not given for a few days. The hospital overseeing the case of the resident were made aware and advised throughout. This has highlighted weaknesses in the supply chain for certain specialist drugs. In this case two separate off-island suppliers are involved with specialist drugs, in addition to an on island pharmacy providing the remainder. The matter is being looked in to in more detail, and in the interim orders will be placed a minimum of 3 weeks before they are due to ensure a buffer for poor weather and/or human factors.

INCIDENTS

Adult Social Care:

The slight increase is owing to the high number of no/low harm falls recorded, as well as a number of positive covid cases which are now being more regularly recorded on Datix. Aside from the covid related incidents, the spread looks similar to previous months, with falls being the most frequent category by some margin. Physical/verbal aggression, and unwell/ill remain other major categories, but there were relatively few Accidents or medication incidents recorded.

This month did see a slight increase to incidents recorded specifically as safeguarding. 4 out the 5 recorded were disclosures to learning disability staff about events in the community/away from support environments.

There were 8 moderate harm incidents (7 illness, 1 self harm), and 2 deaths (both related to illness).

Surgery, Theatres, Critical Care and Anaesthetics

Theatres

CQC Standard	Indicator	Target	Last Month	Last Year	Trend (Since April 21)
	Actual theatre Sessions delivered		45		
	Cancelled Theatre Sessions		0		
	% of Sessions Cancelled		0%		
	Re-utilised Theatre sessions		0		
Responsive	Theatre Cancellations on Day (Clinical & Non-Clinical)		22		
Responsive	Theatre Cancellations (Clinical decision)		17		
	Administrative error		1		
	Deceased		0		
	Emergency case took priority		0		
	Operation not necessary (Hospital)		0		
	Pre-operative guidance not followed		0		
	Pre-existing medical condition		0		
	Procedure carried out elsewhere		0		
	Surgeon unavailable		0		
	Unfit with acute illness		2		
	Unsuitable for Day Surgery		2		
	Ward beds unavailable		10		
	Misc		2		
Responsive	Theatre Cancellations (Non-Clinical decision)		5		
	Administrative error		0		
	Anaesthetist unavailable		0		
	Appointment inconvenient		0		
	DNA		0		
	Equipment failure/unavailable		1		
	ICU/HDU bed unavailable		0		
	List over-run		1		
	Operation not wanted (patient)		0		
	Postponement (Lack of theatre time)		0		
	Surgeon unavailable		0		
	Theatre staff unavailable		0		
	Unfit for surgery - patient cancellation		3		
	Ward beds unavailable		0		
	Misc (No other listing)		0		
Effective	% utilisation of theatre sessions (excluding weekend Trauma)	85%	82%		
	Late Starts in Minutes (excluding weekend Trauma)		1636		
	Early Finishes in Minutes (excluding weekend Trauma)		1837		
	Late Finishes in Minutes (excluding weekend Trauma)		1217		

Theatre Sessions:

Increase to theatre sessions for the month of January where theatres are delivered 3 full day sessions of activity. 50 theatre sessions were cancelled in January in response to the unavailability of anaesthetists to support the operating lists which has resulted in a reduction to the theatre utilisation, this combined with theatre staff sickness (COVID-19 related) and vacancies have limited the return to full theatre capacity. Recruitment is in progress for substantive staff and a recruitment drive for Agency staff remains in progress which aim to increase activity in theatres from mid-April.

A review of the current theatre schedule and staffing establishment is in progress to ensure that we are utilising our current resources efficiently. During this period sessions were re-utilised where possible.

Clinical Cancellation on the day of surgery:

Clinical Cancellations on the day were related to primarily related to the regular cancellation of inpatient electives due to the lack of beds and workforce pressures have attributed to the closure of ward 12 and a high percentage of the remaining bed base being occupied by medical patients.

Non- Clinical cancellation on the day of surgery:

Non clinical cancellations were attributed to patients own decision to cancel scheduled operation.

Early Finishes and Late Starts. Late starts continue as a theme during the month of January linked to anaesthetic staffing and the fluctuating bed state and last minute changes to lists required following non- clinical on the day cancellations. This is also representative of the nature of emergency / trauma surgery which presents ad-hoc to the operating lists.

Budget

Due to the lack of activity the main theatres spend on non-pay consumables, is lower than budgeted for this year.

Additionally staff retirement and resignation means that theatres have been carrying vacancies which have been covered by agency since October and throughout November. The department hope to recover some lost activity in the early stages of Q4.

It is acknowledged that greater control is required across the Care Group on financial control, as such integration of finance business partners in to care group governance is in process. In addition to this a training and development plan is being developed to address the identified skills gap within the area of financial control within frontline services managers. The anaesthetic staffing and theatre staffing position is challenging and will represent a significant cost pressure for the care group for the remainder of this financial year.

Theatres - NEW

CQC Standard	Indicator	Target		Last Month	Last Year	Trend (Last 53 Weeks)
	Session Details					
Responsive	Number of Sessions Delivered	N/A		58	68	
	Number of Sessions Cancelled	N/A		1	2	
	Number of Sessions Reutilised	N/A		0	0	
	Utilisation					
Effective	Theatre Utilisation	85%		66.56%	61.30%	
	Session Capacity					
	Early Finishes in Minutes	N/A		(2,617)	-4818	
	Late Finishes in Minutes	N/A		820	1022	
	Early Starts in Minutes	N/A		0	0	
	Late Starts in Minutes	N/A		3,162	2519	
	Procedure Cancellations					
Responsive	Number of Operations Cancelled	N/A		53	49	
Responsive	Number of Operations Cancelled by the Hospital	N/A		50	48	
Responsive	Number of Operations Cancelled by the Patient	N/A		3	1	

Planned Care

CQC Standard	Indicator	Target	Last Month	Last Year	Trend (Since April 21)
Effective	Total number of Cancelled Operations		267		
Effective	Hospital Cancelled		126		
Effective	Patient Cancelled		141		
	SHMI/HSMR (which will lead to more specifics)				
	Number of patients waiting for first hospital appointment		18342		
	Consultant Outpatient Referrals		13129		
	Nurse Outpatient Referrals		1953		
	Allied health Professional Referrals		3260		
Effective	No of Patients with a Length of stay over 21 days		68		
Effective	ALOS (Average Length of Stay) - Nobles		5.06		
Effective	ALOS (Average Length of Stay) - Ramsey		35.62		
	% of Urgent GP referrals that are seen for their first appointment within 6 weeks	85%	47%		
	New to Follow Up Rate				
	Consultant Led Appointments		2.07		
	Nurse Led Appointments		1.51		
	Allied health Professional Led Appointments		1.02		
	DNA Rate				
	Consultant led New and Follow up outpatient appointments		10.6%		
	Nurse led New and Follow up outpatient appointments		5.1%		
	Allied Health Professional New and Follow up appointments		9.3%		
Effective	Crude Mortality Rate		32.66		
Effective	Total Hospital Deaths		28		
Effective	Nobles		26		
Effective	Ramsey		2		

Number of Patients waiting for First Hospital Appointment:

Patients awaiting first hospital appointment has remained stable with 18,342 patients waiting in January compared to 18,350 in December. Although there seems to only be a difference of 8 patients for January there has been a significant movement between all three services for instance:

Service	December	January	
Allied health Professional Referrals	3,052	3,260	Increase of 208 patients waiting first appointment
Nurse Outpatient Referrals	1,953	1,953	stable
Consultant Outpatient Referrals	13,345	13,129	Decrease of 216 awaiting first appointment

This data is still not specific to medicine in our care group; it also includes surgical specialties data and so it is difficult to demonstrate the progress made in each individual area. However, key initiatives are ongoing to reduce waiting times with Medefer now having final pathways signed off for Cardiology, Gastroenterology and Respiratory specialties. In Neurology our visiting consultant is also continuing with the waiting times initiative with an additional week of clinics scheduled on a monthly basis. We are currently working hard in medicine to make sure that we limit the amount of clinic cancellations by ensuring that appropriate locum cover is in place for any single-handed specialty services when the consultants are on leave.

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

Super-stranded patients are those individuals who have been in hospital for more than 21 days and who are not yet medically optimised. The number of super stranded patients has dropped significantly in January (68) compared to the month of December (82). As Medicine has really focused on making sure the patients have moved through the correct pathways, facilitated by the review and action logs that are now completed by the wards and sent to the Complex Discharge Coordinator for monitoring and review. Reasons for delay in safe discharge and actions logs are presented on the Long Length of Stay walk round every Wednesday afternoon. We have successfully recruited two Geriatricians who are both due to start at the beginning of April, both will play a significant part in the liaison between hospital, community and social services. Additionally, the Executive Director of Social Care and the Director of Operations will hold MDTs monthly to examine those with a delayed transfer of care or those who are classified as super-stranded. There has also been a push to ensure that a correct Expected Discharge Date (EDD) is recorded correctly on all wards ensuring that the clinical teams are adhering to the original discharge planning for each patient.

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

There has been no change in the number of patients having their first appointment within 6 weeks during January. Looking onto the data the longest waits still remain in Dermatology, ENT and General Surgery. The biggest concern for Medicine is Gastroenterology. The Care Group have requested an additional Consultant to come in for a 6 month period to help with the back log as currently the Gastro service is overstretched and under resourced. Medicine is expected to see a big reduction in urgent appointments with the outsourcing of appointments under the recovery initiative in conjunction with Medefer. This includes Gastroenterology (average wait for urgent appointment – 135 days) and Cardiology (average wait for urgent appointment – 80 days).

DNA Rate

DNA rate has seen a slight improvement in January compared to the previous month. Work is ongoing with Patient Information Centre about reminding patients of their appointments. Ideally, we would like to move to a system whereby patients can book their own appointments electronically on dates and at times that suit them, as there is evidence to suggest this greatly increases the likelihood of attendance. We would also want to ensure that text message reminders about their appointments are sent to all patients.

Average Length of Stay (Days)

Average length of stay in Noble's Hospital remains stable compared to the previous months, however, there is a significant decrease of length of stay in Ramsey from 40.8 days (Dec) to 35.5 in January. This is due to Manx Care escalating discharge barriers to the relevant social care facilities in respect of their taking patients as soon as possible. There are weekly multidisciplinary meetings that take place on every ward, to review individuals with a delayed transfer of care and the progress that is being made in terms of arranging appropriate and safe ongoing care. The multidisciplinary team includes a Geriatrician, the Complex Discharge Coordinator, the Older Persons Mental Health Service representative, the Long Term Conditions Nurse, a Social Care representative, the Therapies Lead, Nurse representation (from each ward) and Medical colleagues (from each individual ward).

The successful recruitment of two Geriatricians that are both due to start in April will have a positive impact on the average length of stay as the majority of patients are geriatric ones with currently only one geriatrician assigned to dealing with such patients. With these key appointments it will allow for consistent and resilient consultant cover in Ramsey and in Noble's.

Medicine, Urgent Care & Ambulance Service

Urgent and Emergency Care

CQC Standard	Indicator	Target	Last Month	Last Year	Trend (Since April 21)
Responsive	% Patients admitted, transferred or discharged within 4 hours of arrival at the emergency department	95%	69.50%		
Responsive	Nobles		61.10%		
Responsive	Ramsey		99.9%		
	Number of unplanned attendances		3103		
	Nobles		2428		
	Ramsey		675		
	AED Admission Rate (Nobles)		22.86%		
	Average Waiting Time in A&E (Time in Department)		03:58:00		
	Average Waiting Time in A&E (Time to see first Doctor)		01:02:00		

Emergency Department:

% of Patients, Admitted, Transferred or Discharged within 4 hours of arrival at the Emergency Department

ED performance remains comparable to UK 4 hour performance despite the lack of ED observation space (Clinical Decision Unit space) & relatively new Ambulatory Emergency Care capability.

Approx. 10 % of patients are reviewed daily by a Consultant (including weekends). This includes patients experiencing long waits. Exit block and staffing impact on performance most regularly.

Of note certain patient groups are managed actively in the department beyond 4 hours if it is in their interest. This includes elderly patients at night, intoxicated patients, back pain requiring mobilisation etc.

Average time in department, average time to see a doctor are static. High levels of agency medical and nursing staff are used routinely, while we continue our recruitment campaign for substantive staff. Vacancies plus sickness and an increase in Covid cases were notably problematic. We are currently advertising for all grades of doctor in ED and have had an agreement for funding an evening ED Consultant and this has been put out to locum agencies. The business case to support safer medical staffing (in line with RCEM recommendations) is to be completed in the first quarter of 2022-23.

Nursing staffing shortages have led to increased time in the department with delays to patients receiving care, discharge or being handed over to in-patient wards. A business case has just been approved for additional staffing and a band 5 nursing advert is live now with a band 6 advert due to go live on the 14th of March 2022. As well as the ED Lead Nurse role being nationally advertised by the RCN in the UK.

AED Admission Rate

The admission rate decreased compared to the previous month with a 3.1% decrease to 22.9%. This remains consistently below that of the NHS England admission rates, which in January 2022 were 31%.

The overall increase in admissions can be attributed to the latent 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 lower 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, zero length of stay 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. The OPEL framework is being 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 6 minutes for average time to first see a doctor. This is mostly attributed to the lack of substantive and senior medical staffing in the department, which continues to be impacted by winter illnesses and Covid related sickness. We continue to push on recruitment to the department led by the Clinical Director and the Care Group Manager.

Average Minutes in Nobles AED (Time in Department)

There has been a 1 minute Increase this month on average minutes in the department; time spent in the department continues to be impacted by staffing and winter illness. The department are sourcing a further consultant to support senior decision making for extended hours of the day, the intent being to facilitate consistent cover from 8am until 11pm.




















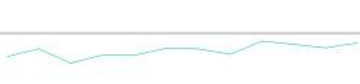






Number of Unplanned Attendances (Nobles & Ramsey)

Ramsey and Nobles have seen an average of 100 patients per day in January. The Care Group continues to look at ways to mitigate the long-term rise in attendances and subsequent demand, 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 cases 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.
































Variance on Budget

The overspend in January and in the year to date are attributed to additional staffing costs. The ED is understaffed and as a result of increased attendances and under establishment, the use of locum, agency and bank staff is necessary along with the payment of overtime to ensure the safety of the service. This is being directly addressed by our recruitment initiatives and business cases to increase staffing to the safe levels recommended by the Royal College of Emergency Medicine set out during their assessment of the department in 2019. Recently we have had a business case approved to increase nursing and administrative and receptionist support, we are in the process of advancing business cases to secure more doctors and to regularise the employment of security staff. We are also working with the finance team to reconcile the actual cost of running the department against what the budgetary allocation for the service is. This work will be complete in the next two weeks and at the end of which we should be able to properly articulate the staffing costs and hold these against the allocation as we believe the allocation made to the department may be insufficient to meet fixed staff costs for example.

Urgent and Emergency Care - NEW

CQC Standard	Indicator	Target		Last Month	Last Year	Trend (Last 53 Weeks)
	Time to Clinical Assessment					
	Average Number of Minutes between Arrival and Triage at Nobles ED	15 Minutes		24	16	
	Average Number of Minutes between Arrival to Clinical Assessment at Nobles ED	60 Minutes		73	48	
	Average Number of Minutes between Arrival to Clinical Assessment at Ramsey MIU	60 Minutes		11	8	
	Time to Emergency Treatment					
	Average Number of Minutes between Arrival to Clinical Assessment for MTS Category 1&2 Patients in Nobles ED	10 Minutes		54	0	
	Average Number of Minutes between Arrival to Clinical Assessment for MTS Category 3 Patients in Nobles ED	60 Minutes		84	0	
	Average Number of Minutes between Arrival to Clinical Assessment for MTS Category 4 Patients in Nobles ED	120 Minutes		91	0	
	Average Number of Minutes between Arrival to Clinical Assessment for MTS Category 5 Patients in Nobles ED	240 Minutes		79	0	
	Total Time in Emergency Department					
	Total Time in Nobles ED (Average)	360 Minutes		269	226	
	Emergency Care Time (Average Number of minutes between arrival and seeing first doctor) in Nobles ED	180 Minutes		187	170	
	Specialty Time (Average Number of Minutes between first speciality request and DTA) in Nobles ED	120 Minutes		113	88	
	Transit Time (Average Number of Minutes Between Decision to Admit and Admission) in Nobles ED	60 Minutes		176	112	
Responsive	Number of patients exceeding 12 hours in Nobles Emergency Department	0 Patients		79	42	
	Total Time in Ramsey MIU	360 Minutes		43	41	

Ambulance

CQC Standard	Indicator	Target	Last Month	Last Year	Trend (Since April 21)
	Number of Emergency Calls				
	North		185		
	East		428		
	South		171		
	West		81		
	Number of Emergency Calls				
	Emergency		865		
	Transfer		112		
	Urgent		93		
	Number of Category 1 Number of Cases				
	North		10		
	East		21		
	South		5		
	West		5		
	Number of Urgent Calls by Area				
	North		16		
	East		57		
	South		13		
	West		7		
	Number of Transfer Calls by Area				
	North		7		
	East		103		
	South		1		
	West		1		
	Number of Emergency Non Conveyance by Area				
	North		55		
	East		109		
	South		54		
	West		19		
	Category 1 Response Time at 90th Centile	15 Minutes	00:21:55		
	Category 1 Mean Reponse Time	7 Minutes	00:10:09		
	% of patients with reported CVA/Stroke Symptoms at time of 999 phone triage arriving at Hospital from time of call within 60 minutes		53%		
	Average call to hospital with reported CVA/Stroke Symptoms at time of 999 phone triage arriving at hospital from time of call		01:02:40		
	Category 1 % response within 15 minutes				
	North		40%		
	East		100%		
	South		80%		
	West		100%		

Analysis

The Isle of Man Ambulance Service dealt with an additional 123 incidents compared to same month last year.

IMAS is on course to become the busiest of the three main blue light emergency services on the island.

IMAS has undertaken more activity YTD this year so far, since the inception of IMAS. All 999 calls receive an ambulance response Core 999 activity remains relatively stable, however data suggests a seasonal spike in activity in the summer months compared to the winter months. The area with the greatest activity increase is within our 'urgent' calls. These calls are reserved for HCP transfers IE GP booking transport for nobles for further tests or charter flight activity.

Discharge Activity is increasing with monthly average in 2020 of 52 discharges per month undertaken from IMAS, 2021 – Average 76 per month. An additional 288 journeys per year.

Call Performance

C1 Performance remains adverse adrift from the 7 minute response time. This is deeply concerning as C1 is category reserved for patients who are suffering from Cardiac Arrest, Unconscious, Fitting, Allergic Reactions & Maternity cases.

C2 Performance bench marks well and consistency under the performance target of 18 minutes mean time.

C3 Performance benchmarks very well. Target 120 minutes.

First time we are reporting See & Treat & See & Convey Rates. England Avg 55% See & Convey Rate.

The introduction of Manchester Triage has provided a 10% reduction in conveyance rate.

C5 –Majority of these calls are "Non Injury Falls" however 65% Conveyance Rate to ED

Integrated Primary and Community Care

Primary Care

CQC Standard	Indicator	Target	Last Month	Last Year	Trend (Since April 21)
	Primary Care				
	The % of patients registered with a GP	5%	● 4.7%		
	Number of patients waiting for a dentists		2118		
	Community Pharmacy				
	Savings made by Pharmacy Optimisation Team		£17,415.33		
	Total Clinical Interventions Made (Safe And Cost Effective)		65		

% of patients registered with a GP

As expected with the Census results the % of permanent registrations has now dropped below the 5% tolerance. The Primary Care team continue to cleanse the lists on a regular basis to ensure the lists remain correct within an acceptable margin for patient inflation.

Number of patients waiting for a dentist

In December 2021 and January 2022 a total of 342 patients were added to the waiting list and 52 allocations were made. An offer has been made to practices with regard to a reduction in delivery targets for 2021-2022 being accepted in lieu of taking patients from the waiting list. If contractors looking for a relaxing of their targets agree to the offer then it is likely the waiting list will be reduced further within the next few months.

Pharmacy

The staff levels were badly affected by illness, self-isolation and child sickness in December and January. During January we only

had two members of the 5 staff associated with GP work actually at work

The number of clinical interventions and the level of savings made are clearly directly affected by the lack of staff.

Data from February has demonstrated that savings significantly picked up.





Community Care

CQC Standard	Indicator	Target	Last Month	Last Year	Trend (Since April 21)
	CATS % of People Seen Within Timescales				
	Urgent - 3 Working Days	80%	N/A		
	Soon 1 - 15 Working Days	80%	● 4%		
	Soon 2 - 30 Working Days	80%	● 13%		
	Routine - 84 Days (12 Weeks)	80%	● 50%		

There has been a problem with the recording of data this month secondary to the change in data parameters, this is being addressed but January's stats are not an accurate reflection and in reality the previous trends continue.

Urgent referrals are being meet but at the expense of routine referrals which are not meeting targets. Again pressures from lack of hospice beds/community resources and complexity of patient group within the community remain the reasons. February's data should be accurate.

Wellbeing Services - NEW

CQC Standard	Indicator	Target		Last Month	Last Year	Trend (Last 53 Weeks)
	Reduction in Nobles ED Attendances (WWP)					
	Number of Attendances			225	190	
	% Difference from Last 6 Months	-5%		-19.35%	-24.00%	
	Reductions in Admissions from Locality (WWP)					
	Number of Admissions			49	45	
	% Difference from Last 6 Months	-10%		4.26%	-4.26%	

Social Care Services

Children and Families

CQC Standard	Indicator	Target	Last Month	Last Year	Trend (Since April 21)
	Number of Section 46 Enquiries	17 - 21	25		
	Number of Referrals		78		
	% of Re-Referrals in Total Referrals	20-25%	27%		
	% of Referrals that become NARRATES/Strategy	80-85%	53%		
	Number of Referrals to Early Help & Support		28		
	Number of Open Child Protection Cases	69-94	108		
	Number of Looked After Children Open Cases	90-106	88		
	% Complex Reviews Held on Time	85-100%	91%		
	% of Children Protection Conferences Held on Time	90-100%	36%		
	% of Initial Child Protection Conferences Held on Time	90-100%	7%		
	% Child Protection Reviews Held on Time	90-100%	55%		
	% Of Looked After Children Reviews on Time	90-100%	83%		
	% of Children participating in or contributing to their Child Protection Review	90-100%	86%		
	% of Children participating in or contributing to their Looked After Child Review	90-100%	95%		
	% of Children Participating in Or Contributing to their complex review	79-90%	63%		

Number of Section 46 Enquiries

The past 5 months have seen numbers stabilize in relation to S46 enquiries, this is still outside of the targets of between 17-21 but more within parameters than the previous 3 months. This is an indication that the robust enquiries before progressing cases to strategy meeting appear to be having a positive impact on the numbers that now go through to S46 investigations.

Section 46 Enquiries per 1000 population

Annual target. Monthly target range between 0.9 - 1.2. See above.

% Supervisions due that were completed

We did expect the supervision numbers to be impacted in January, this was due to the sickness absence levels of managers and staff across the service in January. We do expect the numbers of completed supervisions to increase now that we are nearly up to full establishment again.

Social work service to operate to an agreed average caseload

The average caseload is 14 when based on the service's establishment (29.5). There are currently 24 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.

Number of Referrals to Children's Social Care

Annual target. Monthly target range between 74 - 78 we are within this target range this month and this dependent on need at any given month. There have been some historical issues around understanding of threshold from agencies, however when this is identified the service provides guidance and support to these agencies to increase understanding. The numbers have generally decreased over recent months and one hypothesis for this is that the discussions taking place between IRT and referring agencies is having an impact on understanding of threshold for intervention, this will continue to be monitored.

Number of Re-Referrals to Children's Social Care

The high level of re-referrals remains a concern for the service. However there has been an overall reduction over this Q3. The monthly rate does remain inconsistent and outside target range. This is monitored for any threshold or consent issues monthly and raised with agencies if this is the case. Audits continue regularly to identify any themes that will then be addressed. It has been identified in audits that there are some issues around consent being gained, which then closes the referral down and generates a re referral when the referrer gains consent. These issues are addressed when identified.

% of referrals that become NARRATES/Strategy

The service continues to review the conversion rates at each stage of the pathways across the whole system. The numbers that convert from referral to strategy meetings is outside target however the numbers are fairly consistent. There is a better

triage system in place that reduces the number of fall off at the conversion stage which is a positive outcome.

Number of Referrals to Early Help & Support

Annual target. Monthly target range between 21 - 25. The numbers have been fairly inconsistent but this is to be expected during school holiday periods as school is the main referrer to early help and support. We are slightly outside of target which is not a concern as the referrals are dependent on need.

% of all NARRATES completed in agreed timescales

The numbers have been fairly inconsistent in this area, however this is to be expected given Covid, impacting on ability to gain access to families overall. This month's numbers are within the target range, which is a bonus given the sickness levels in January. This may impact on February's figures.

% of CWCN NARRATES completed in Timescale [45 days]

The numbers in this area continue to be inconsistent and over the past two quarters have been impacted by low staffing levels, along with some families being reluctant to allow workers into the home due to Covid and illness we have seen a steady increase in timeliness of completion.

% of S46 NARRATES completed in Timescale [15 days]

This is outside of target range, the teams were playing catch up after sickness and the Christmas period. However, this does not account for all of the cases and the team managers are auditing, monitoring and reviewing these cases with a focus on improvement. There have been audits completed of all of the cases to provide oversight and identify plans for getting the assessments completed.

Split between complex/CP/LAC Cases - CP

See comments below re: CP numbers.

Number of Open CP Cases

The number of CP cases has remained fairly consistent although out of the preferred range of 69-94. There are some cases that have been open to the service longer than we would like and there is currently an audit of these cases taking place to determine next steps. There is also a multi agency audit taken place that has looked at threshold for child protection. Intervention the outcomes of this audit will be referred to in February's KPI report.

CP Open Cases per 1000 population

As above

Number of LAC Open Cases

This number is slightly below target range but not at a level that would indicate concern.

% Complex Reviews on time

This number is within parameters and has improved since last quarter.

% of CP Conferences on time

There was significant staff sickness in December and January which impacted on the availability of conference chairs and social workers to complete the meetings within the timeframe. We also have to consider the closedown of the QAU over the Christmas period that always impacts on timeframe. This is now back on track.

% ICPC held on time

There were a small number of ICPC due to take place in January that due to staff sickness could not take place, this has now been resolved and all ICPC have taken place.

% CP Reviews held on time

as above

% of LAC Reviews on time

This is slightly below target however this equates to 24 reviews were held in January 4 out of timescale, these were due to staff sickness.

% of children participating in or contributing to their CP Review

This is slightly below target however 19 out of 22 children over 8 years of age participated in their conference of those three that did not participate this was due to non engagement of parents with the children's rights champion






% of children participating in or contributing to their LAC Review.

This is within parameters and equates to 19 out of 20 children over 4 years of age participating in their review.

% of children participating in or contributing to their Complex Review

This is outside of target but is dependent on the parents and children cooperating and ensuring that the child is participating, this is monitored and reviewed regularly and parents and young people are encouraged to participate. Occupancy at Ramsey O/N Stays The Team manager has undertaken a staffing review across Ramsey Respite Centre and Braddan Hub. The increase in complex health needs is impacting on bed availability and staffing. This is because of the very specific needs of some children, both in staffing ratios and training availability (specific health needs require a competency framework and limited staff are trained). Capacity to train within health is also limited. Staffing needs have been reviewed in September to consider future need or impact on service availability.

Adult Social Care - Social Work Service

CQC Standard	Indicator	Target	Last Month	Last Year	Trend (Since April 21)
	Number of ASC Safeguarding Inquiries		36		
	Number of Referrals	125	175		
	% of Re-Referrals in Total Referrals	10%	17%		
	% of all Adult Community Care Assessments completed in Agreed Timescales	80%	50%		
	% of individuals (or their carers) who have received a copy of their Adult Community Care Assessment	100%	0%		

No of Safeguarding Inquiries

This figure of 36 does not correlate with the manual figure of 41 monitored by the Safeguarding Team during January. On interrogation it appears that Rio is not capturing all the Multi-Agency Referral Forms (MARF's) received from our Police colleagues. The Designated Safeguarding Lead is in discussions with our BI colleagues to determine why this could be. Out of the 41 concerns received the following data has been captured:

The majority of referrals were MARF's at fourteen. Eight were raised by social work teams, another eight by health colleagues, seven by care providers, two by housing providers and two by family members. Out of these 41, fifteen required advice, guidance or signposting, nine related to financial abuse, six to physical abuse, six to self-neglect, and two each to domestic abuse and omission of care, and one to homelessness.

No of Referrals Received

There has been a reduction in number of referrals as more direct referrals are now going to the Wellbeing Partnerships as planned. The number of referrals on the data is accurate when audited manually within each social work team. We are no longer creating duplicate referrals when a team transfers from ASAT to another team. The general feeling is that some referrals are going to the Wellbeing Partnerships for lower level support that may have previously come into ASAT and been screened out. January referrals into the Older People's Community Team, which at 66 is approximately 30% higher than usual, possibly reflecting an increase in referrals following the Christmas break. ASAT reported a drop in referrals around Christmas time as although we were in, other agencies were not as active, hence a large volume coming in in January. The TM's report this is usual. Currently we do not have year on year data to compare. I have asked BI to see if this is possible. The next highest volume of referrals was into the Hospital Social Work Team, numbering 56, which is about the usual number received each month.

% of Re-referrals

We have had discussions with the BI team to ensure the data captures is accurate and relevant. We have asked for re-referral data from February to be limited to people who are re-referred to the service within 3 months as this is more meaningful in terms of assessing whether a discharge from services was premature. This will allow us to review every re-referral to determine whether optimal care and support was in place at the time of discharge. In addition, we have requested a monthly print out of all Rio designated re-referrals to screen out those that do not accurately reflect a re-referral into services, but are as a result of moving people around the Rio system. Currently the data captures any person who is re-referred into any part of the system within 6 months of being discharged from any team. This does not give meaningful data in order to determine whether a rereferral is avoidable or non-avoidable and in some cases reflects transfers between teams. We have looked into each re-referral and the Team Leads are identifying any people who may have had avoidable readmissions and are actively discussing with teams what can be done to reduce re-referrals.






% of Adult Social Work Assessments Completed within Timescales

Following discussions with our BI colleagues in February, we have been made aware that after transferring to the Partnership Single Assessment at the beginning of January, our KPI's are unable to capture this data fully. We are working with our BI colleagues to resolve this issue.

% of Individuals (or Carers) who have received a copy of their Assessment

Following discussions with our BI colleagues in February, we have been made aware that after transferring to the Partnership Single Assessment at the beginning of January, our KPI's are unable to capture this data fully. We are working with our BI colleagues to resolve this issue.

Adult Social Care - Operational Services

CQC Standard	Indicator	Target	Last Month	Last Year	Trend (Since April 21)
	% of All Residential Beds Occupied	85%	79%		
	% of Older People & Dementia Care Residential Beds Occupied		76%		
	% of Older People & Dementia Care Respite Beds Occupied Based on Dependency		56%		
	% of Learning Disability Residential Beds Occupied		88%		
	% of Learning Disability Respite Beds Occupied Based on Dependency		100%		
	Proportion of people offered Reablement Services following discharge from acute or community hospital (65 years or older)		8%		
	% of people still at home 91 days after discharge from hospital into reablement services (Q4 indicator only)		N/A		

Following almost continuous Covid outbreaks within our OPS homes and units in the last quarter, with five at one time in January/February 2022 (we have just this week declared the last one outbreak over), all services have continued to assess and admit residents and service users throughout. OPS staff have been redeployed across all services almost continually since July 2021 to keep services operational.

OPS has seen a significant increase in referrals since the beginning of January 2022 with 138 referrals received across all service areas in the last seven weeks:

Service Area	Hospital SW	Community SW	ASAT	Wellbeing Partner	Nobles/RDCH	Other - specify
Cummal Mooar		3				
Dementia Care	9	3		3		2 from other Social Care areas 3 from Manannan Court
Reayrt ny Baie	3	4			3	1 unplanned bed 1 community
Southlands				25		
Community Support Service	1	3		3		1 OPHMS
Reablement	4	6			40	20 Community OTs/Physio
Totals	17	19		31	43	28

Referrals 1st January 2022 to 18 February 2022 - Total Referrals into Older Peoples Services in the last 49 days is 138
Cummamooar currently hold 11 vacancies, but as you can see we are not receiving many referrals for this home, largely based on the environment and no ensuite facilities.

Southlands received 25 referrals with 17 being for respite, Southlands are currently full for all permanent and respite rooms and operating a waiting list.

Reayrt ny Baie currently hold 2 permanent bed vacancies.

Reablement received 70 referrals to their service and continue to work closely with all referral pathways to respond to the volume, on average within 12-24 hours of the referral, as no intermediate care response currently operational.

Dementia Care Services have experienced Covid outbreaks in four of their five units since December 2021 which has put enormous pressure on their staffing levels, but they continue to assess and admit where needs can be met in residential care.

Community Support Service lack capacity in all areas of their service, but proactively work with referral pathways to support any new packages of care either fully or partnering with private providers.

Mental Health

CQC Standard	Indicator	Target	Last Month	Last Year	Trend (Since April 21)
	Number of Current caseload (per service)	4500-5500	● 5020		
	CAMHS		1208		
	Acute		34		
	CMHSA		1542		
	OPMHS		971		
	CWS		847		
	DAT		340		
	Rate per 1000 of Current Caseload		58.14		
	No. of new referrals (expected range) - per population for all	683-733	● 550		
	Rate per 1000 of New Referrals		6.5		
	Number of Re-Referrals within six months		104		
	% of total Referrals	10-20%	● 19%		
	No. of discharges (expected range)	7800-8000	● 505		
	Rate per 1000 of Discharges		5.9		
	Bed occupancy in Manannan Court	85%	● 79%		
Effective	% of people discharged from MH inpatient to have a follow up appointment	100%	● 90%		
	Number of admissions to MH Acute Inpatient Service		29		
	Harbour Suite		28		
	Glen Suite		1		
	Number of discharges from MH Acute Inpatient Service		23		
	Harbour Suite		22		
	Glen Suite		1		
Effective	Average length of stay in MH Acute Inpatient Service (Days)		13		
Effective	Number of Patients with a Length of stay over 21 days (Manannan Court)		4		
Effective	% of Patients with a Length of stay over 21 days (Manannan Court)		8%		




Caseloads – MHS caseload of 4942 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 decreased by 19 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 - 90% compliance with the MHS care group target of 3 day follow. This relates to a patient who was on leave from the older persons ward to a residential ward for several weeks prior to formal discharge. The MHS remains 100% compliant with ROF 4.5.6 (MHS follow up within 7 days post discharge).


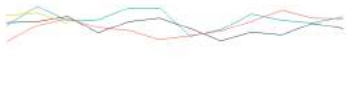









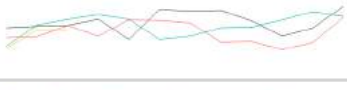




Incidents – 69 incidences which represents an increase of 10 when compared to the previous reporting period. All incidents are recorded as low or no harm.. The overwhelming majority of incidents emanate from Manannan Court.

Finance – Dec positive variance of 214k (12%) . YTD variance of 713k (4%). The is strong confidence that the FY position will be improved given the anticipated return of x 2 high cost tertiary care placements. 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 result in savings of 365 k when compared to the previous year..

CQC Standard	Indicator	Target		Last Month	Last Year	Trend (Last 53 Weeks)
Effective	Average Length of Stay in Mental Health Acute Inpatient Services			12	70	
Effective	Average Length of Stay in Mental Health Acute Inpatient Services: Harbour Suite			9	19	
Effective	Average Length of Stay in Mental Health Acute Inpatient Services: Glen Suite			38	221	

Integrated Cancer and Diagnostics Services

Cancer

Indicator	Target		Last Month	Last Year	Trend
Maximum Two Weeks From:					
Receipt of urgent referral for suspected cancer to first outpatient attendance	93%		78.21%	51.63%	
Receipt of referral of any patient with breast symptoms (where cancer not suspected) to first hospital assessment	93%		53.42%	N/A	
Maximum one month (31 days) from:					
Decision to treat to first definitive treatment	96%		81.82%	90.20%	
Maximum 31 days from Decision To Treat/earliest clinically appropriate date to start of second or subsequent treatment(s) for all cancer patients including those diagnosed with a recurrence where subsequent treatment is:					
Surgery	94%		N/A	N/A	
Drug treatment	98%		100.00%	N/A	
Radiotherapy	94%		100.00%	N/A	
Maximum two months (62 days) from:					
Urgent referral for suspected cancer to first treatment (62-day classic)	85%		40.00%	41.67%	
Urgent Referral From Cancer Screening Programme to First Treatment	90%		77.78%	100.00%	
Maximum 28 days from:					
Receipt of two week wait referral for suspected cancer, receipt of urgent referral from a cancer screening programme (breast, bowel, cervical), and receipt of two week wait referral of any patient with breast symptoms (where cancer not suspected), to the date the patient is informed of a diagnosis or ruling out of cancer	75%		84.47%	55.32%	

Pathology

CQC Standard	Indicator	Target	Last Month	Last Year	Trend (Since April 21)
	Activity Levels				
	BT		406		
	Biochemistry		11736		
	Haematology		11772		
	Immunology		942		
	Microbiology		11537		
	Histology		580		
	Cytology		501		
	Mortuary		53		
	Request Source				
	Covid Swabbing Team		18939		
	GP		36789		
	Med / Elderly		31216		
	Other		3251		
	Surgical		6123		
	Trauma / Ortho		14589		
	W&C		5896		
	Tests Requested				
	Covid Swab		6066		
	FBC		7809		
	U&E		7291		
	LFT		6554		
	BONE PROFILE		1940		
	MRSA		1758		
	HAEMATINICS		1627		
	LIPIDS		1815		
	A1C		1960		
	VISCOSITY		1611		
	CLOTTING		1407		
	MSSU		1018		
	Turnaround Times				
	FBC		20		
	TNI		37		
	COAG		38		
	U&E		53		
	X-MATCH		60		
	LFT		61		
	B12/FOL		127		
	PV		135		
	Covid PCR		280		

Covid – Numbers of PCR tests were steady and manageable in January.

Annual core audits outlining external quality assurance and benchmarking turnaround times with RCPATH and RLUH Standards. 6 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%

Radiology

CQC Standard	Indicator	Target	Last Month	Last Year	Trend (Since April 21)
	Reporting Turnaround Time (Complete to Authorise)				
	Under 1 Hour		1411		
	1-2 Hours		1040		
	3-6 Hours		475		
	7-12 Hours		184		
	13-24 Hours		985		
	25-48 Hours		648		
	49-72 Hours		481		
	73-96 Hours		376		
	97+		543		
	Referral to Completed (Length of Time Waiting Before Examination)				
	Same Day		3119		
	1-4 Days		1016		
	5-7 Days		218		
	8-14 Days		288		
	15-21 Days		268		
	22-28 Days		192		
	28+ Days		106		
	35+ Days		174		
	42+ Days		109		
	49+ Days		101		
	56+ Days		68		
	63+ Days		484		
	Referral Source				
	AE		1520		
	Community		13		
	Day Case		92		
	Dental		137		
	GP		1268		
	In Patient		749		
	Other Hospital		23		
	Out Patient		2341		

Referrals received per modality

BD	198	
CR	3605	
CT	1264	
ENDO	9	
XC	0	
IO	6	
MRI	736	
MG	260	
MDT	299	
NM	17	
RF	82	
US	1725	
XA	85	
Activity per Modality		
BD	154	
CR	2934	
CT	850	
ENDO	3	
XC	0	
IO	8	
MRI	506	
MG	151	
MDT	299	
NM	3	
RF	60	
US	1103	
XA	72	
NBSS		

Reporting turnaround times

40% of exam swere reported within 2 hours (2.5% decrease on last month), 8.8% have taken 97 hours or more (4.8% regression on last month) It is worth noting that total number of exams performed increased by 6% compared to last month.

Referral to Completed

Of the 6143 exams, just over 50% were turned around on the same day (no difference on last month) and, a further 32% in 1- 28 days (similar to last month). 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 notable changes compared to last month.

Activity

Activity per modality within radiology forJanuary 2022. There has been no significant change in the distribution compared to last month.

Referrals received

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

Finance

	MONTH £'000				YTD £'000			
	Actual	Budget	Var (£)	Var (%)	Actual	Budget	Var (£)	Var (%)
TOTAL	25,316	22,422	(2,894)	(13%)	236,212	224,221	(11,991)	(5%)
CLINICAL CARE GROUPS	22,675	19,695	(2,980)	(15%)	209,449	196,945	(12,503)	(6%)
Medicine, Urgent Care & Ambulance Service	3,416	2,450	(966)	(39%)	29,864	23,991	(5,873)	(24%)
Management & Support Services	1,230	421	(809)	(192%)	8,320	4,211	(4,108)	(98%)
Medicine Services	1,322	1,131	(191)	(17%)	12,217	10,978	(1,239)	(11%)
Urgent Care	514	568	53	9%	6,139	5,504	(635)	(12%)
Ambulance Service	350	330	(20)	(6%)	3,188	3,298	110	3%
Surgery, Theatres, Critical Care and Anaesthetics	3,568	2,862	(705)	(25%)	31,043	28,952	(2,092)	(7%)
Management & Support Services	318	601	283	47%	4,544	6,012	1,468	24%
Surgery Services	1,830	887	(943)	(106%)	12,851	8,868	(3,983)	(45%)
Theatre Services	639	714	75	11%	6,364	7,137	773	11%
Critical Care	376	354	(22)	(6%)	3,841	3,870	29	1%
Anaesthetics	405	306	(99)	(32%)	3,444	3,064	(379)	(12%)
Integrated Cancer & Diagnostics Services	1,935	1,555	(380)	(24%)	18,032	15,640	(2,392)	(15%)
Cancer Services	578	353	(225)	(64%)	5,540	3,626	(1,914)	(53%)
Radiology Services	479	484	5	1%	5,182	4,839	(342)	(7%)
Pathology Services	688	544	(143)	(26%)	5,716	5,441	(275)	(5%)
Pharmaceutical Services	190	173	(17)	(10%)	1,594	1,733	139	8%
Integrated Women, Children & Family Services	1,308	1,301	(8)	(1%)	13,300	12,918	(382)	(3%)
Management & Support Services	83	83	0	0%	692	827	136	16%
Women's Services	551	525	(26)	(5%)	5,530	5,247	(283)	(5%)
Children's Services	523	488	(35)	(7%)	5,467	4,869	(597)	(12%)
Community Services	151	205	54	26%	1,611	1,974	363	18%
Integrated Mental Health Services	2,011	1,797	(214)	(12%)	18,682	17,969	(713)	(4%)
Management & Support Services	140	142	3	2%	1,127	1,423	295	21%
Mental Health Services	1,291	1,299	8	1%	12,181	12,986	805	6%
Nursing Care Placements (s115)	93	167	74	44%	1,881	1,667	(214)	(13%)
UK Placements	487	189	(298)	(157%)	3,493	1,893	(1,600)	(84%)
Integrated Primary Care & Community Services	4,952	4,715	(237)	(5%)	47,480	47,324	(155)	(0%)
Management & Support Services	133	158	25	16%	1,306	1,580	274	17%
Primary Care Services	1,570	1,592	23	1%	16,221	16,099	(122)	(1%)
Community Care Services	608	664	55	8%	6,464	6,637	174	3%
AHP Services	562	620	59	9%	5,726	6,203	478	8%
Pharmaceutical Services	2,079	1,680	(399)	(24%)	17,764	16,804	(959)	(6%)
Integrated Social Care Services	3,265	3,369	103	3%	32,818	33,685	868	3%
Adult Social Care Services	1,753	1,722	(31)	(2%)	17,931	17,222	(709)	(4%)
Management & Support Services	15	16	1	8%	152	160	8	5%
Learning Disability Services	723	761	38	5%	7,547	7,609	62	1%
Older Person Services	1,016	945	(70)	(7%)	10,232	9,453	(780)	(8%)
Adult Social Work	300	290	(10)	(3%)	2,775	2,900	125	4%
Children & Family Services	1,185	1,327	143	11%	11,837	13,274	1,437	11%
Management & Support Services	99	91	(7)	(8%)	794	914	120	13%
Children & Family Services	801	906	105	12%	8,156	9,062	906	10%
Children & Family Social Work	284	330	45	14%	2,887	3,298	411	12%
Integrated Care Project	28	29	1	4%	274	290	15	5%
Tertiary Care Services	2,220	1,647	(574)	(35%)	18,231	16,467	(1,765)	(11%)
Management & Transport Services	224	302	79	26%	2,612	3,023	411	14%
Contracted Services	1,997	1,344	(652)	(49%)	15,620	13,444	(2,176)	(16%)
SUPPORT & CORPORATE SERVICES	2,641	2,728	88	3%	26,762	27,275	514	2%
Infrastructure & Hospital Operations	978	734	(244)	(33%)	10,251	7,339	(2,912)	(40%)
Management & Support Services	63	98	35	36%	986	981	(5)	(0%)
Operational Services	915	636	(279)	(44%)	9,266	6,358	(2,908)	(46%)
Director of Operations Office	1,090	1,075	(15)	(1%)	10,856	10,753	(103)	(1%)
Management & Support Services	154	204	51	25%	1,658	2,042	384	19%
Commissioning & Contracting	958	954	(3)	(0%)	9,403	9,544	142	1%
Commerical Healthcare	(21)	(83)	(62)	74%	(205)	(833)	(628)	75%

Nursing, Patient Safety & Governance Services	400	373	(27)	(7%)	4,054	3,725	(328)	(9%)
Management & Support Services	13	0	(13)	>(100%)	78	0	(78)	>(100%)
Patient, Safety & Governance	188	222	33	15%	1,896	2,217	321	14%
Education Services	229	151	(78)	(52%)	2,216	1,508	(708)	(47%)
Keyll Darree	(30)	0	30	>100%	(137)	0	137	>100%
Corporate Services	174	546	374	69%	1,601	5,458	3,858	71%