manx care
Kiarail Vannin

INTEGRATED PERFORMANCE REPORT

June 2022

MANX CARE KPI REPORTING

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Care Group Reporting

(June 2022)

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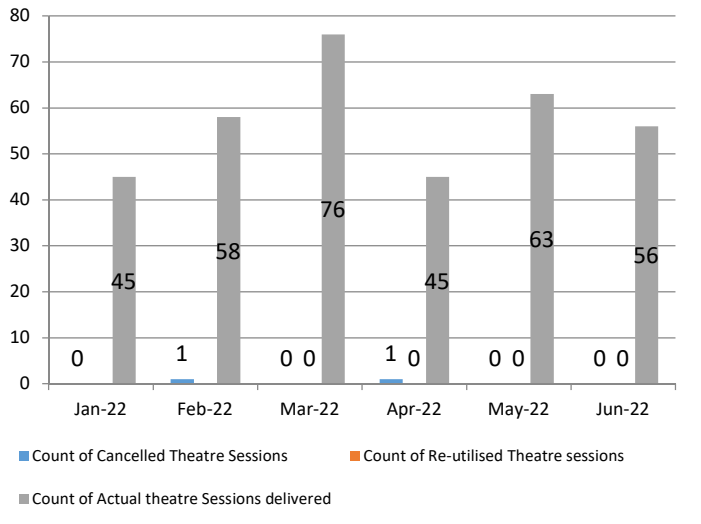
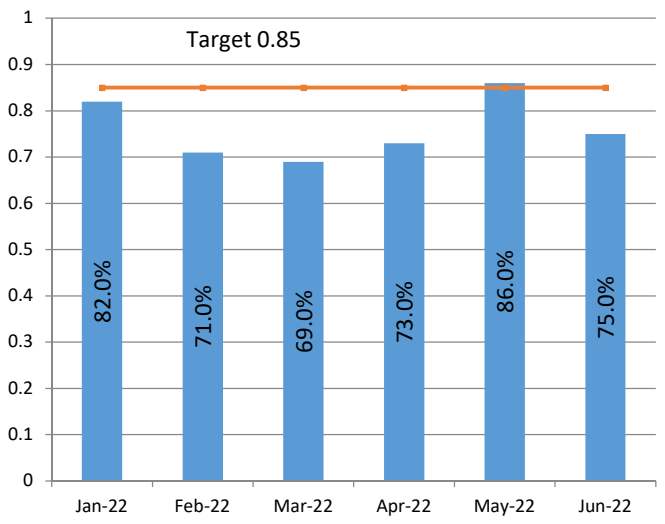
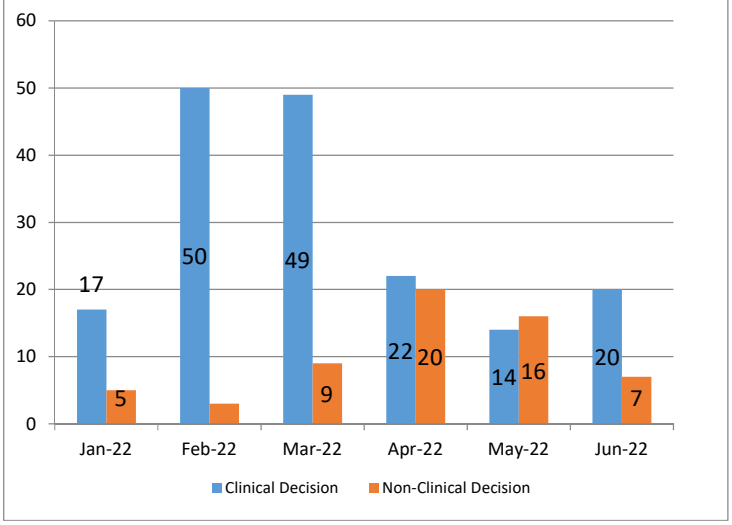


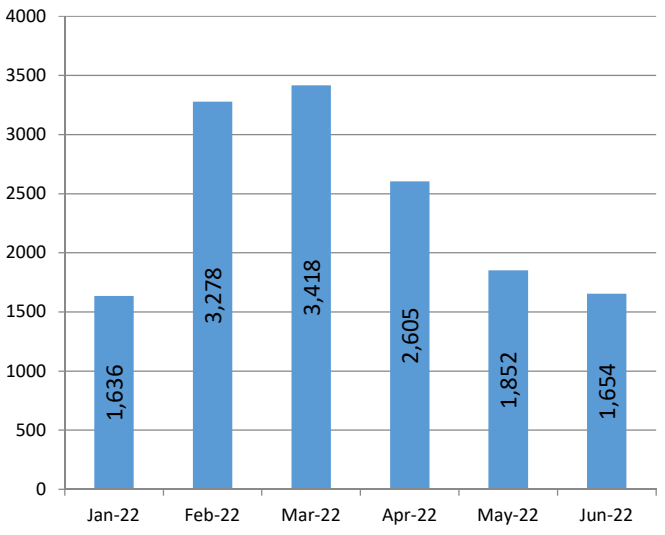
% UTILISATION (EXCLUDES WEEKEND TRAUMA)



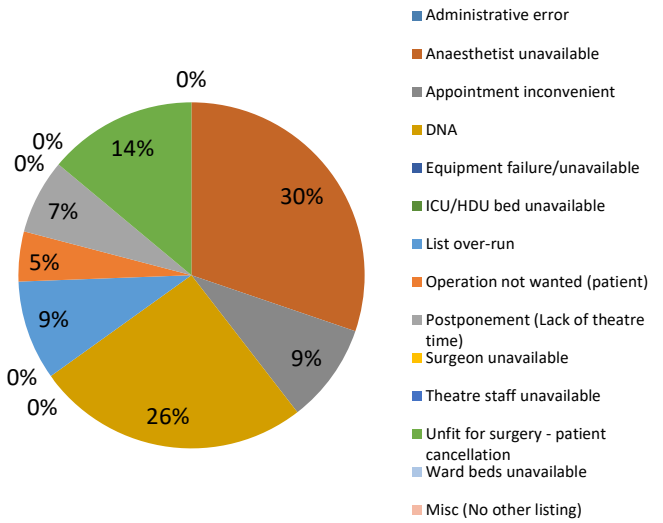
THEATRE CANCELLATIONS ON DAY (EXCLUDES WEEKENDS)



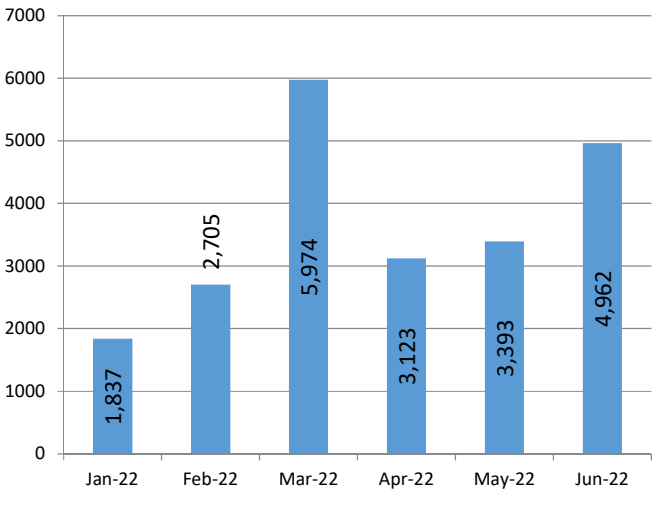
LATE STARTS IN MINUTES (EXCLUDES WEEKEND TRAUMA)



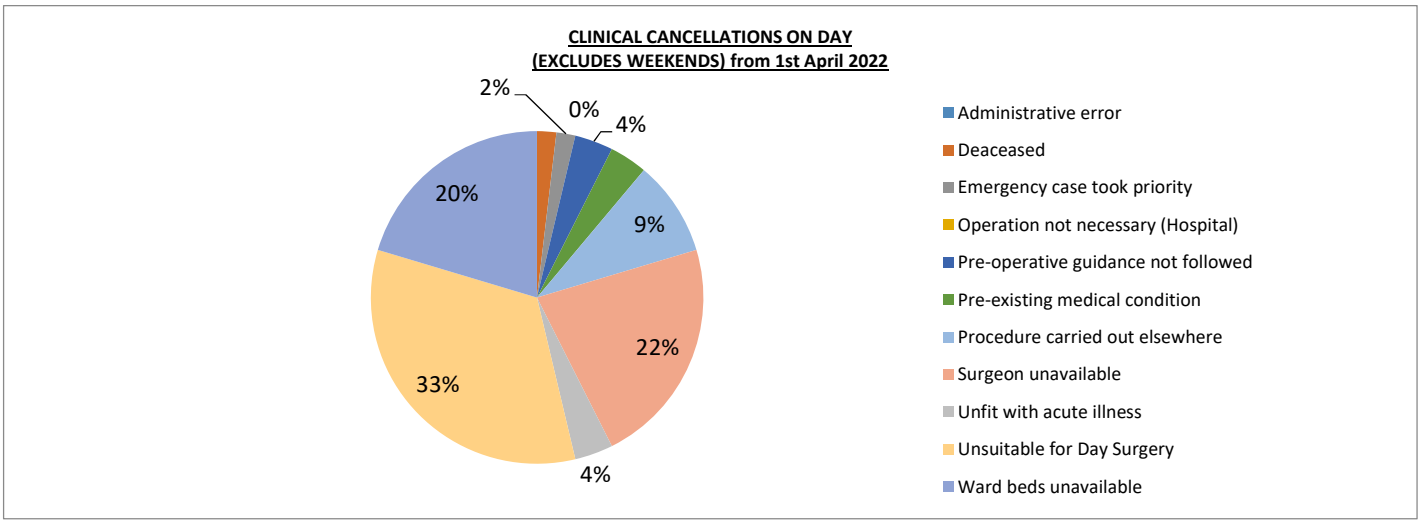
NON-CLINICAL CANCELLATIONS ON DAY (EXCLUDES WEEKENDS) from 1st April 2022

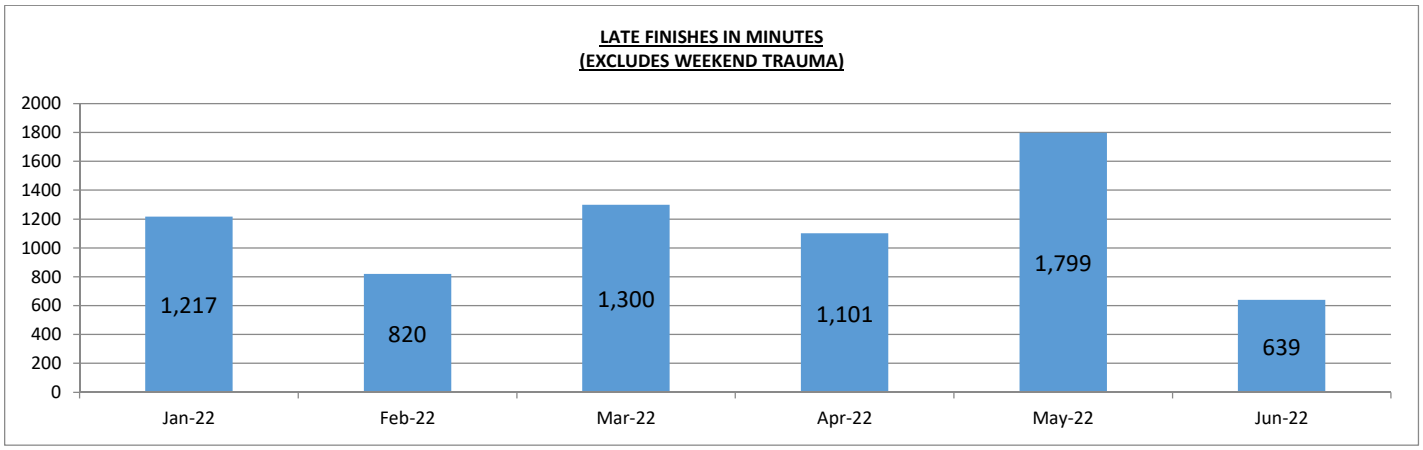


EARLY FINISHES IN MINUTES (EXCLUDES WEEKEND TRAUMA)



MAIN THEATRE INFORMATION - 2022-23





Variance on Budget 2022-23

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Theatre Services	629	653	24	4%

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Theatre Services	1,907	1,998	91	5%

MAIN THEATRE INFORMATION - 2022-23

Theatres Narrative - June 2022

Theatre Sessions:
Theatre continues to deliver 3 – 4 full day sessions of activity, 12 theatre sessions were cancelled in June in response to the unavailability of anaesthetists to support the operating lists on 8 occasions although 6 of these sessions were converted to Local Anaesthetic lists, insufficient theatre staff on 2 occasions and surgeon unavailable on 2 occasions. 15 sessions were lost due to the impact of Bank Holiday during June. This combined with vacancies have limited the return to full theatre capacity.

However an additional 12 sessions were performed from Sunday 19th June through to Friday 24th June which was supported by the Synaptic Team who undertook ophthalmic Phacoemulsification waiting list initiative which resulted in 75 patient procedures being performed. A further 18 waiting list sessions were undertaken from Monday 20th June through to Thursday 30th June by the Synaptic Team undertaking Orthopaedic Joint Replacement Surgery which resulted in 27 patient procedures being performed

Recruitment is in progress for substantive staff and a recruitment drive for Agency staff and Synaptic support remains in progress which aims to sustain the increased activity in theatres going forward. A review of the current theatre schedule and staffing establishment remains in progress to ensure that we are utilising our current resources efficiently.

Clinical Cancellation on the day of surgery:
Clinical Cancellations on the day were related to the regular cancellation of inpatient electives due to the lack of beds on 10 occasions which was attributed to a high percentage of the remaining bed base being occupied by medical patients. On 1 occasion due to emergency and trauma taking precedence over scheduled listed patients. The remaining cancellations were attributed to patients being unfit for surgery & surgeon unavailable.

Non- Clinical cancellation on the day of surgery:
Non clinical cancellations were attributed to patients own decision to cancel due to appointment inconvenient or unfit for surgery and those that did not attend on the day of surgery.

Early Finishes and Late Starts
Late starts continue as a theme during the month of June linked 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.

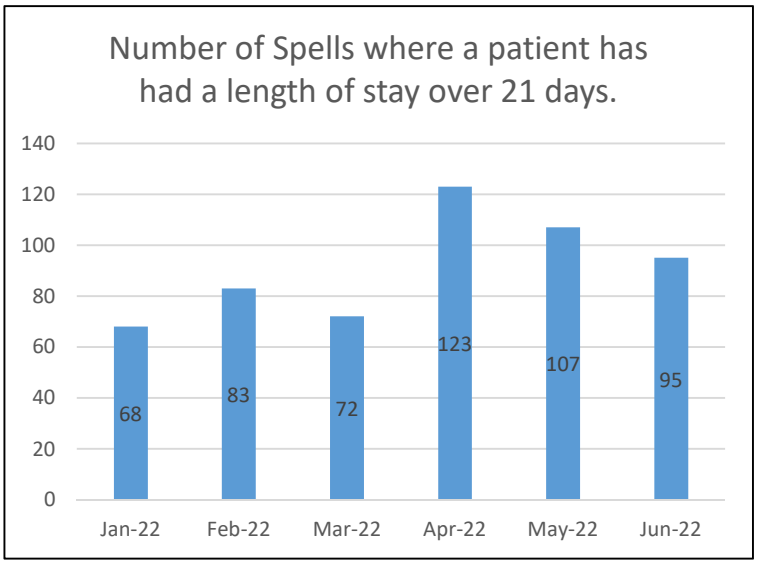
Budget
In the last financial year theatres spend on non-pay consumables was lower than budgeted for due to the lack of activity in main theatres, however this will increase in this financial year as we make a return to "Business As Usual". The "Recovery and Restoration" phase for the Synaptic waiting list initiatives will not affect theatres spend as this is a separate budget.

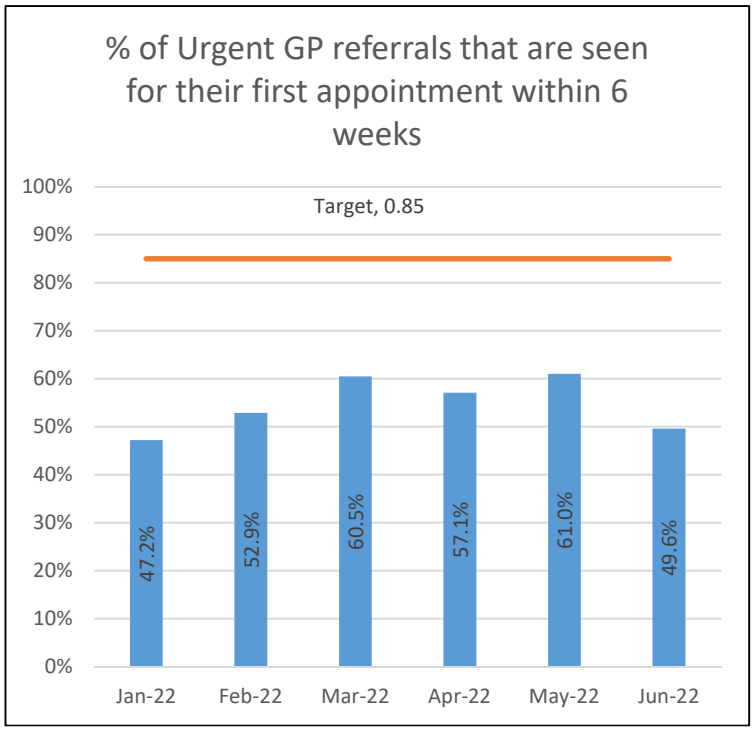
Additionally staff retirement and resignation continues and means that theatres have been carrying vacancies which have been covered by agency since October and remain to date. The department is steadily recovering some lost activity in the late stages of Q1. Activity has increased with the introduction of the Synaptic Ophthalmic & Orthopaedic waiting list initiative which commenced on 14th March and 18th April 2022 respectively.

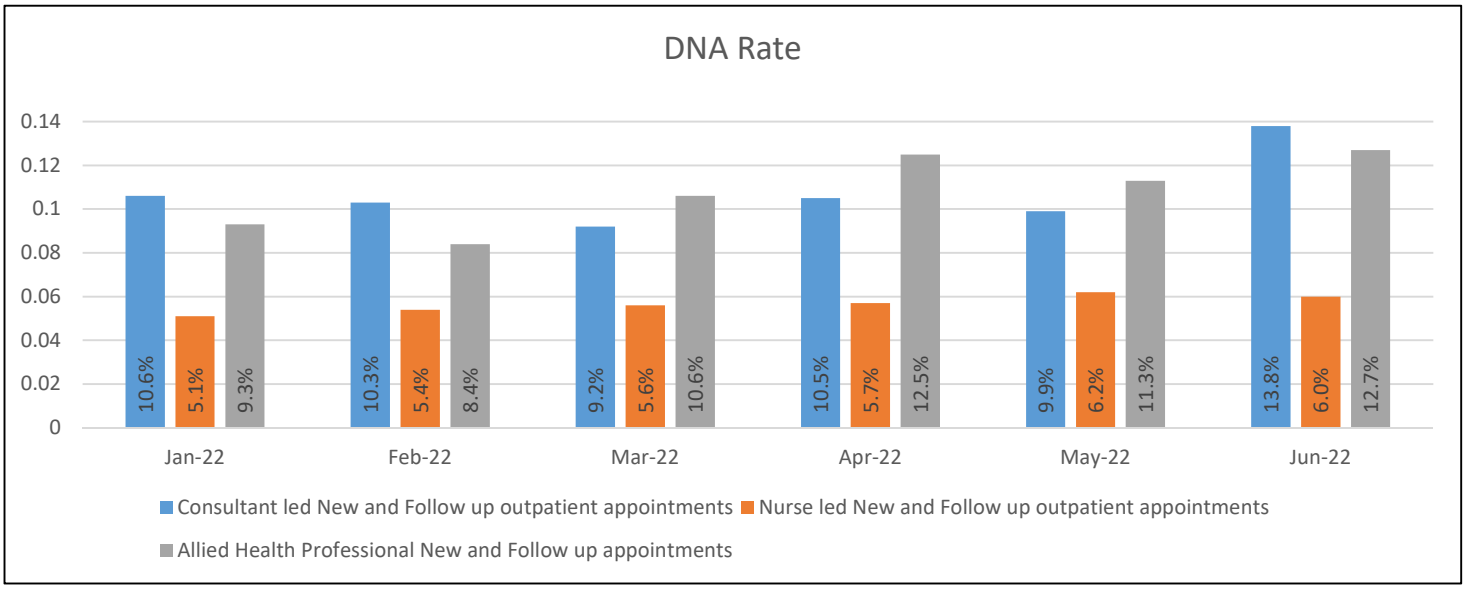
It is acknowledged that greater control is required across the Care Group on financial control, as such integration of finance business partners in to care group governance is in process. In addition to this a training and development plan has been implemented to address the identified skills gap within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

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

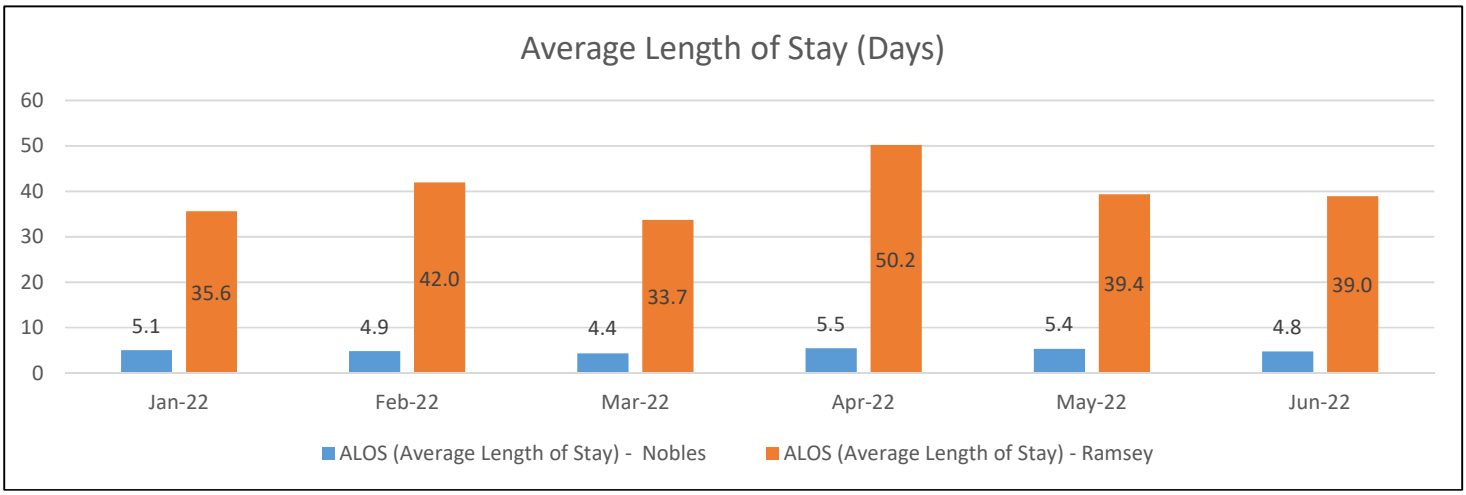
Planned Care 2022-23







Planned Care 2022-23



Variance on Budget 2022 -23

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Medicine Services	1,522	1,363	(159)	(12%)

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Medicine Services	4,653	4,089	(564)	(14%)

Planned Care 2022-23

Hospital Planned Care Services - Narrative - June 2022

Number of Patients waiting for First Hospital Appointment

This combined data for both surgical and medical patients (including Diagnostics, Communities and Womens & Childrens).

We are unable to provide a commentary of the impact of medical patients (including Diagnostics, Communities and Womens & Childrens) on these figures therefore this commentary is based on our knowledge of surgical patients.

Due to staff vacancies, annual leave and other absences coupled with difficulties in recruiting locum cover , there has been a reduction in outpatient clinic capacity which has resulted in an increase in number of patents awaiting a first appointment. In addition as GP practices began to see more patients face to face this has led to an overall increase in referrals. In addition with TT fortnight there are a number of specialties with reduced or cancelled clinic activity either due to restricted access issues or availability of clinicians on race days eg orthopaedics

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

This combined data for both surgical and medical patients (including Diagnostics, Communities and Womens & Childrens).

We are unable to provide a commentary of the impact of medical patients (including Diagnostics, Communities and Womens & Childrens) on these figures therefore this commentary is based on our knowledge of surgical patients.

The acuity of patients being admitted is increasing for surgical patients as an indirect consequence of surgical procedures being delayed / cancelled due the reduction in elective surgical and orthopaedic procedures in theatre. Given the overall pressure on beds for medical admissions coupled with reduction in number of surgical patients, the majority of bed in the hospital have been occupied by Medical and not Surgical patients.
There has been daily activity to ensure surgical patients as discharged as soon possible where clinical appropriate. However some surgical patients whilst medically fit for discharge are unable to be discharged for a variety of reasons such as re-enablement delays, and non availability of residential and nursing care beds. In addition the impact of opening COVID wards has had an impact on bed availability for surgical patients . Overall this means there has been a slight decrease in length of stay at Nobles Hospital and Ramsey Cottage Hospital.

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

This combined data for both surgical and medical patients (including Diagnostics, Communities and Womens & Childrens).

We are unable to provide a commentary of the impact of medical patients (including Diagnostics, Communities and Womens & Childrens) on these figures therefore this commentary is based on our knowledge of surgical patients.

Due to staff vacancies, annual leave and other absences coupled with difficulties in recruiting locum cover, there has been a reduction in outpatient clinic capacity in some specialties which has resulted in a decrease in the proportion of patients being seen for their first appointment within 6 weeks as we are having to prioritise doctors resources to ensure that we have 24/7

on call cover, are treating in patients plus undertaking theatre and endoscopy activity.

In addition with TT fortnight there are a number of specialties with reduced or cancelled clinic activity either due to restricted access issues or availability of clinicians on race days eg orthopaedics.

DNA Rate

This combined data for both surgical and medical patients (including Diagnostics, Communities and Womens & Childrens).

We are unable to provide a commentary of the impact of medical patients (including Diagnostics, Communities and Womens & Childrens) on these figures therefore this commentary is based on our knowledge of surgical patients.

As the number of cases of COVID within the community fluctuated, this has been matched by an increase in patients due to see a consultant who DNA either due to isolation or a reluctance to attend the hospital. In addition with TT fortnight there has traditionally been a rise in DNA's due restricted access to the Nobles and Ramsey sites.

Average Length of Stay (Days)

This combined data for both surgical and medical patients (including Diagnostics, Communities and Womens & Childrens).

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Manx Care KPI Reporting

Medicine, Urgent Care & Ambulance Service

Care Group Reporting

(June 2022)

Contents:

Medicine, Urgent Care & Ambulance Service

Urgent and Emergency Care

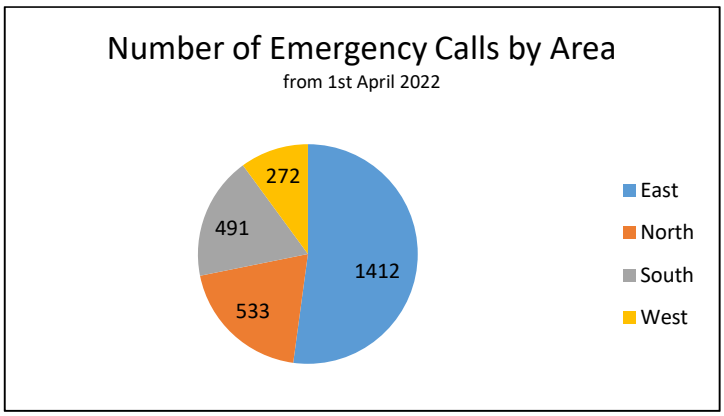
CQC Standard	Indicator	Target		Last Month	Last Year	Trend (Last 53 Weeks)
	Time to Clinical Assessment					
	Average Number of Minutes between Arrival and Triage at Nobles ED	15 Minutes		22	24	
	Average Number of Minutes between Arrival to Clinical Assessment at Nobles ED	60 Minutes		67	65	
	Average Number of Minutes between Arrival to Clinical Assessment at Ramsey MIU	60 Minutes		14	11	
	Time to Emergency Treatment					
	Average Number of Minutes between Arrival to Clinical Assessment for MTS Category 1&2 Patients in Nobles ED	10 Minutes		44	0	
	Average Number of Minutes between Arrival to Clinical Assessment for MTS Category 3 Patients in Nobles ED	60 Minutes		74	0	
	Average Number of Minutes between Arrival to Clinical Assessment for MTS Category 4 Patients in Nobles ED	120 Minutes		87	0	
	Average Number of Minutes between Arrival to Clinical Assessment for MTS Category 5 Patients in Nobles ED	240 Minutes		64	0	
	Total Time in Emergency Department					
	Total Time in Nobles ED (Average)	360 Minutes		261	243	
	Emergency Care Time (Average Number of minutes between arrival and seeing first doctor) in Nobles ED	180 Minutes		189	196	
	Specialty Time (Average Number of Minutes between first speciality request and DTA) in Nobles ED	120 Minutes		102	99	
	Transit Time (Average Number of Minutes Between Decision to Admit and Admission) in Nobles ED	60 Minutes		132	104	
Responsive	Number of patients exceeding 12 hours in Nobles Emergency Department	0 Patients		70	86	
	Total Time in Ramsey MIU	360 Minutes		66	45	

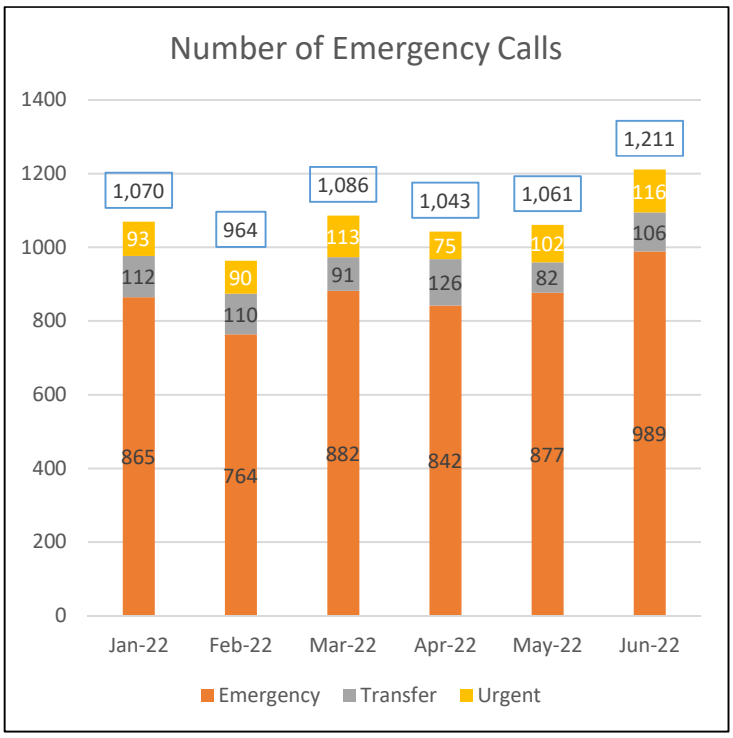
The variance in budget is due to the continued need to utilise locum and agency staff, bank staff and the payment of overtime for permanent staff to supplement staffing levels to ensure patient safety.

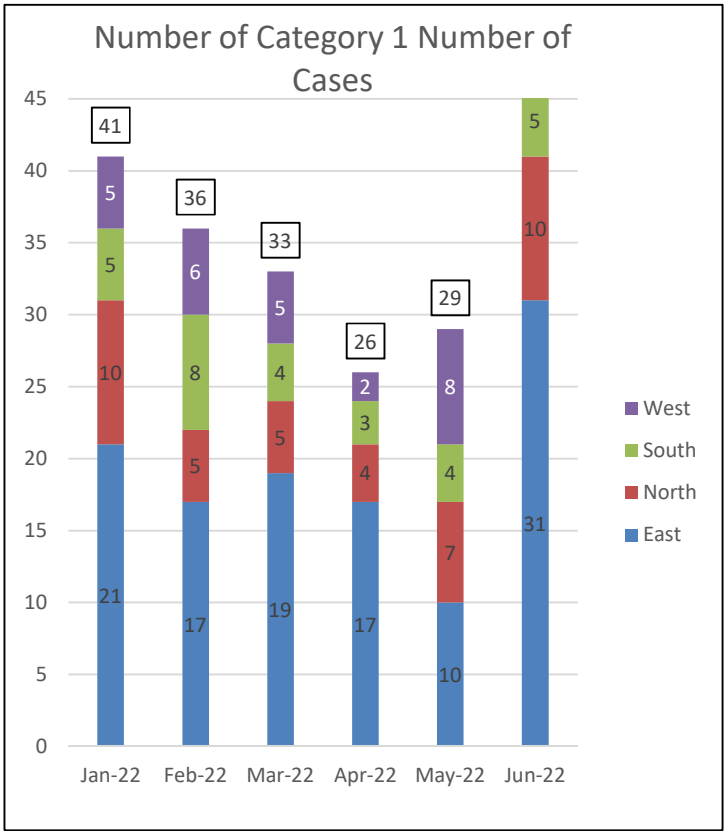
A number of new staff have been recruited to positions in ED, both doctors and nurses and as a result of this once they start work we expect the position to improve. Some are newly qualified nurses and awaiting their registration, others have been employed from elsewhere and are working through their notice periods before joining us.

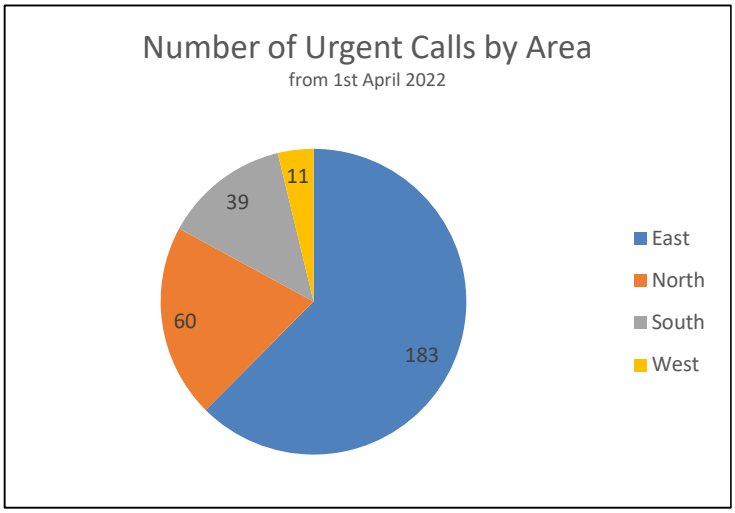
Recruitment remains the Care Group's number one priority.

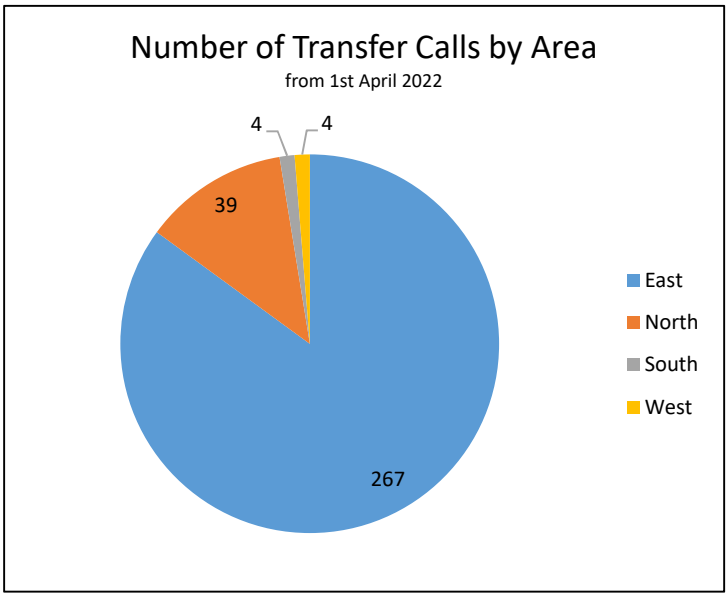
Ambulance Service 2022-23

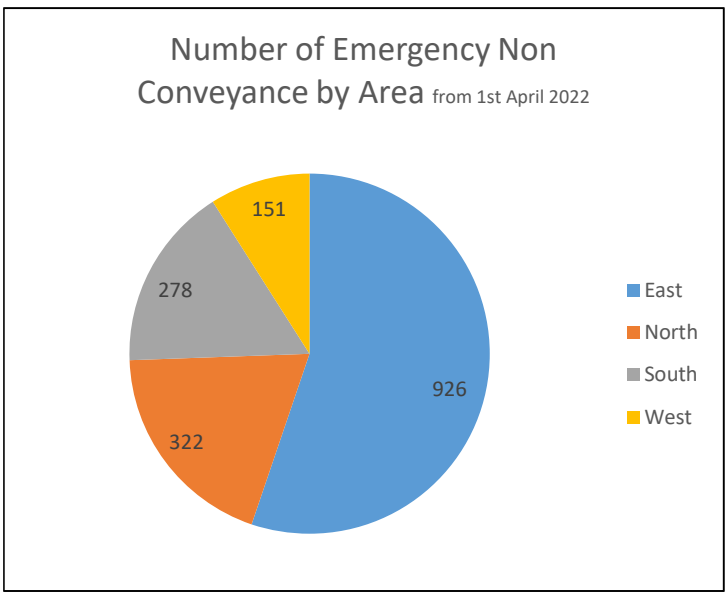




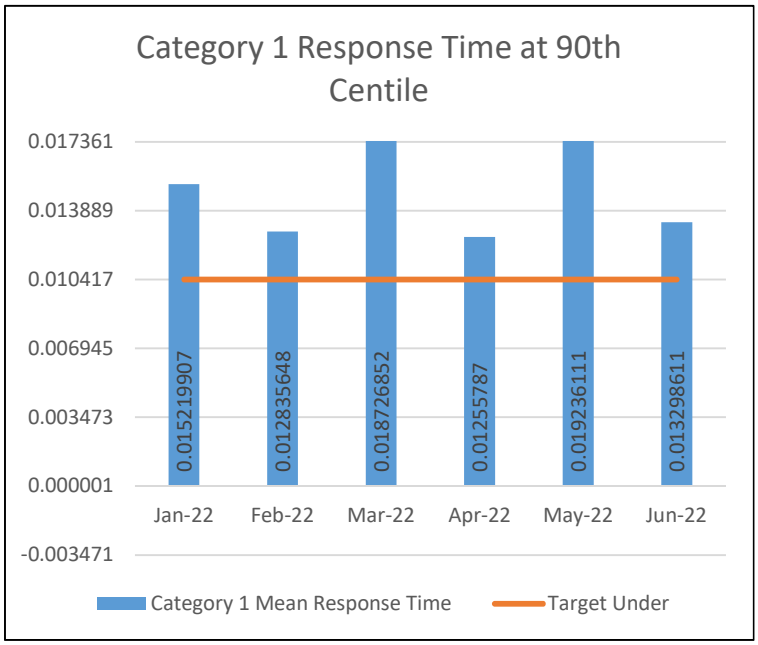


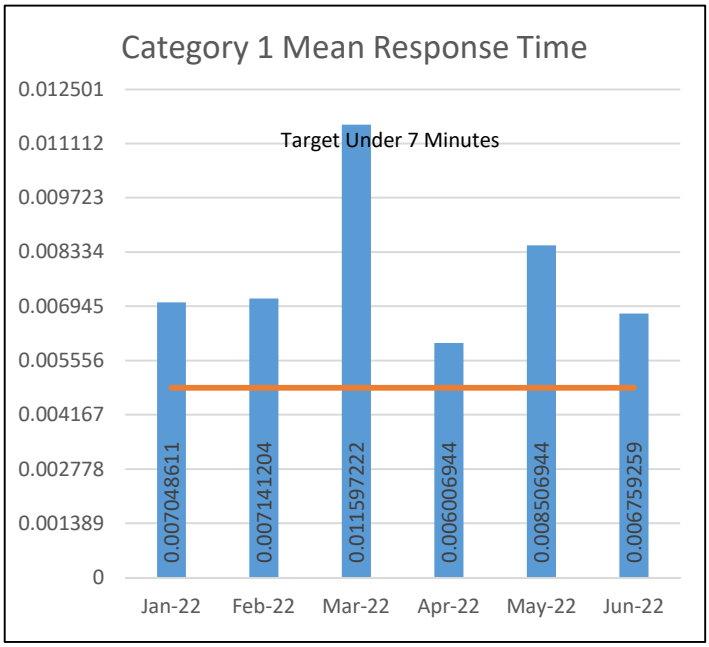


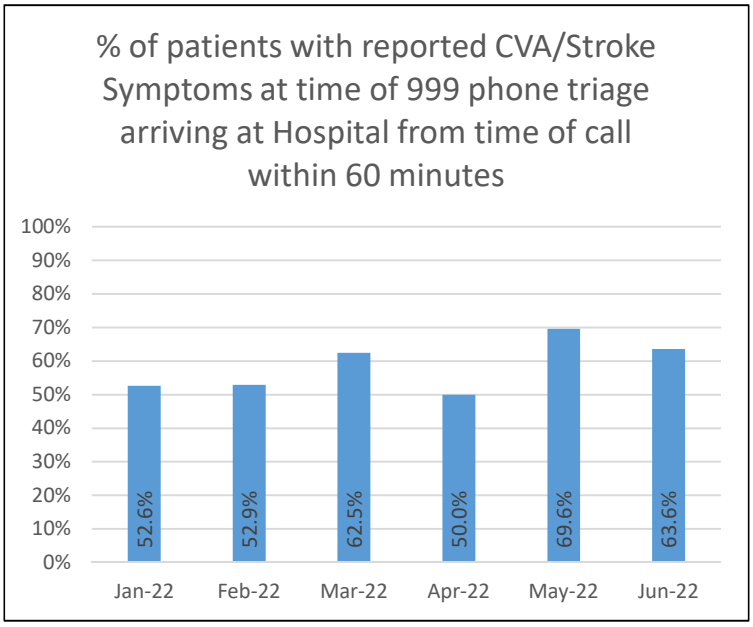


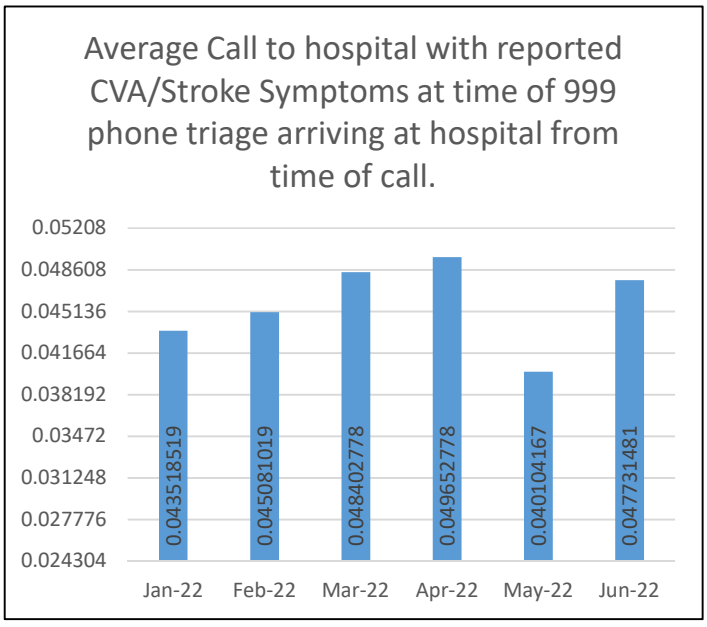


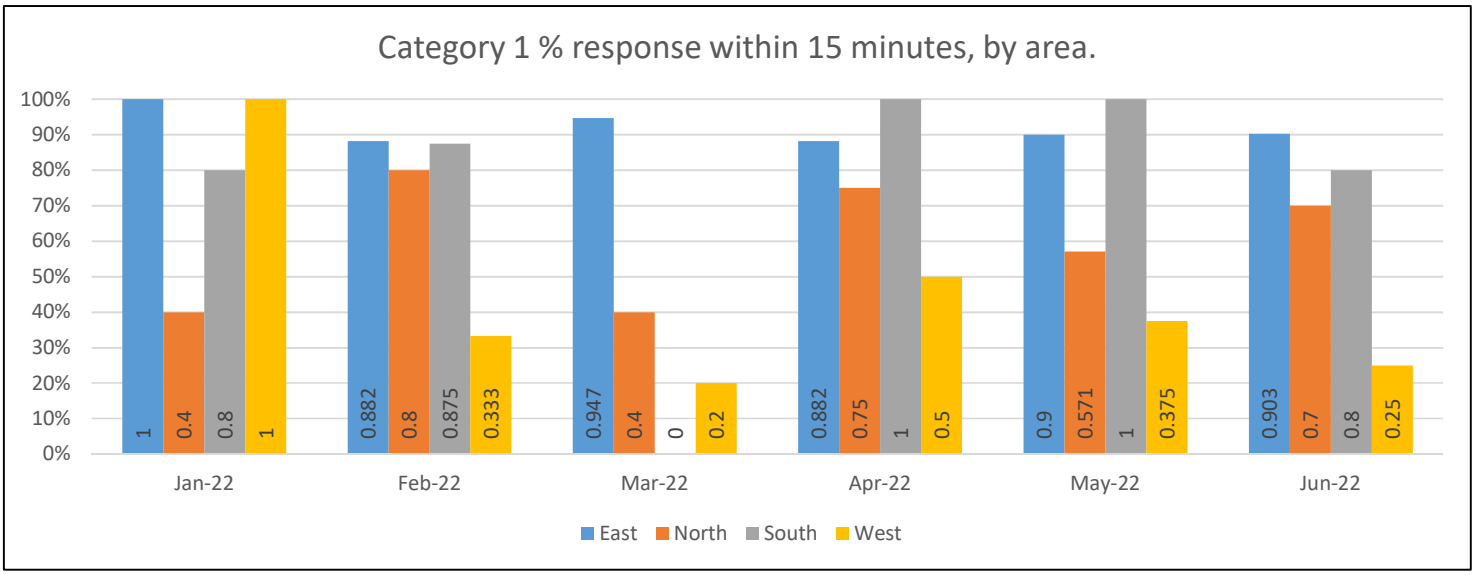
Ambulance Service 2022-23











Ambulance Service 2022-23

Variance on Budget 2022 - 23

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Ambulance Service	371	308	(62)	(20%)

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Ambulance Service	1,119	925	(194)	(21%)

Ambulance Service Narrative - June 2022

For June the ambulance service dealt with an additional 167 calls above the monthly average, this is due to Isle of Man TT being held in June. Majority of this uplift in activity is seen within additional 999 calls being responded to.

We had an large uplift in Category 1 Calls in June, 31 alone reporting in the East of the Island. We have seen the largest growth within the unconscious category, this could been attributed to with larger consumption of alcohol during the TT period.

Category 1 Performance standards remain adrift from the required 7 minute key performance indicator. However, we remain bench marking well against category 2,3, and 4 standards.

During June we are reporting 9 black breaches for handover delays, these delays are crews waiting over 1 hour to handover. Caution should be used with this data as we are not able to identify the point of handover due to not capturing this time. These times are taken from arrived at Hospital to the crew becoming clear.

Manx Care KPI Reporting

Integrated Diagnostics and Cancer Services

Care Group Reporting

(June 2022)

Contents:

Integrated Diagnostics and Cancer Services

Monthly data submission from IDCS – Cancer Services KPIs for June 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.

Indicator	Target	June 2022	Last Year	Trend
Maximum Two Weeks From:				2019 2020 2021 2022
Receipt of urgent referral for suspected cancer to first outpatient attendance	93%	71.8%	63.0%	

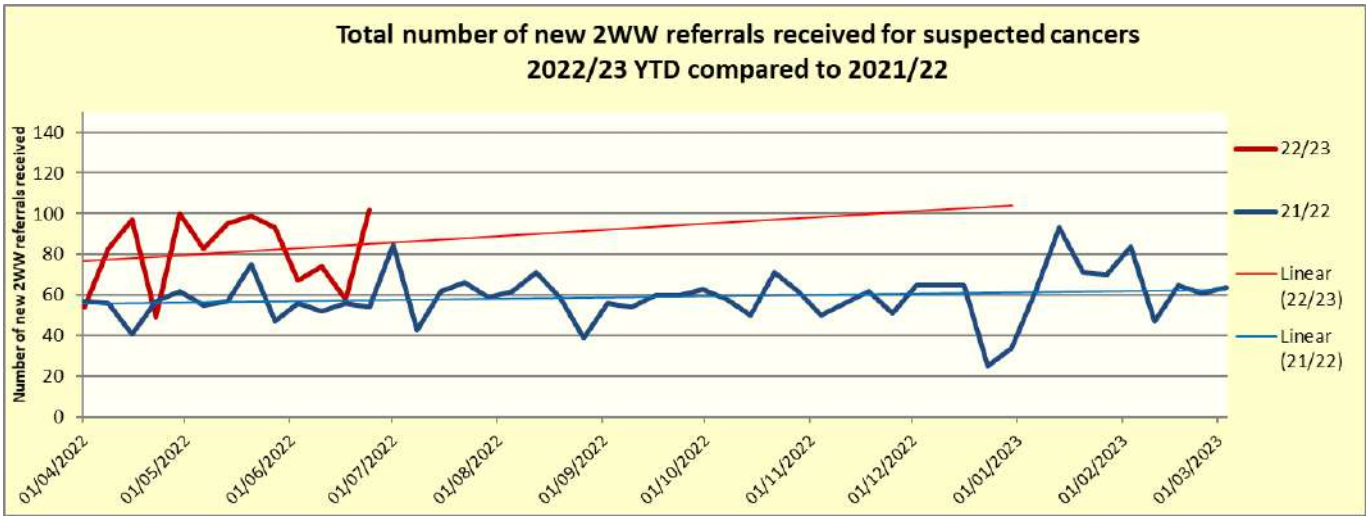
A breakdown of the performance by tumour group for the 2 week wait target is noted in the table below for May 2022 against the previous month:

Tumour Group	2WW Performance	
	May 2022	June 2022
Breast	95.9%	11.8%
Colorectal	87.8%	60.3%
Dermatology	50.0%	0.0%
Gynaecology	90.9%	10.5%
Haematology	100%	75.0%
Head & Neck	75.6%	82.6%
Lung	85.7%	60.0%
Upper GI	85.7%	70.0%
Urology	66.7%	84.4%

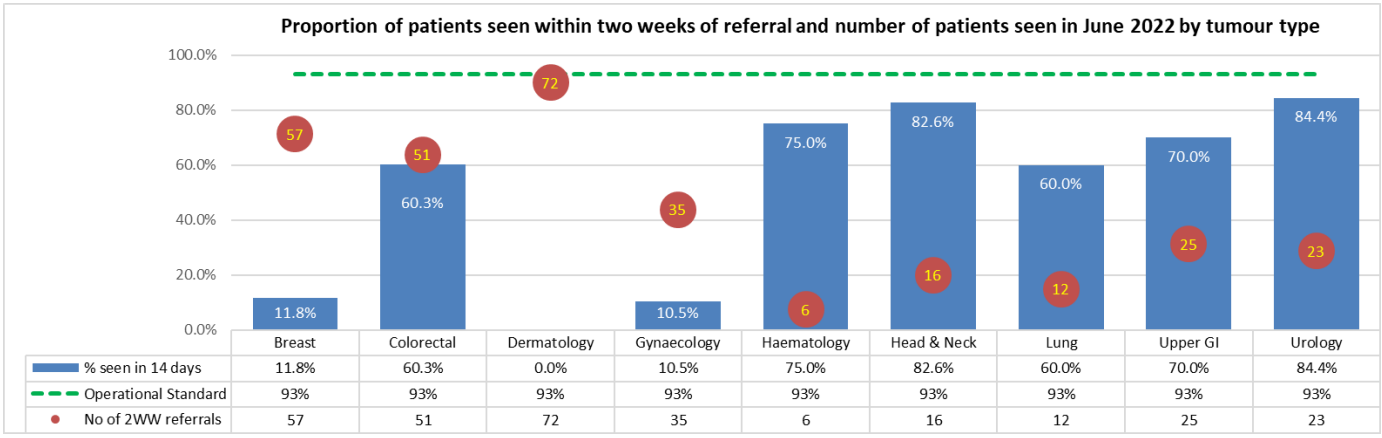
This KPI is affected by the volume of 2 week wait referral rates for specific tumour groups:

Tumour Group	Weekly average number of 2WW		
	May 2022	June 2022	2021/22 average
Breast	18	14	16
Colorectal	18	13	14
Dermatology	20	18	16
Gynaecology	8	9	7
Haematology	1	2	1
Head & Neck	8	4	6
Lung	3	3	2
Other	1	1	1
Upper GI	6	6	6
Urology	10	6	8
TOTAL	**93**	**76**	**75**

The average number of referrals received in 2020/21 for all tumour groups was 59 per week. During 2021/22, this average increased to 75. The recent monthly average is closer to the 2021/22 average.



The graph below summarise the performance and referral rates for June 2022:



	Breast	Colorectal	Dermatology	Gynaecology	Haematology	Head & Neck	Lung	Upper GI	Urology
% seen in 14 days	11.8%	60.3%	0.0%	10.5%	75.0%	82.6%	60.0%	70.0%	84.4%
Operational Standard	93%	93%	93%	93%	93%	93%	93%	93%	93%
No of 2WW referrals	57	51	72	35	6	16	12	25	23

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

- **Breast** – Clinics over the summer have been reorganised based on the availability of specialist staff. This has impacted on the breach position, however additional clinics have been accommodated to
- **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.
- **Dermatology** – the majority of patients are being seen in a preparation clinic and clinically reviewed by remote Consultant Dermatologist due to lack of locum availability locally currently. This does not count as first appointment for 2WW target but the patients have been seen and the patient pathway is progressing. The high number of referrals is also impacting.
- **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. Ideas for longer term solutions have been discussed in the Gynaecology Transformation workshops.
- **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.

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

Indicator	Target	June 2022	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%	69.3%	N/A	

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.

KPI – 28 day target – referral to diagnosis

Indicator	Target	June 2022	Last Year	Trend
Maximum 28 days from:				2019 2020 2021 2022
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%	64.1%	57.4%	

This is a new KPI target to be reported and in doing so aligns us with the cancer waiting times guidance from the UK NHS. From the date receipt of referral to the date the patient is informed of the diagnosis should be no greater than 28 days. The target of 75% allows for patients with a complex diagnostic target. The performance for June 2022 was under the 75% target from the UK.

KPI – 62 day target – referral to treatment target

Indicator	Target	June 2022	Last Year	Trend
Maximum 62 days from:				2019 2020 2021 2022
Urgent referral for suspected cancer to first treatment (62-day classic)	85%	37.2%	60.0%	
Urgent Referral From Cancer Screening Programme to First Treatment	90%	100%	100%	

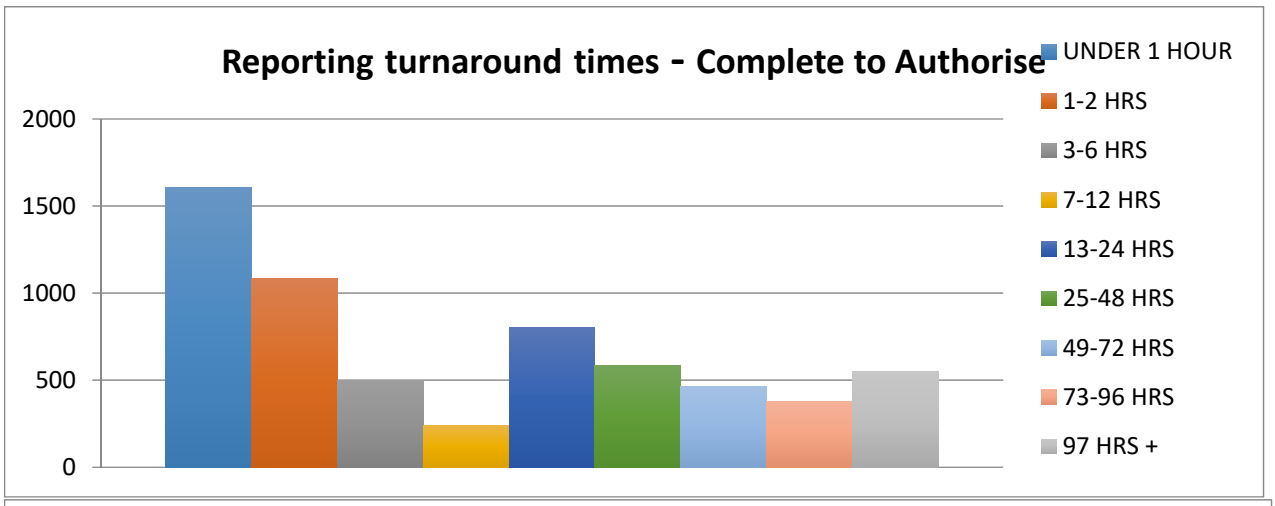
Thank you to the work of the BI team to automate this KPI reporting using data from the Somerset Cancer registry. This target has not been reported on for over 2 years due to the complex nature of manually collating the data. The information will be analysed with the clinical teams using a tumour site by tumour site break down to understand the performance against this target.

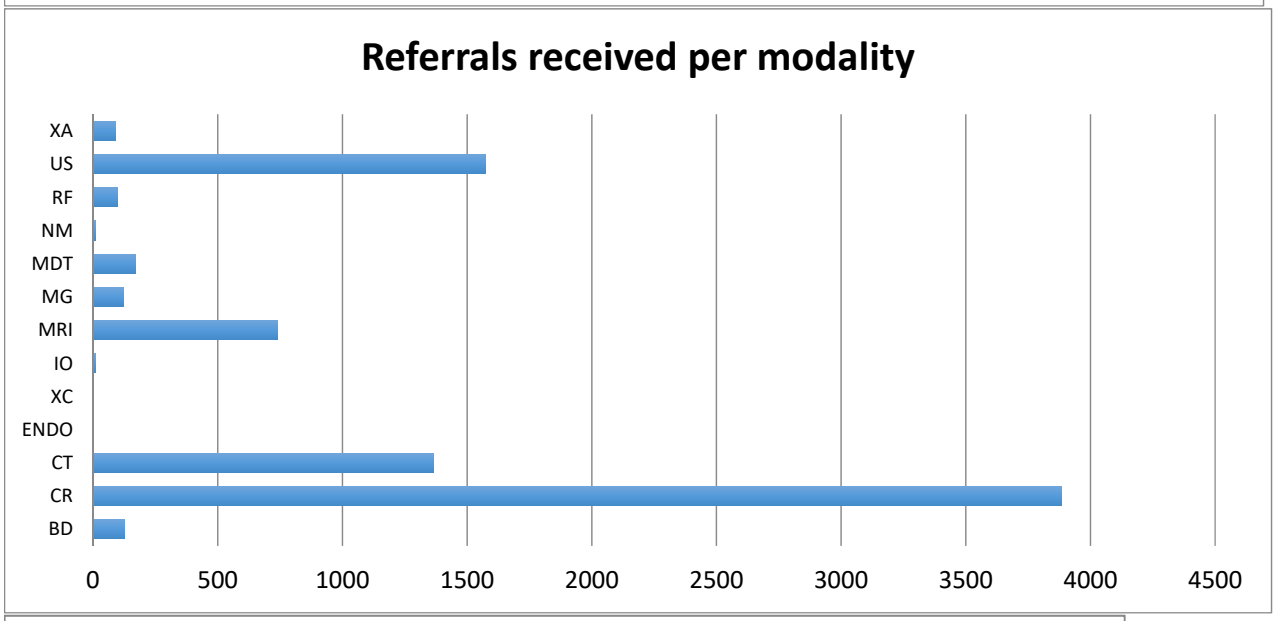
KPI – 31 day target – decision to treat to treatment

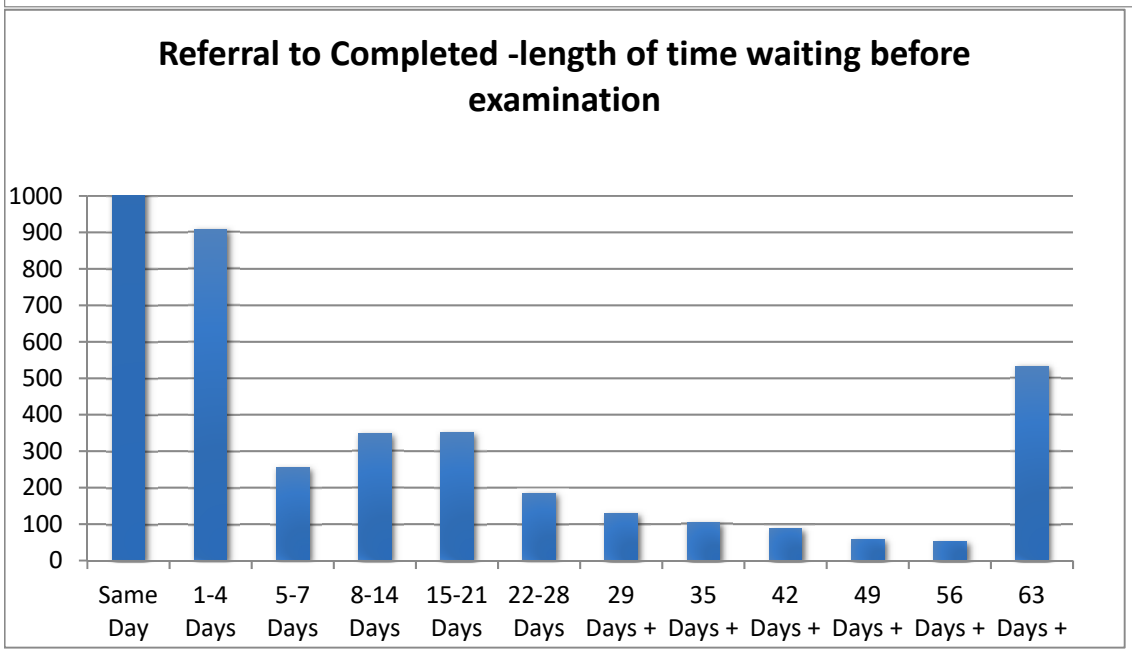
Indicator	Target	June 2022	Last Year	Trend
Maximum 31 days from:				2019 2020 2021 2022
Decision to treat to first definitive treatment	96%	86.3%	85.3%	

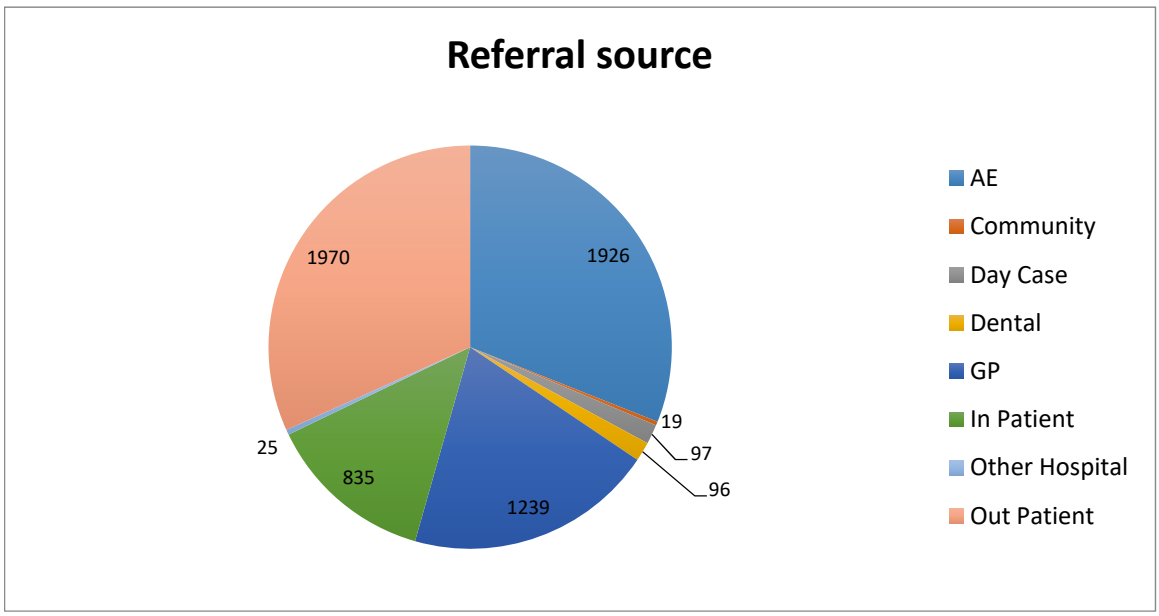
Thank you to the work of the BI team to automate this KPI reporting using data from the Somerset Cancer registry. This target has not been reported on for over 2 years due to the complex nature of manually collating the data. The information will be analysed with the clinical teams using a tumour site by tumour site break down to understand the performance against this target.

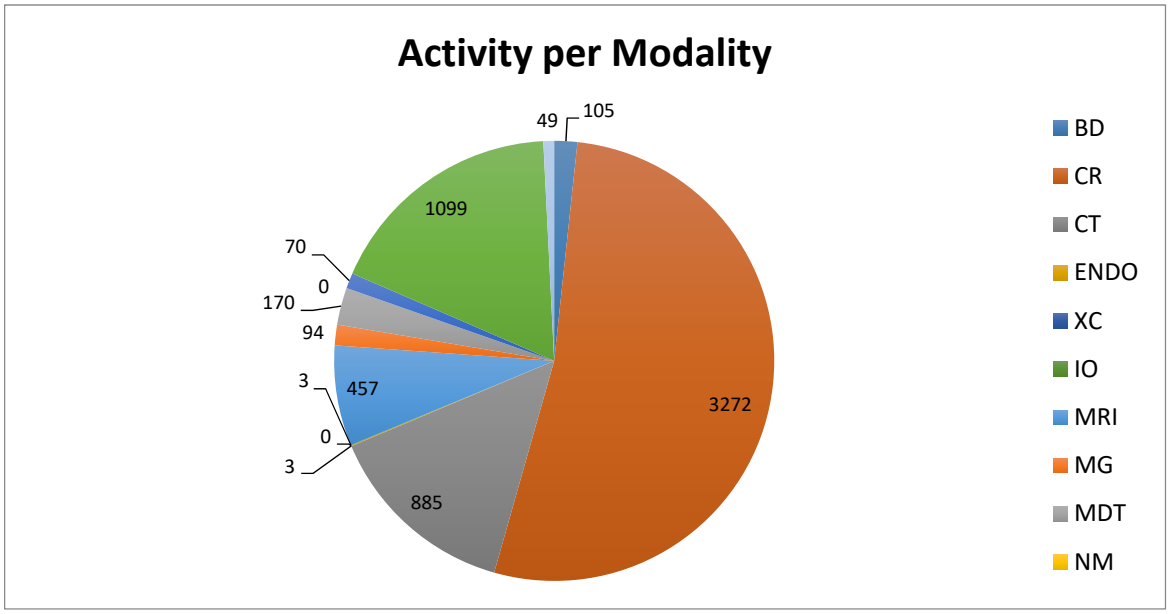
Radiology Monthly Performance Dashboard - June 2022











Variance on Budget 2022 - 23

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Radiology Services	445	532	87	16%

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Radiology Services	1,258	1,595	337	21%

RADIOLOGY NARRATIVE - June 2022

Reporting turnaround times

43% of exam swere reported within 2 hours (no significant difference on last month), 15% have taken 96 hours or longer which is 5% decrease on last but likely due to the delay in reporting times from the external reporting company.

Referral to Completed

Of the 6207 exams, just under 51% were turned around on the same day (no difference on last month) and, a further 33% in 1- 28 days (similiar 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 notible changes compared to last month.

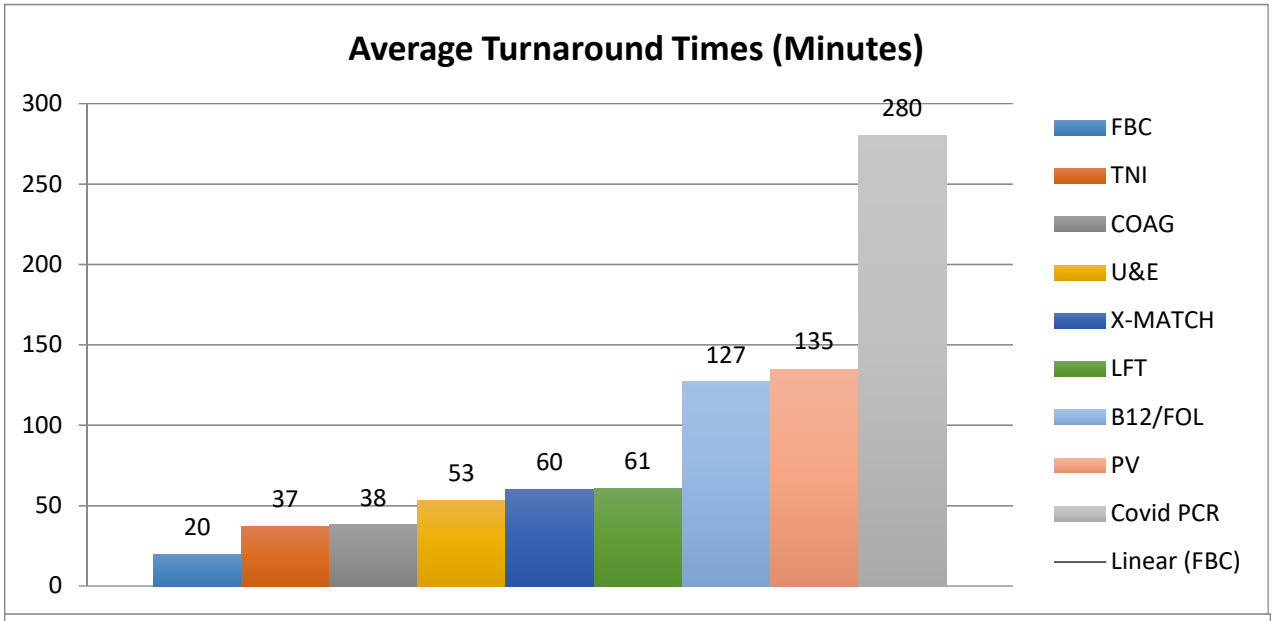
Activity

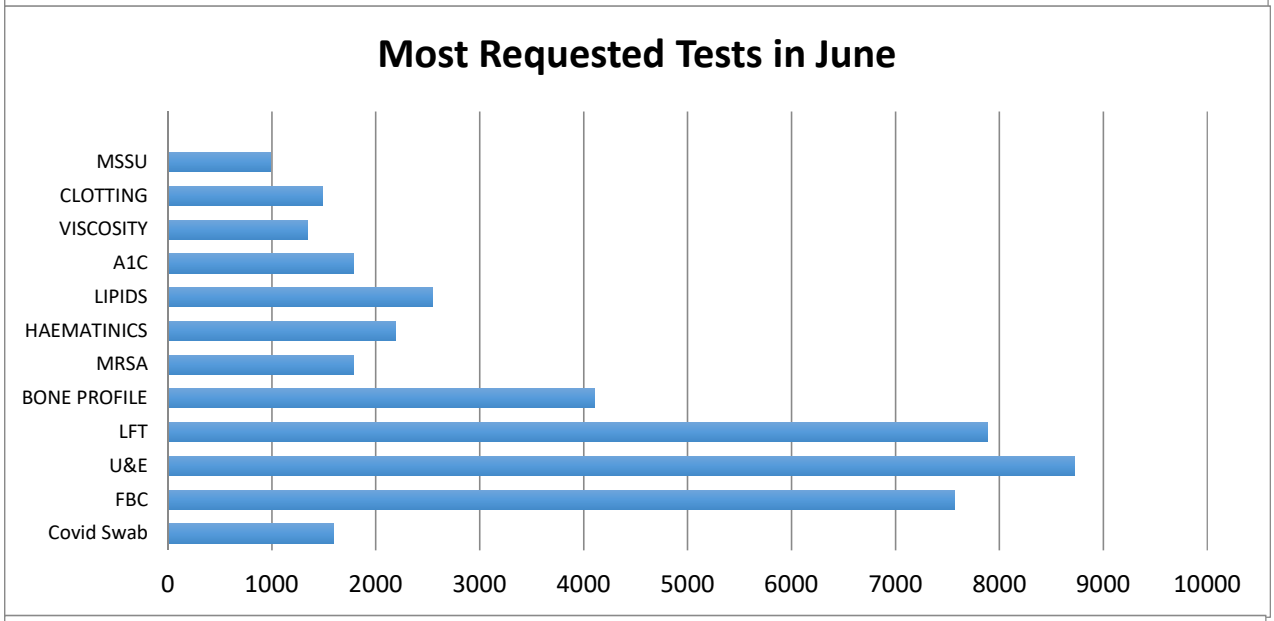
Activity per modality within radiology for June 2022.

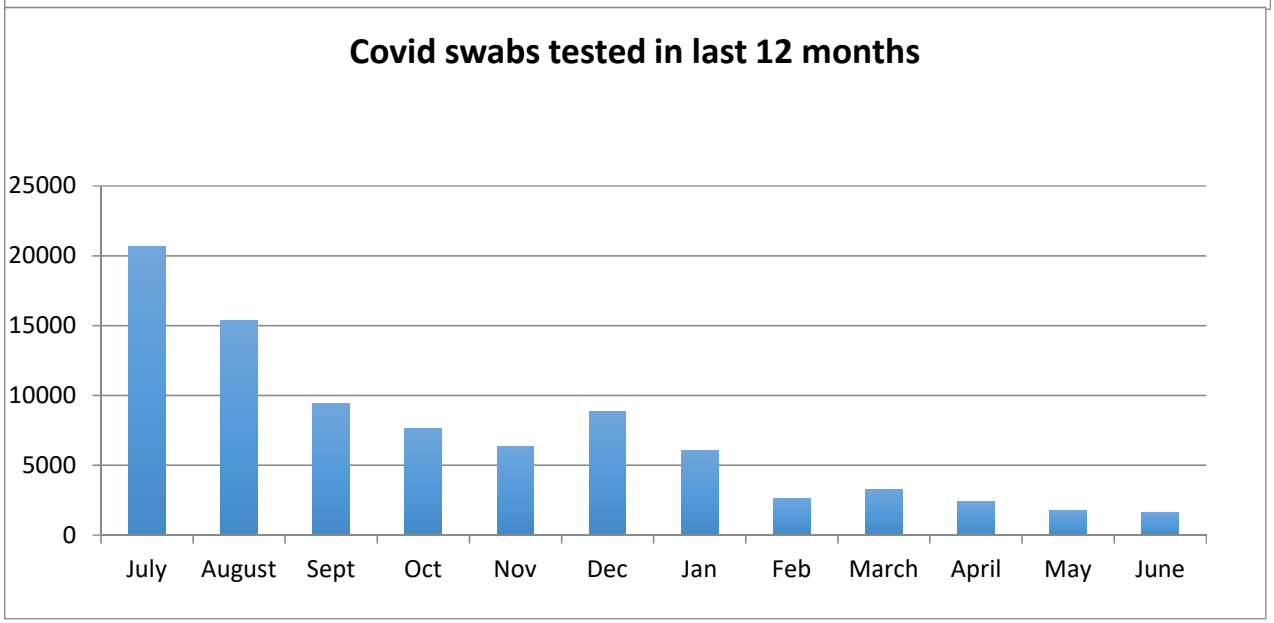
Referrals received

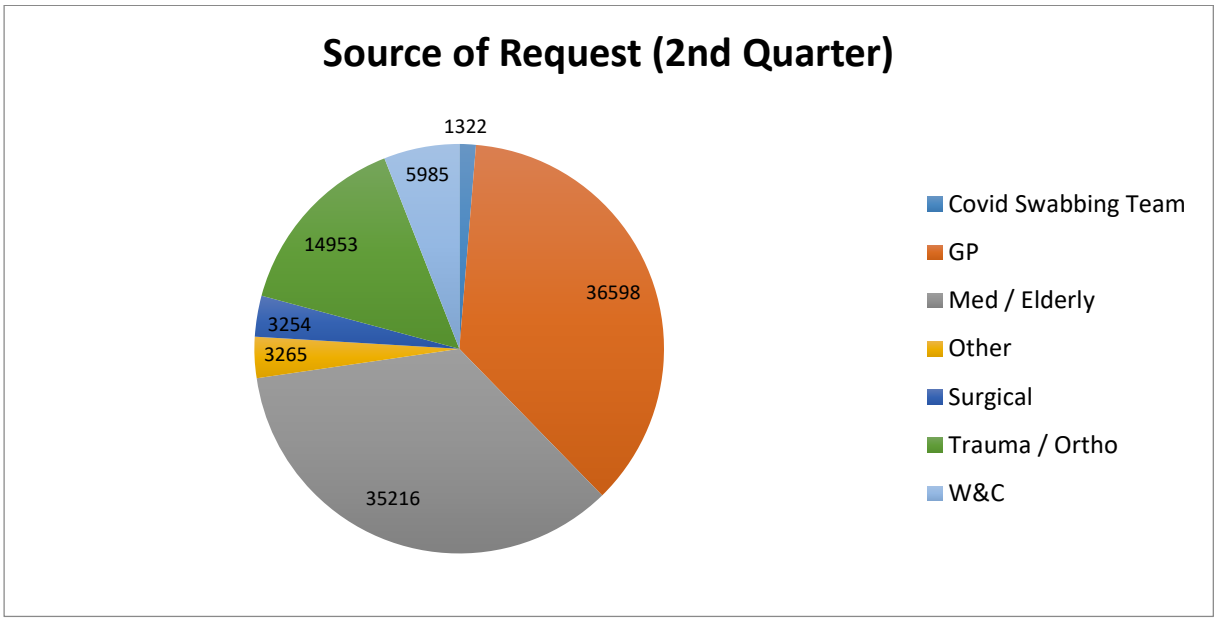
Number of exams requested in May for each radiology modality.

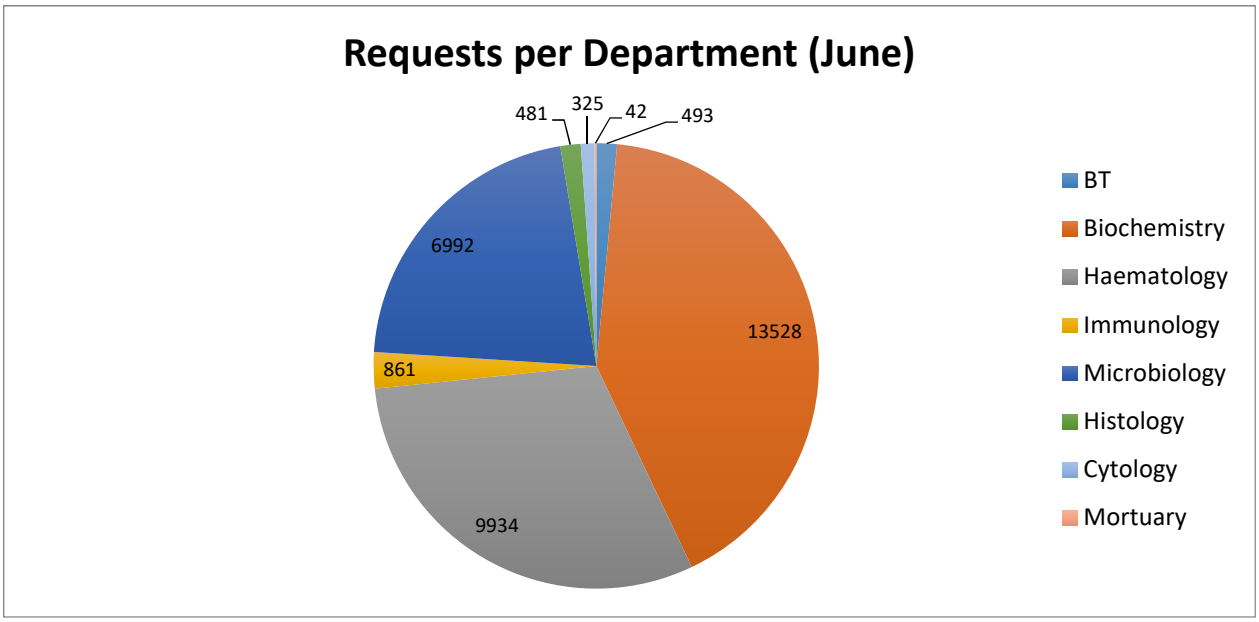
Pathology Monthly Performance Dashboard - June 2022











Variance on Budget 2022 - 23

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Pathology Services	654	579	(76)	(13%)

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Pathology Services	1,760	1,736	(24)	(1%)

PATHOLOGY NARRATIVE - June 2022

Covid – Numbers of PCR tests are dropping and manageable.

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 regular PDP.

Compliance with Mandatory training: Fire 55%; Equality and Diversity 86%; Moving and Handling 87%; Infection Control 58%; Safeguarding Children 83%; Safeguarding Adults 91%

Manx Care KPI Reporting

Integrated Women's, Children's and Families Services

Care Group Reporting

(June 2022)

Contents:

Women Childrens Integrated Services 2022-23

Variance on Budget 2022-23

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Integrated Women, Children & Family Services	**1,476**	**1,373**	**(102)**	**(7%)**
Management & Support Services	92	112	19	17%
Women's Services	556	536	(20)	(4%)
Children's Services	587	522	(65)	(13%)
Community Services	239	203	(36)	(18%)

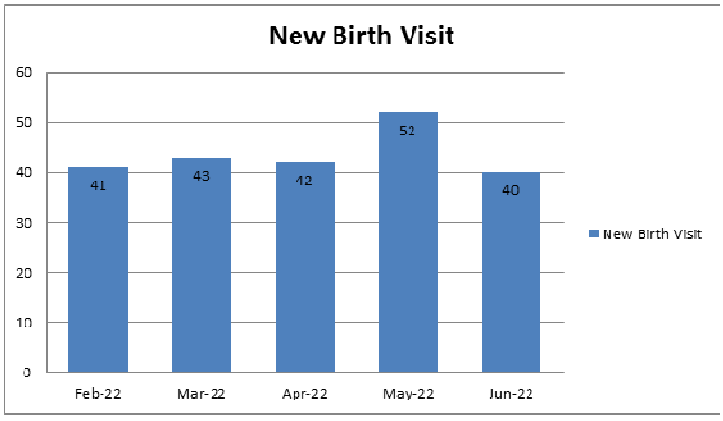
	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Integrated Women, Children & Family Services	**4,245**	**4,120**	**(125)**	**(3%)**
Management & Support Services	275	356	81	23%
Women's Services	1,678	1,589	(90)	(6%)
Children's Services	1,713	1,566	(148)	(9%)
Community Services	578	609	31	5%

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

Financials

Overall Integrated Women, Children & Families has a monthly overspend of £102K with the YTD position now being an overspend of £125K. An increase in spend was expected as we continue to utilise Bank and Agency staff to backfill vacancies. Bank and Agency will continue to be a budgetary pressure, however we've had a successful recruitment drive particularly to our medical workforce so expect agency cover and costs to reduce by the third quarter.

0-19 Public Health Service



In June we conducted 40 new birth visits, 38 of which were between 10-14 days and 2 between 15 - 28 days.

Percentage
Within timeframe – 95%
Including breach/exceptions – 97.5 %

Exception
1 – Failed encounter on first visit due to Covid

Breach Data
1 – No reason given for late visit (by 1 day) / booked wrongly

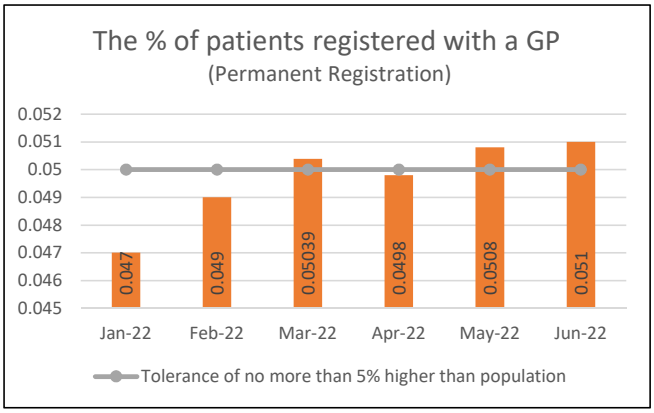
Manx Care KPI Reporting

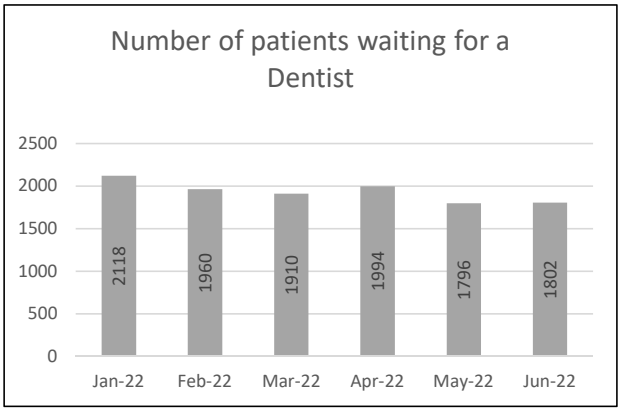
Integrated Primary and Community Care

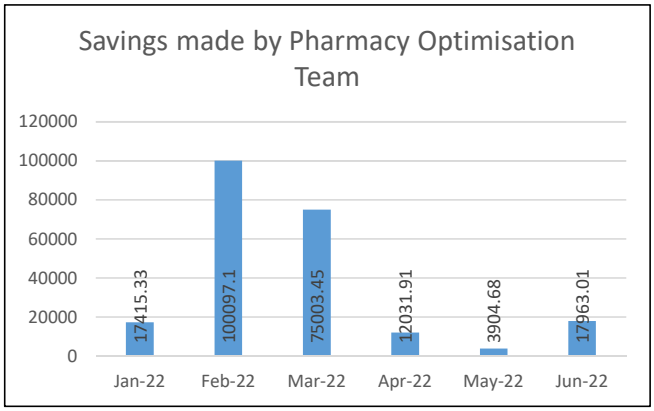
Care Group Reporting

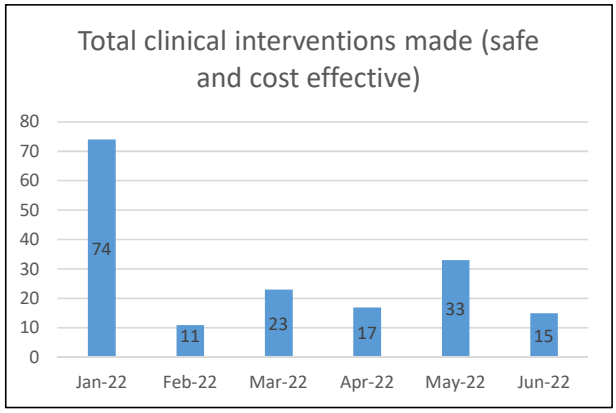
(June 2022)

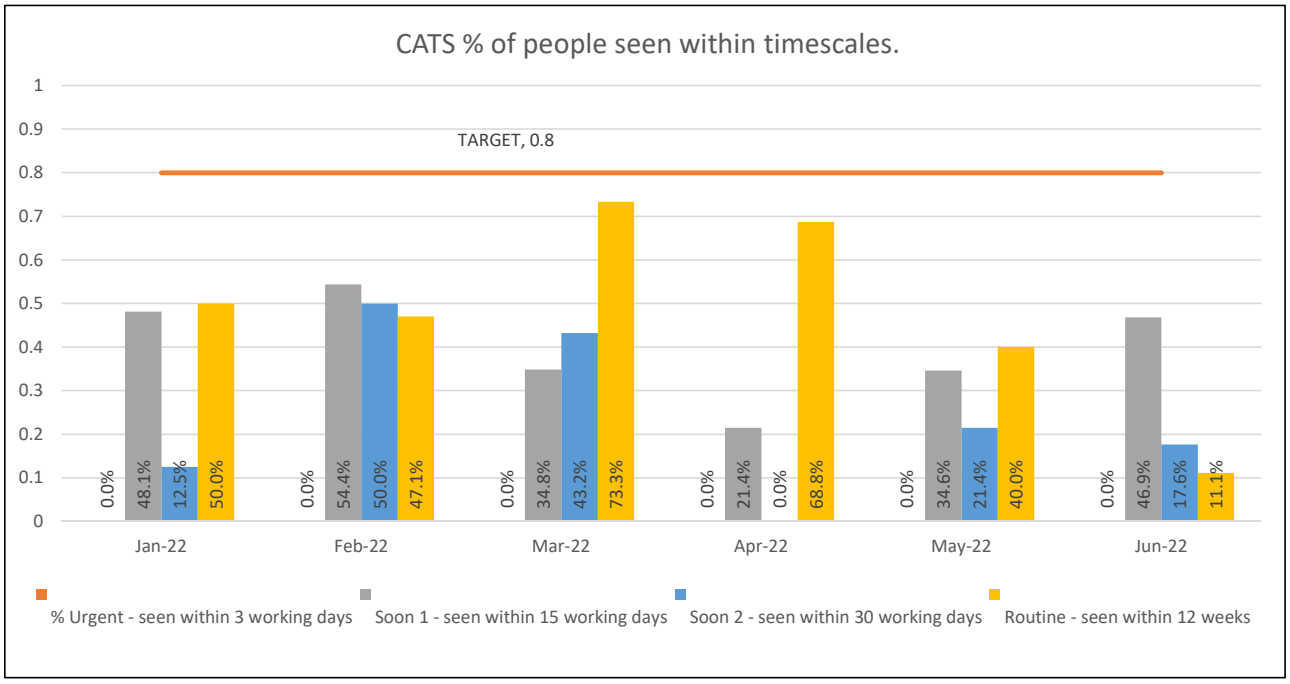
Contents:


The % of patients registered with a GP
(Permanent Registration)
0.052
0.051
0.05
0.049
0.048
0.047
0.046
0.045
0.047
0.049
0.05039
0.0498
0.0508
0.051
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22
Tolerance of no more than 5% higher than population


Number of patients waiting for a Dentist
2500
2000
1500
1000
500
0
2118
1960
1910
1994
1796
1802
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22


Savings made by Pharmacy Optimisation Team
120000
100000
80000
60000
40000
20000
0
17415.33
100097.1
75003.45
12031.91
3904.68
17963.01
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22


Total clinical interventions made (safe and cost effective)
80
70
60
50
40
30
20
10
0
74
11
23
17
33
15
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22


CATS % of people seen within timescales.
1
0.9
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0
TARGET, 0.8
0.0%
48.1%
12.5%
50.0%
0.0%
54.4%
50.0%
47.1%
0.0%
34.8%
43.2%
73.3%
0.0%
21.4%
0.0%
68.8%
0.0%
34.6%
21.4%
40.0%
0.0%
46.9%
17.6%
11.1%
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22
% Urgent - seen within 3 working days
Soon 1 - seen within 15 working days
Soon 2 - seen within 30 working days
Routine - seen within 12 weeks

Variance on Budget 2022-23

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Management & Support Services	135	176	41	23%
Primary Care Services	1,749	1,655	(94)	(6%)
Pharmaceutical Services	1,475	1,855	380	20%

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Management & Support Services	472	527	54	10%
Primary Care Services	4,934	4,966	33	1%
Pharmaceutical Services	4,752	5,565	812	15%

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Community Care Services	499	547	48	9%

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Community Care Services	1,528	1,641	113	7%

Integrated Primary & Community Care Narrative - June 2022

GP Practice

% of patients registered with a GP

The Primary Care team continue to cleanse the lists on a rolling programme to ensure the lists remain correct and within an acceptable margin for patient inflation.

The current patient inflation figure as at June 2022 is 5.09%, a slight increase on 5.03% the previous quarter, with 51 additional patients registering with a GP practice.

There have also been a number of Ukrainian patients who have registered over the past few months.

Work continues with practice reconciliations with a completion date set for the end of Summer 2022.

Dental

In June 2022 a total of 206 patients were added to the waiting list and 200 allocations were made. Leaving 1,802 patients on the waiting list. The longest wait is 29 months (January 2020) however, these patients are awaiting allocation to a specific practice and have been contacted to see if they would be happy to be allocated elsewhere which they declined.

Manx Care KPI Reporting

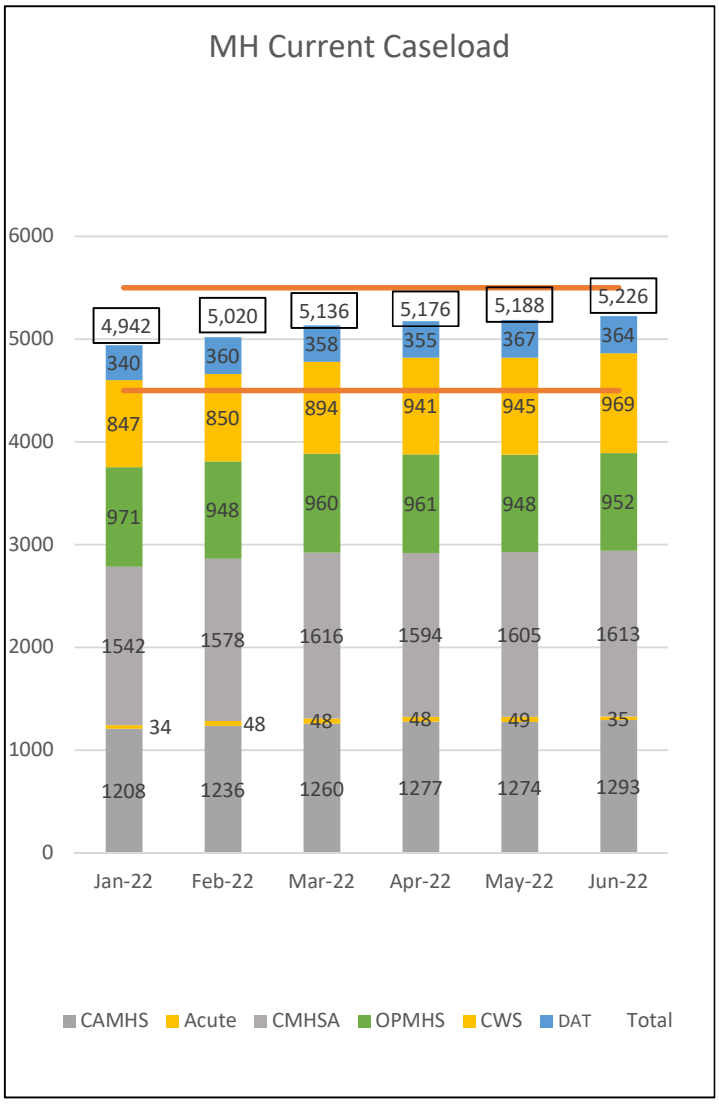
Integrated Mental Health Services

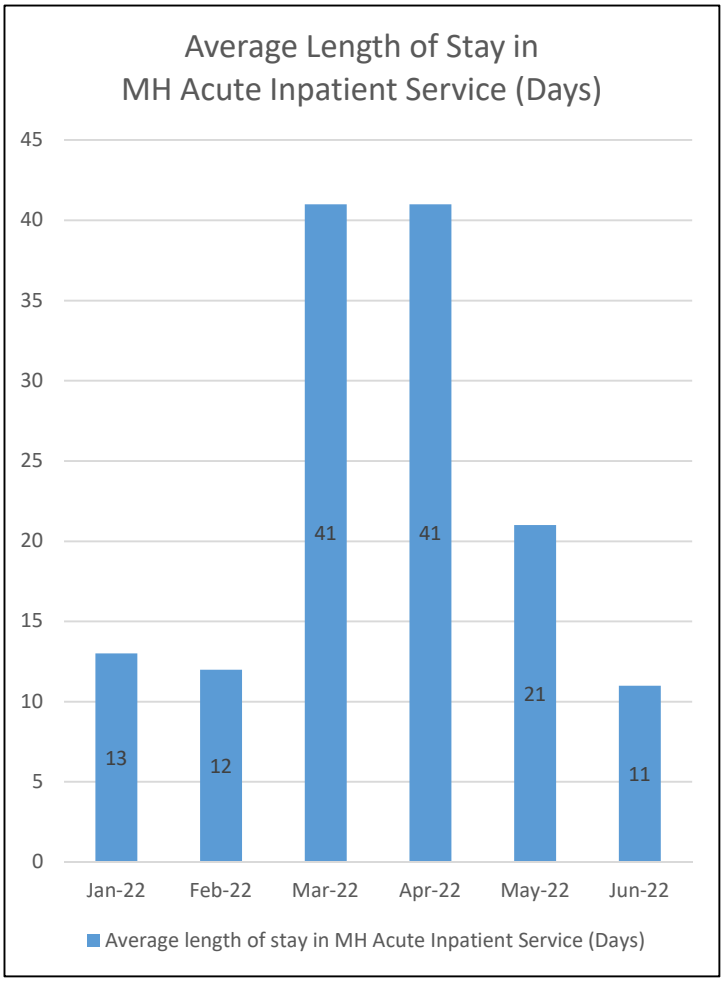
Care Group Reporting

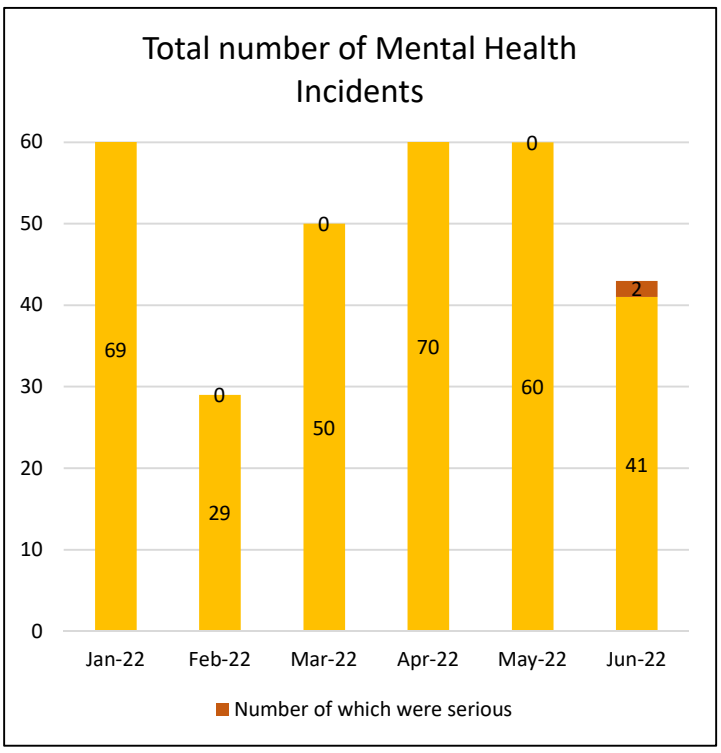
(June 2022)

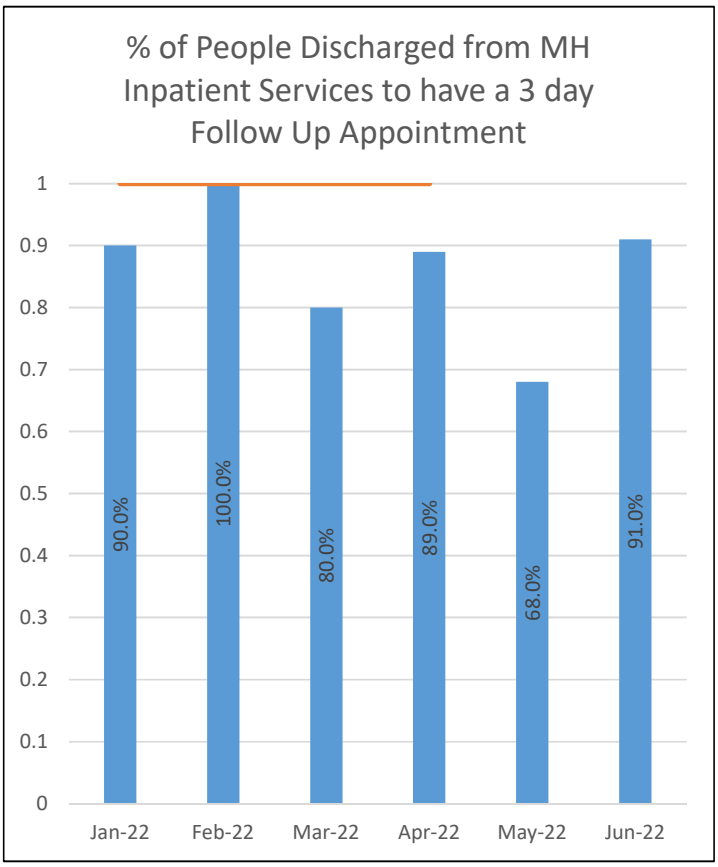
Contents:

Mental Health Services Dataset 2022-23









Mental Health Services Dataset 2022-23

Variance on Budget 2022-23

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Integrated Mental Health Services	**2,040**	**1,985**	**(55)**	**(3%)**
Management & Support Services	117	134	16	12%
Mental Health Services	1,431	1,463	32	2%
Nursing Care Placements (s115)	189	192	3	2%
UK Placements	303	197	(106)	(54%)

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Integrated Mental Health Services	**5,936**	**5,955**	**19**	**0%**
Management & Support Services	316	401	84	21%
Mental Health Services	4,303	4,389	86	2%
Nursing Care Placements (s115)	561	575	14	2%
UK Placements	756	591	(165)	(28%)

Mental Health Services - Narrative - June 2022

Caseloads – Trend of increasing IMHS caseload continues equivalent to 5.7% increase in the caseload over the previous two quarters . Community Wellbeing Service
(14%) and Child and Adolescent Mental Health (7.1 %) being the service areas with the most significant sustained increase in demand over the previous two quarters.

Average Length of Stay – ALOS has reduced significantly since the last reporting period. This is attributed to several discharges in May across both Harbour ward and Glen suites, some of which were patients subject to lengthy admission.

3 Day follow up- 91% compliance with the MHS care group target of 3 day follow up. Remain 100% compliance with ROF of follow up within 7 days. MHS adopted the 3 day follow up protocol as this was consistent with best practice and the emerging evidence base. Absence of 3 day compliance relates to 1 discharge which was subject to follow up on day 4.

Incidents – Of the 41 recorded incidents there were 2 that were rated as moderate or above. One relates to a reported medication error and one being a suspected suicide in respect of a patient open to the Community Mental Health Service for Adults. Both have been escalated to ISGR .

Finance – IMHS is within budget YTD, cost pressure relates primarily to tertiary care and agency costs. The 28% (165K) tertiary care YTD overspend includes an existing high cost forensic placement. We understand that additional funding of in excess of 300k has been secured to offset this high cost placement. Both agency costs and tertiary care costs are included with the IMHS

Manx Care KPI Reporting

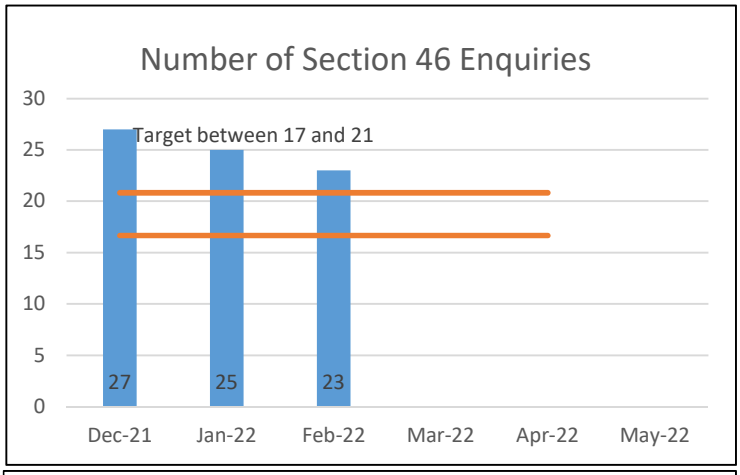
Social Care Services

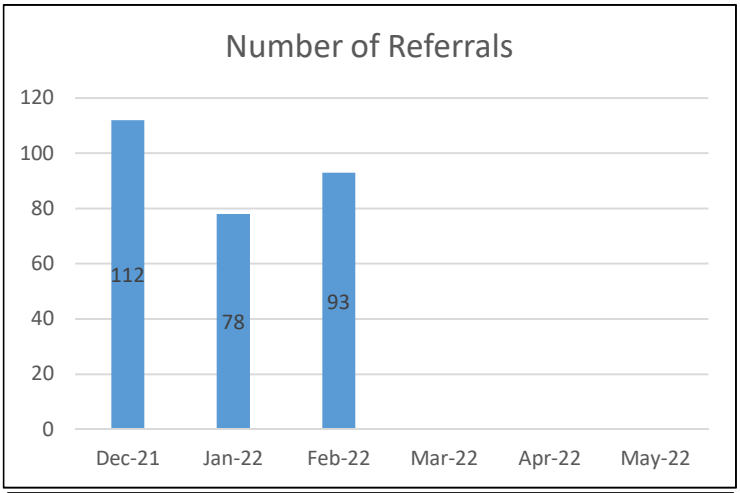
Care Group Reporting

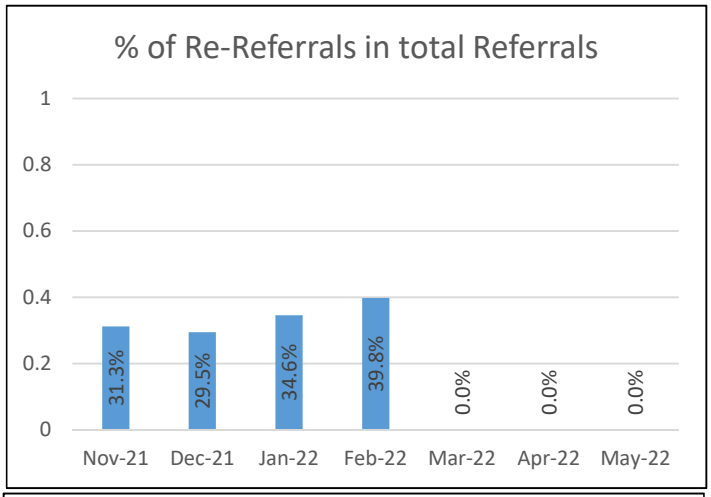
(June 2022)

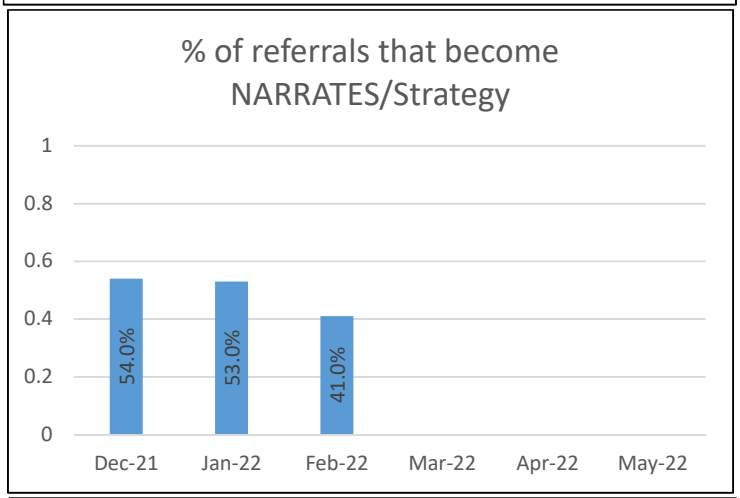
Contents:

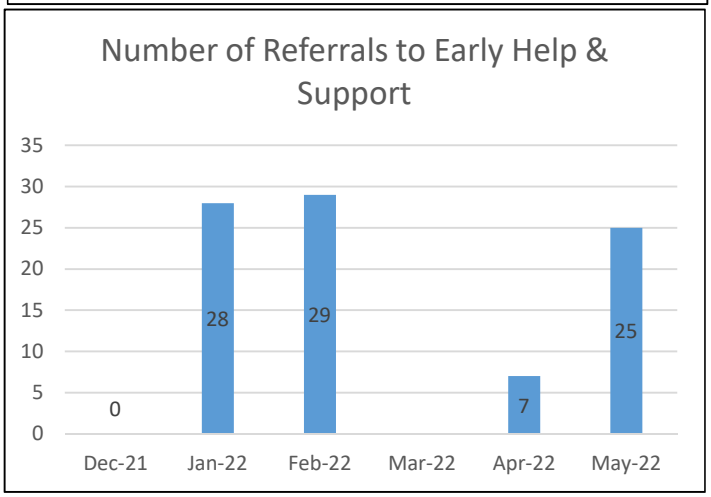
Children Families Social Care - 2022-23

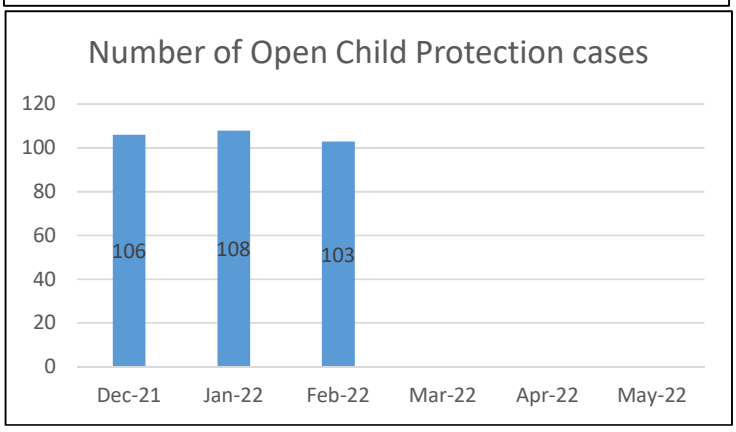


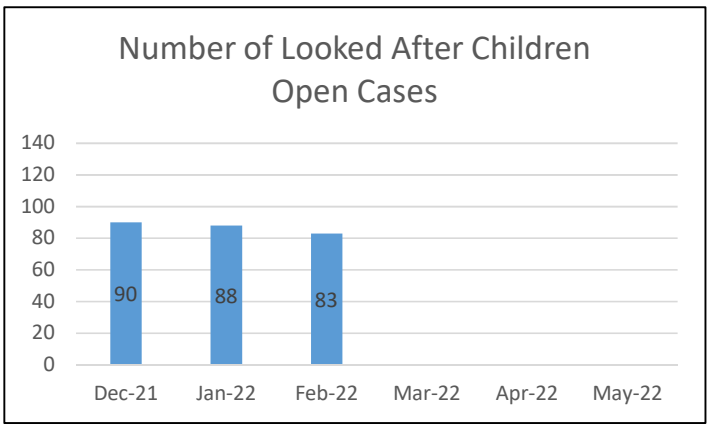




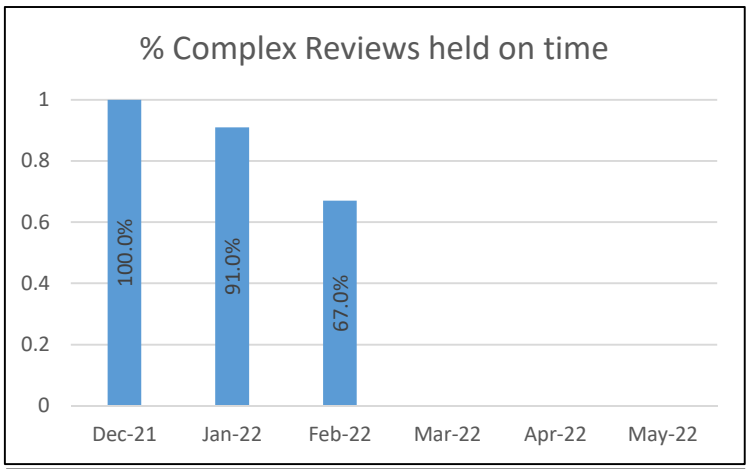


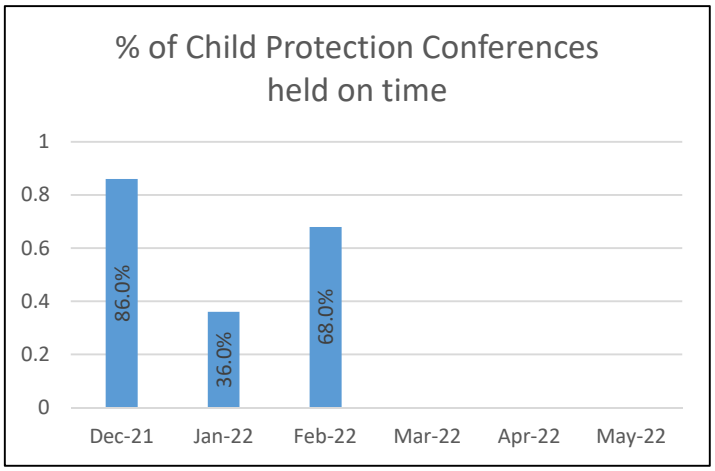


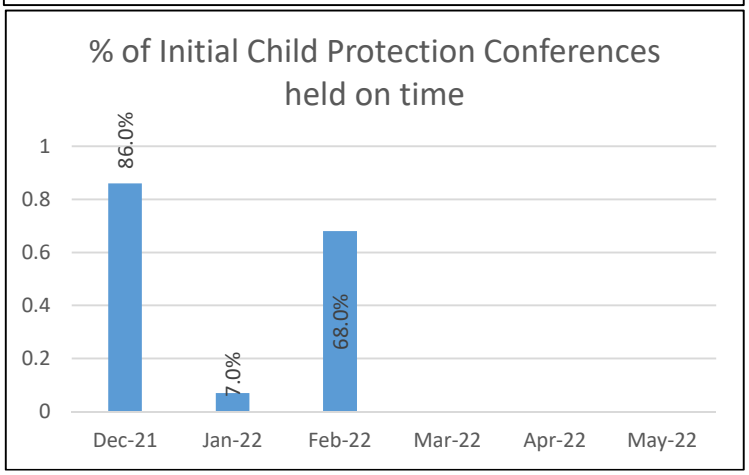


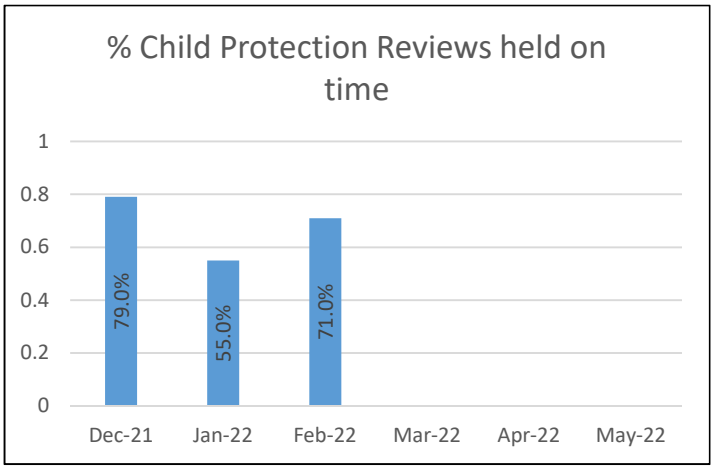


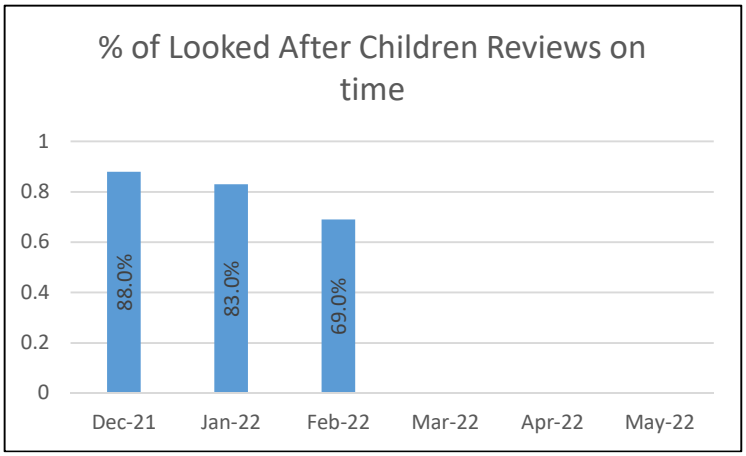
Children Families Social Care - 2022-23

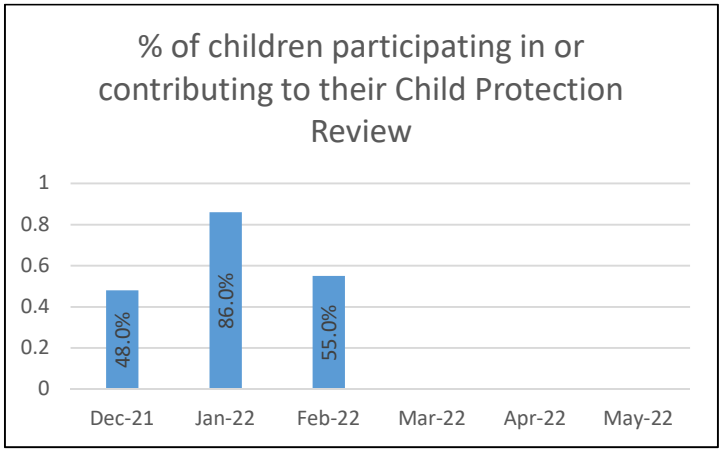


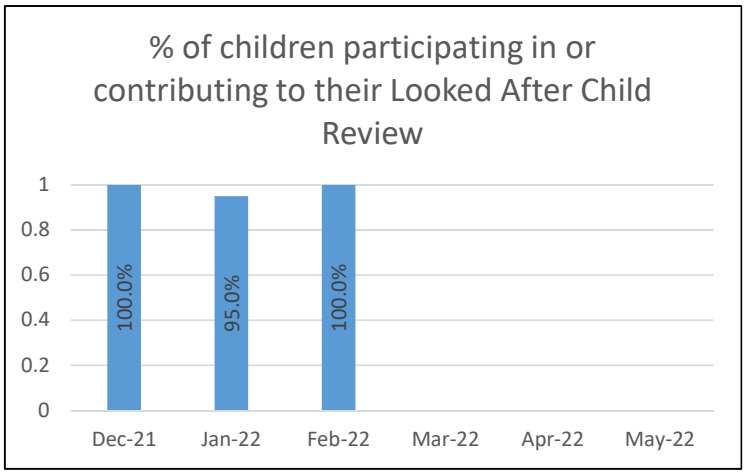


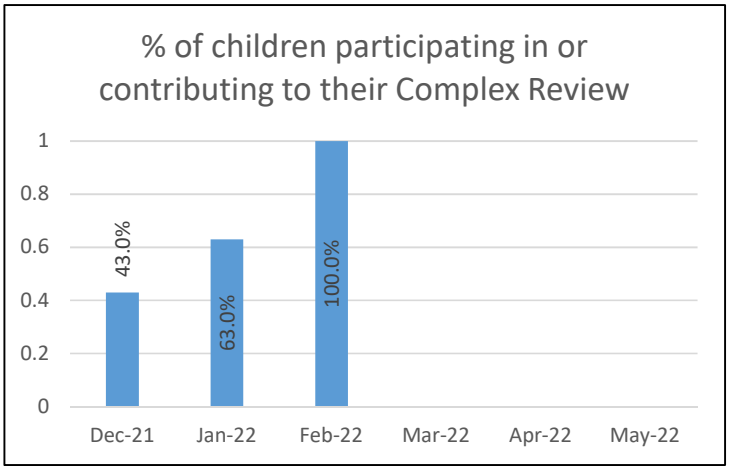












Children Families Social Care - 2022-23

Variance on Budget 2022-23

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Children & Family Services	**1,190**	**1,191**	**1**	**0%**
Management & Support Services	49	(47)	(95)	204%
Children & Family Services	860	903	43	5%
Children & Family Social Work	281	334	53	16%

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Children & Family Services	**3,545**	**3,880**	**335**	**9%**
Management & Support Services	190	161	(29)	(18%)
Children & Family Services	2,516	2,710	195	7%
Children & Family Social Work	840	1,009	169	17%

Children Families Social Care - 2022-23

Children & Families - Narrative - June 2022

At the end of June there were 97 children subject to child protection planning. This is an increase of 12 children from May – 14 new ICPCs (5 families) and 2 children removed from CP planning.

Out of the 14 ICPCs, 9 of the children (3 families) had previously been subject to CP planning.

LAC figures have remained consistent at 82 children.

11 LAC reviews and 2 initial LAC reviews were held, all within timescales.

90% of children over 4 contributed to their review. This equates to 1 child refusing to engage.

15 Review Child Protection Conferences (7 families) were held – 3 (1 family) was held 1 day late, all others were within timescales.

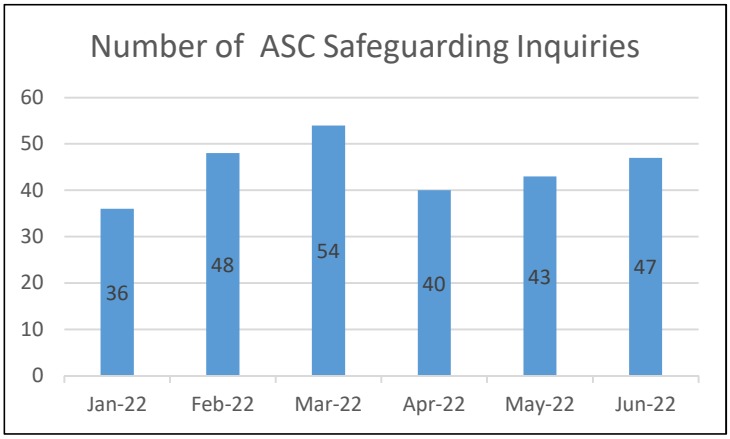
We cannot provide the data for Child Protection participation for this month, however we have now started to keep a spreadsheet given the lack of performance information currently available.

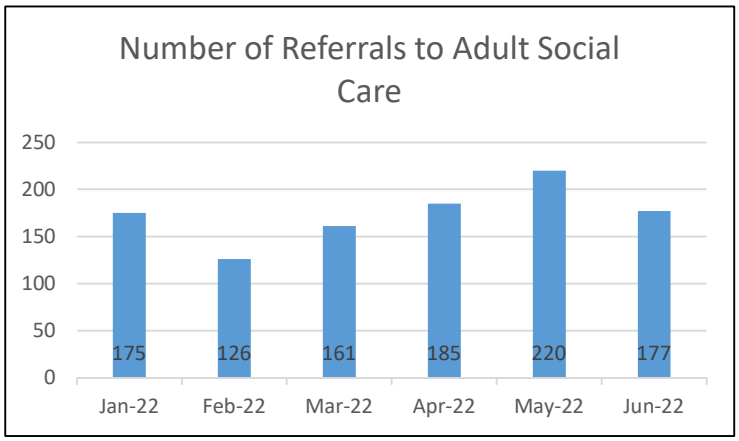
All the Initial Child Protection Conferences were outside of timescales; this was due to the impact of not being able to hold ICPCs over TT week due to road closures and non-availability of professionals (specifically police and education) and unit capacity due to 5 meetings being due within the same timescales.

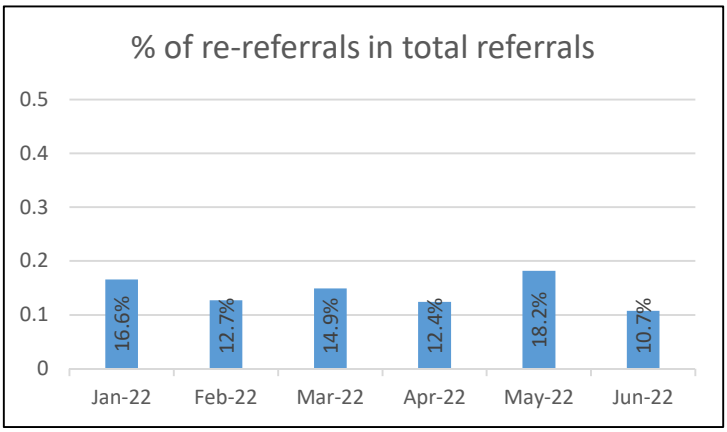
Referrals to Early Help equated to 26.

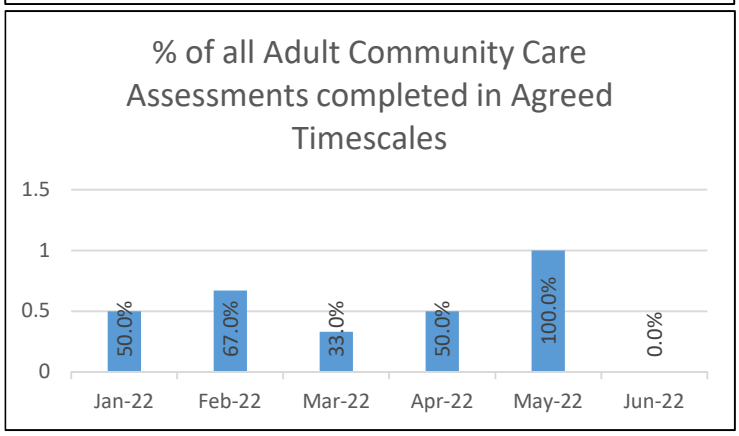
Work continues between Social Care and the Business Intelligence Team to fix the reporting issues, with work on the automated dashboard progressing.

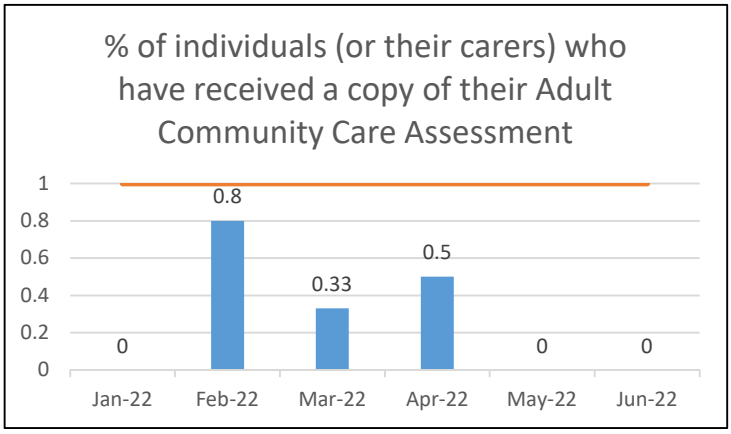
ADULT SOCIAL CARE SOCIAL WORK SERVICE 2022-23











Variance on Budget 2022-23

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Adult Social Work	**309**	**298**	**(11)**	**(4%)**

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Adult Social Work	**947**	**895**	**(52)**	**(6%)**

ADULT SOCIAL CARE SOCIAL WORK SERVICE 2022-23

Adult Service Access Team – June 2022

Adult Social Work

New Referrals

The total number of referrals received across the Adult Social Work Teams in June is 177. Referrals have decreased by 43 from the previous month.
The highest peak in the last 12 months remains as Nov 21 with 262.

Re-Referrals

The total number of re-referrals received across the Adult Social Work Teams in June is 19.
Re-referrals have decreased from last month by 7%, and of the 19 re-referrals, 89% of those re-referrals were from those aged 65 years and above.

Total No. of Cases

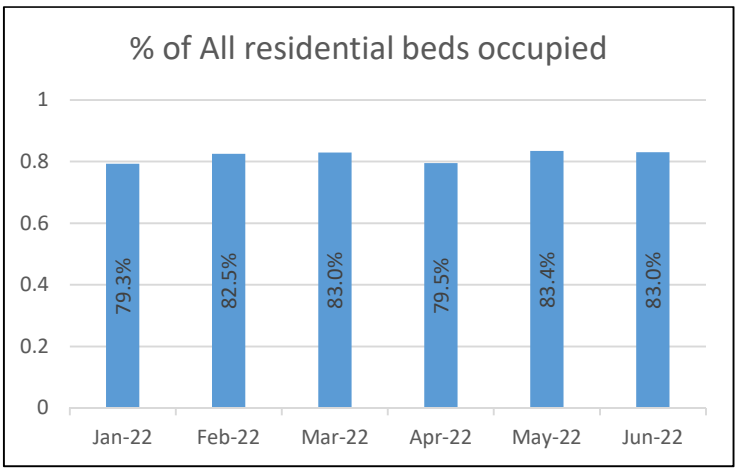
The total number of cases open to Adult Social Work Teams in June was 466.
The figures in the report for percentage of Adult Community Care Assessments Completed I Agreed Timescales (0.0%) and for Copies of Assessments being received (0%) are not correct. This would appear to be a technical issue, which is being investigated.

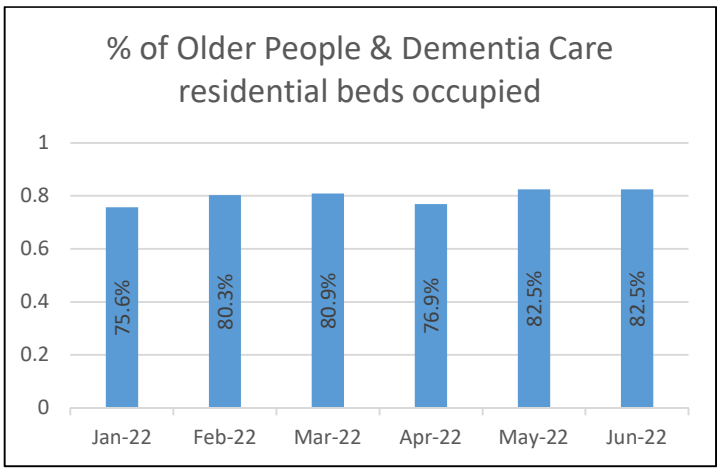
Adult Safeguarding Team

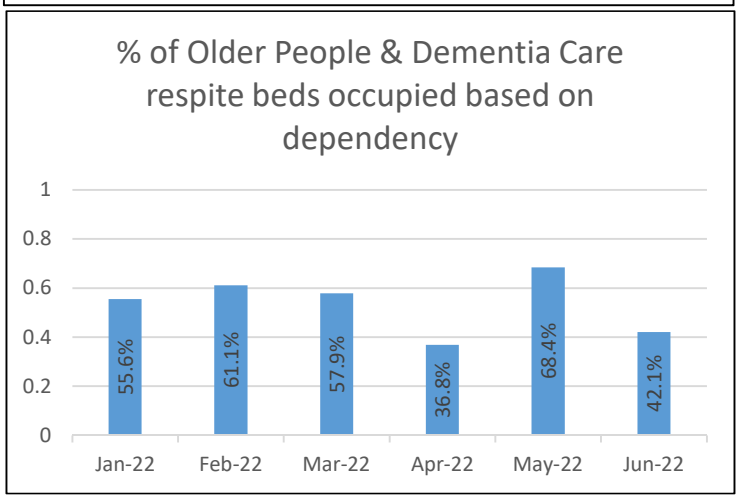
The total number of Safeguarding referrals received in June is 47, of which only 1 was organisational, 27 were alerts, 12 were information and advice and 8 were MARFs. The highest age range categories this month fall at the two ends of the spectrum 18-30 and 76-90. There have been more female referrals (18) than male (8).

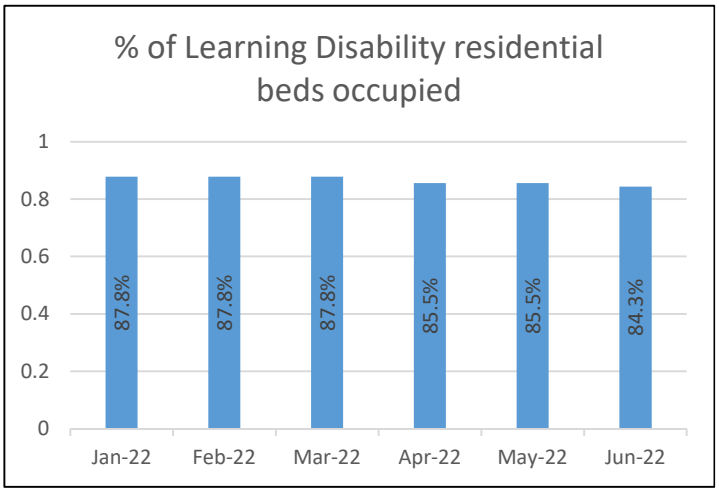
The highest types of abuse that the team have dealt with this month were been financial, neglect, omission of care, physical and psychological. The turnover in the team remains steady with 51 closures in the last month comparable to 60 in May and 38 in April 2022. Re-Referrals remain regular and expected with 17 in June, an increase of 6 from last month.

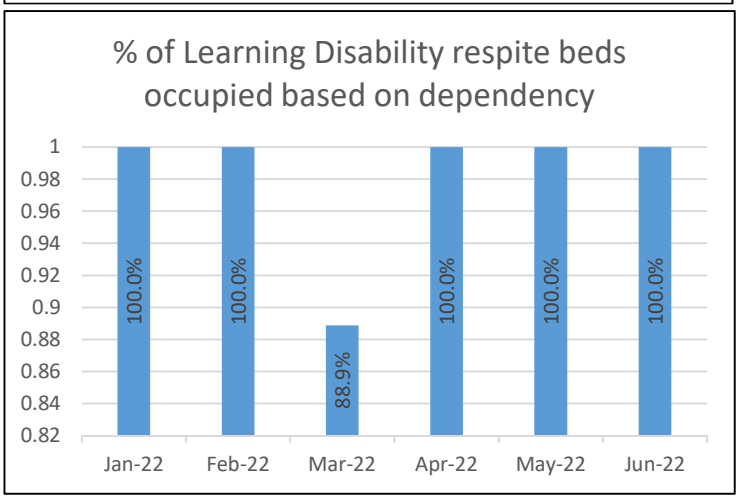
Adult Social Care - Operational Services - 2022-23

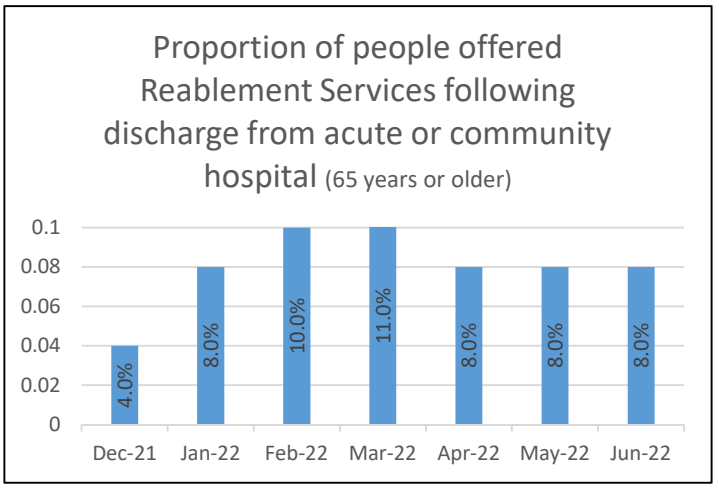




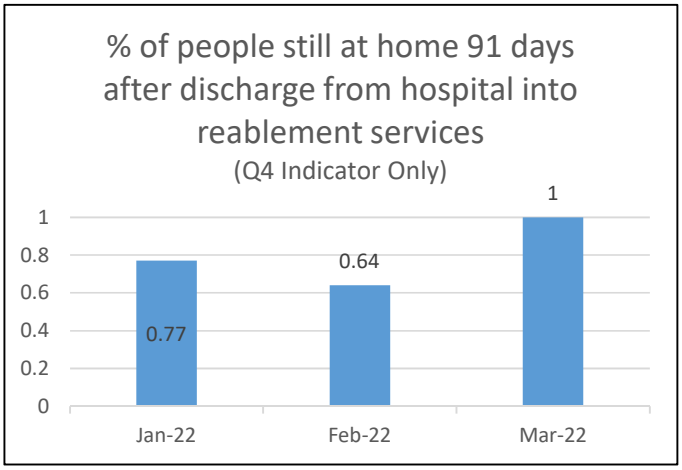








Adult Social Care - Operational Services - 2022-23



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

Variance on Budget 2022-23

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Adult Social Care Services	**1,567**	**1,786**	**219**	**12%**
Management & Support Services	14	15	1	5%
Learning Disability Services	698	796	98	12%
Older Person Services	855	976	120	12%

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Adult Social Care Services	**5,282**	**5,359**	**77**	**1%**
Management & Support Services	44	45	2	4%
Learning Disability Services	2,344	2,387	43	2%
Older Person Services	2,894	2,927	32	1%

Adult Social Care - Operational Services - 2022-23

Adult Social Care - Operational Services - Narrative - June 2022

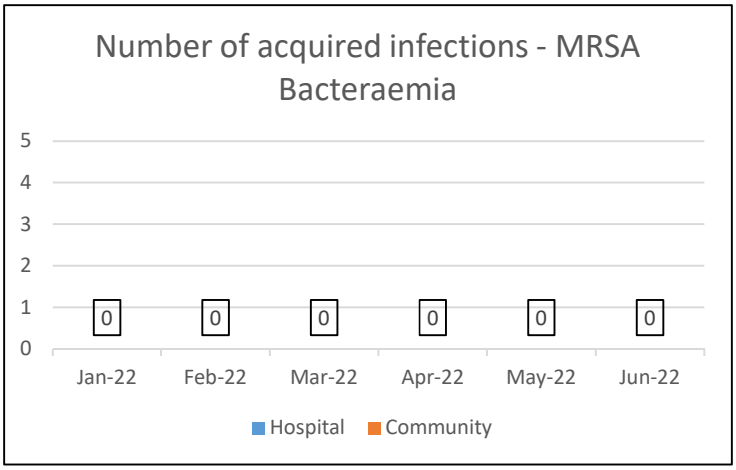
Services are now just starting to recover following the most recent outbreaks of Covid 19 which put a significant strain on the delivery of services across all Adult Social Care services. This recent increase in Covid has in turn increased expenditure in ensuring the delivery of services has been maintained. Occupancy levels remain high especially in LD Respite Services with Cummal Mooar distorting the current occupancy levels in services for Older People. Planning applications remain live for the replacement of these two key areas of service delivery.

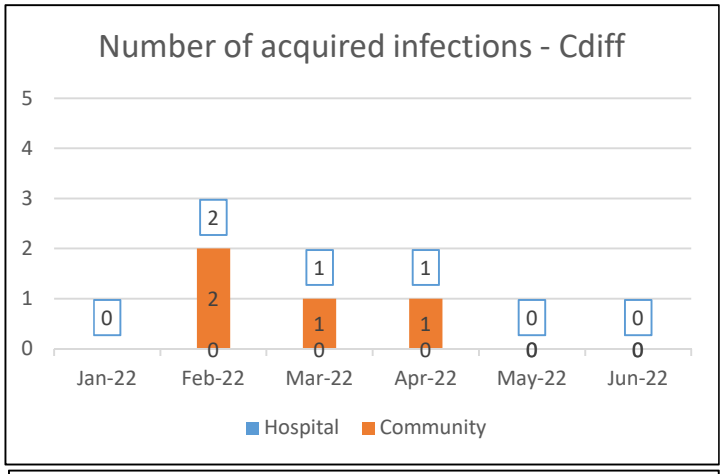
Manx Care KPI Reporting

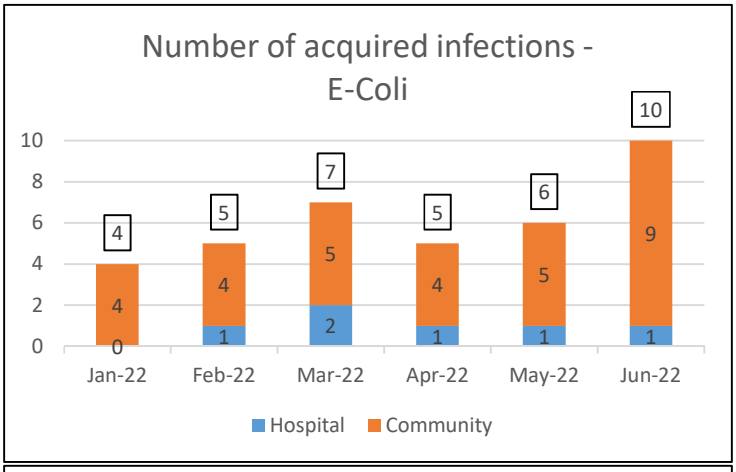
Care Quality Services
(June 2022)

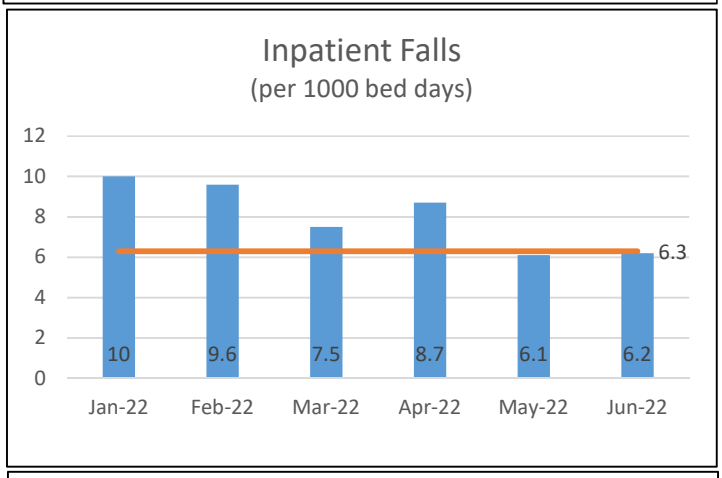
Contents:

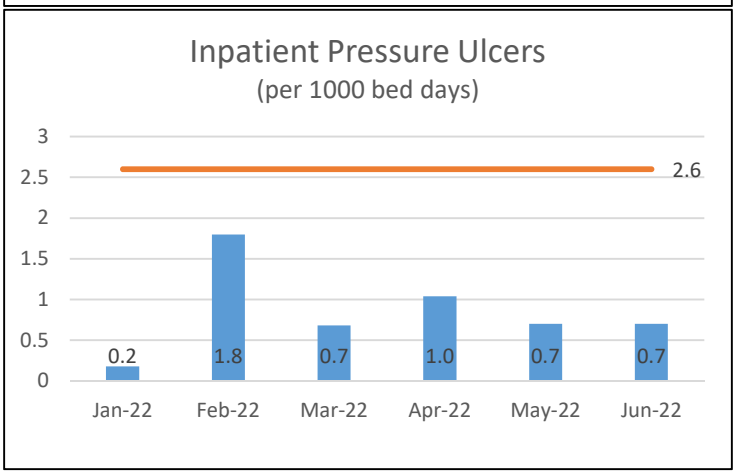
Hospital Care Quality Indicators - 2022-23

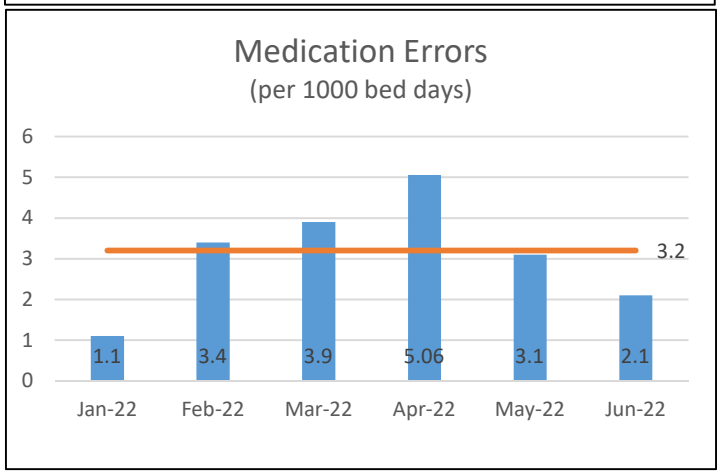


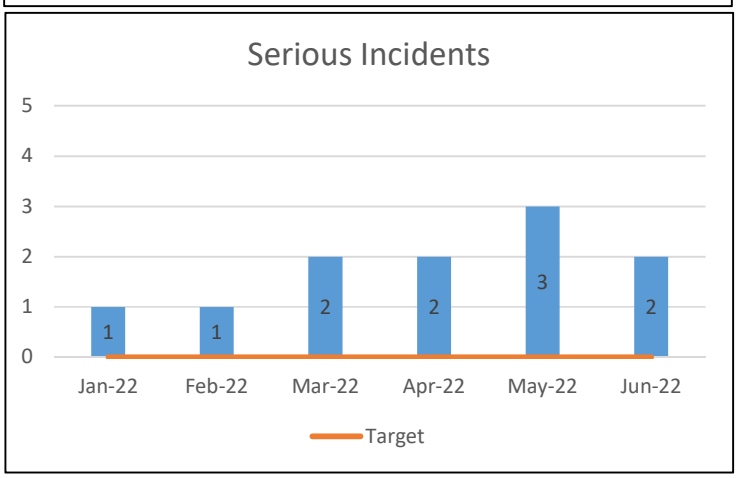


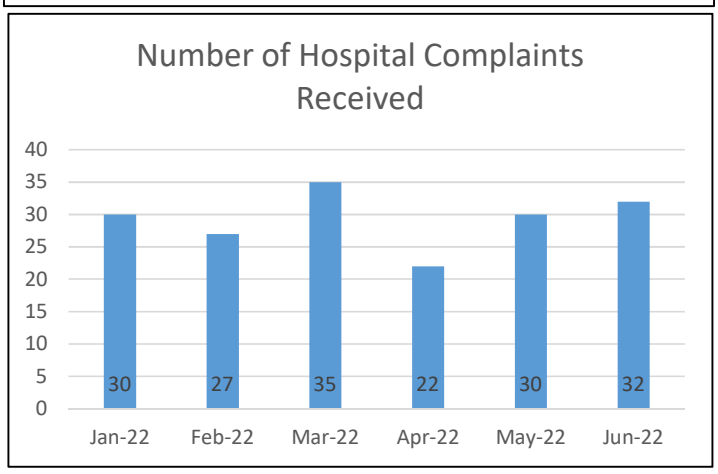




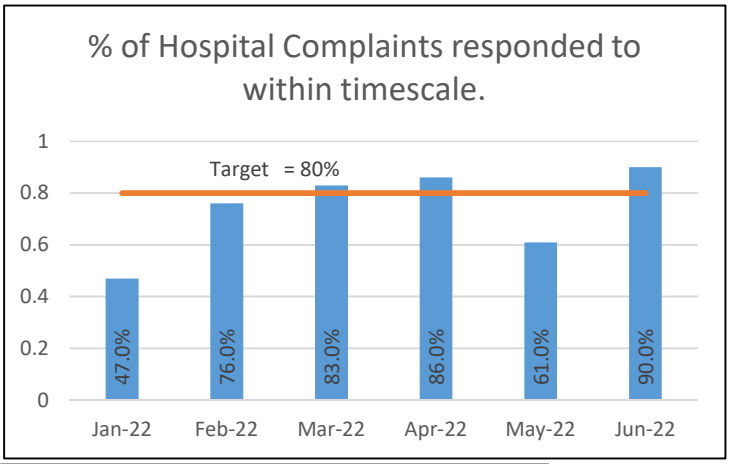








Hospital Care Quality Indicators - 2022-23



Hospital Care Quality - Narrative - June 2022

Total Number of acquired Infections - E-Coli

All due to biliary gall bladder and UTI's, with and without catheter. Plan to bencmark against UK

Total Number of Inpatient Falls (Per 1000) bed days

This is below the benchmark of 6.63 for the second month running.

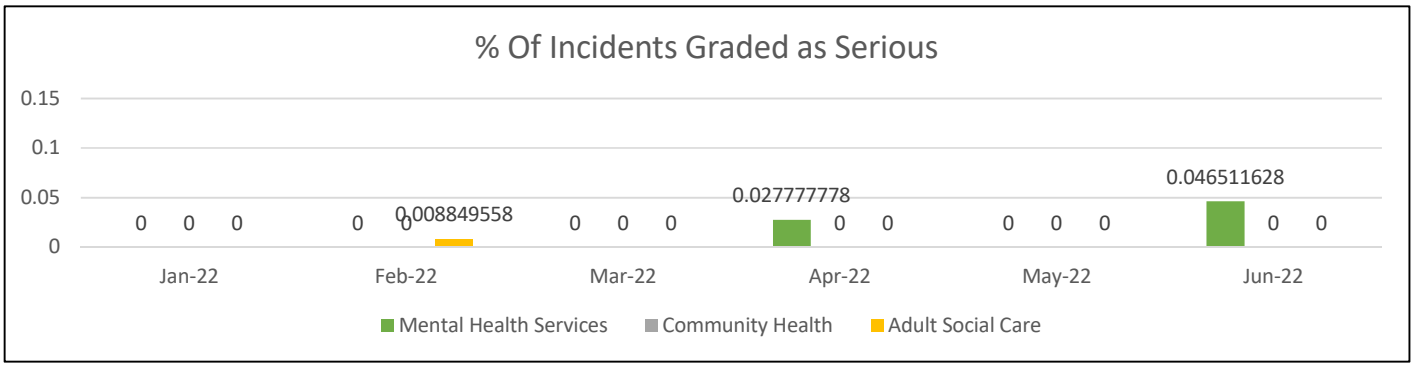
Total Number of Serious Incidents

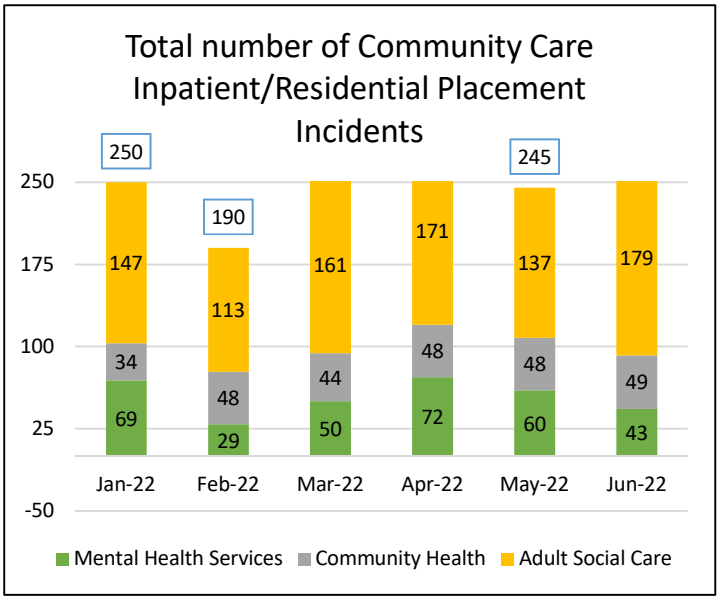
The robust systematic review of SI's appears to be working well

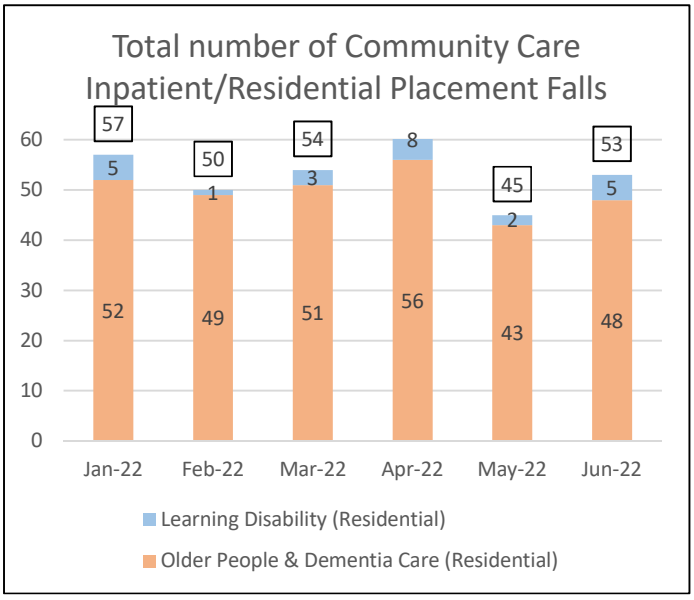
COMPLAINTS

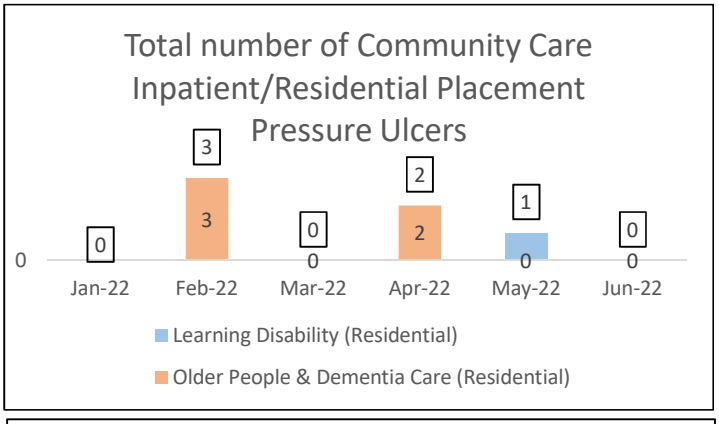
Work continues to improve responsiveness and learning from complaints.

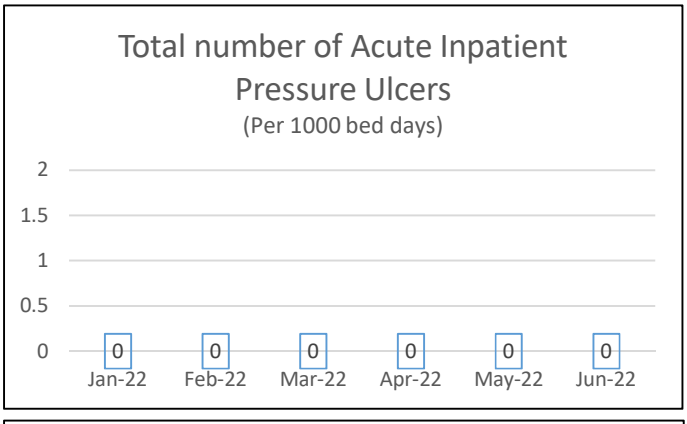
Care Quality and Safety - Adult Social Care; Mental Health; Community. 2022-2023

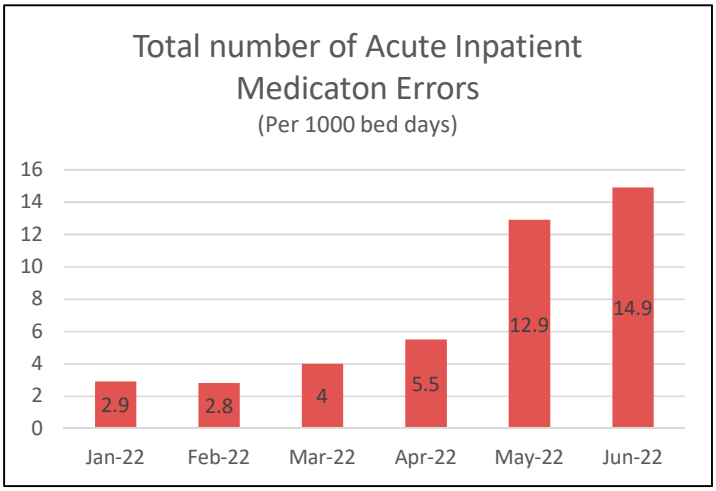


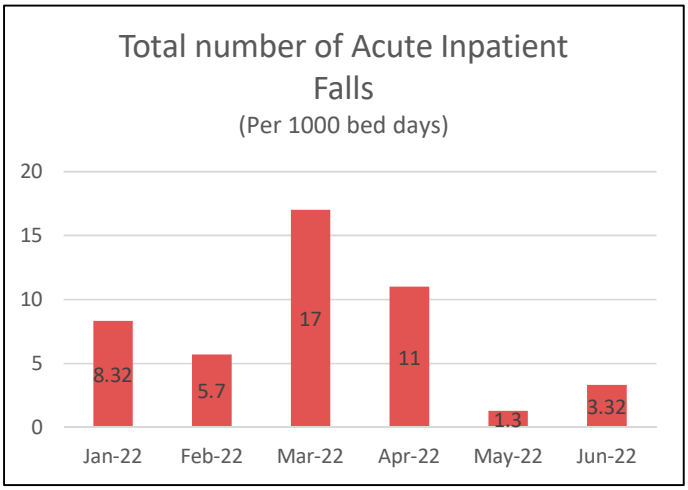




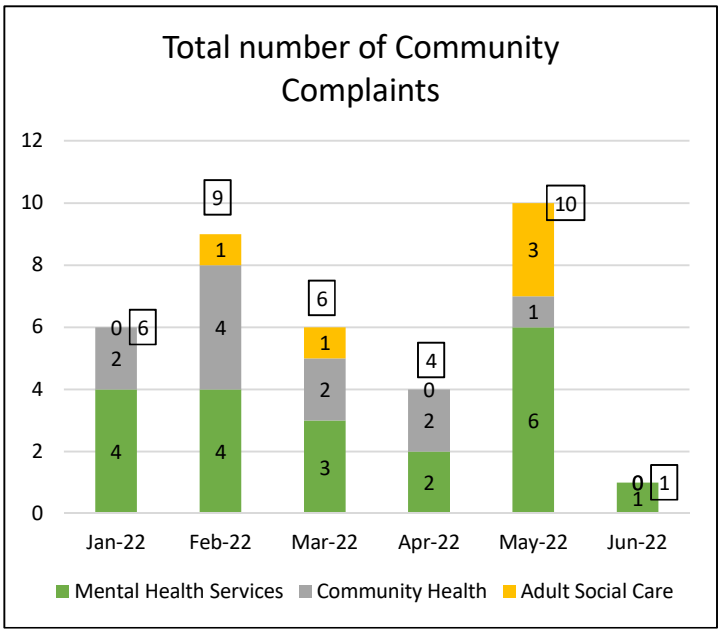


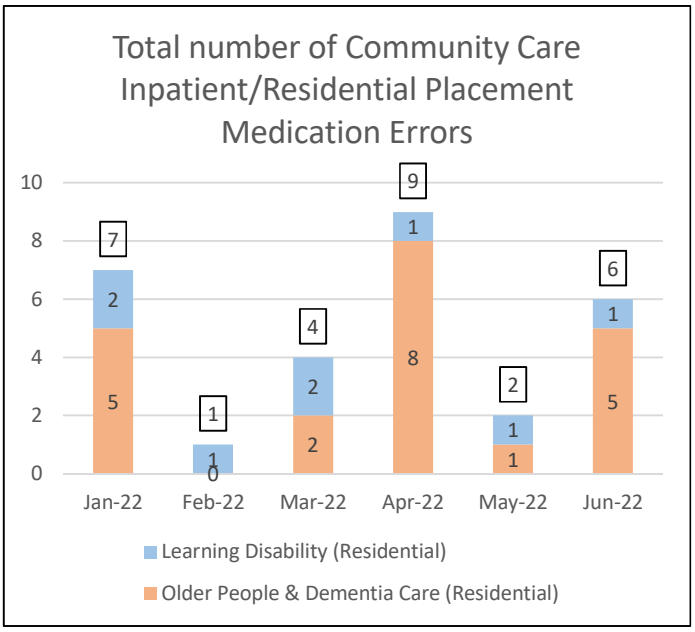


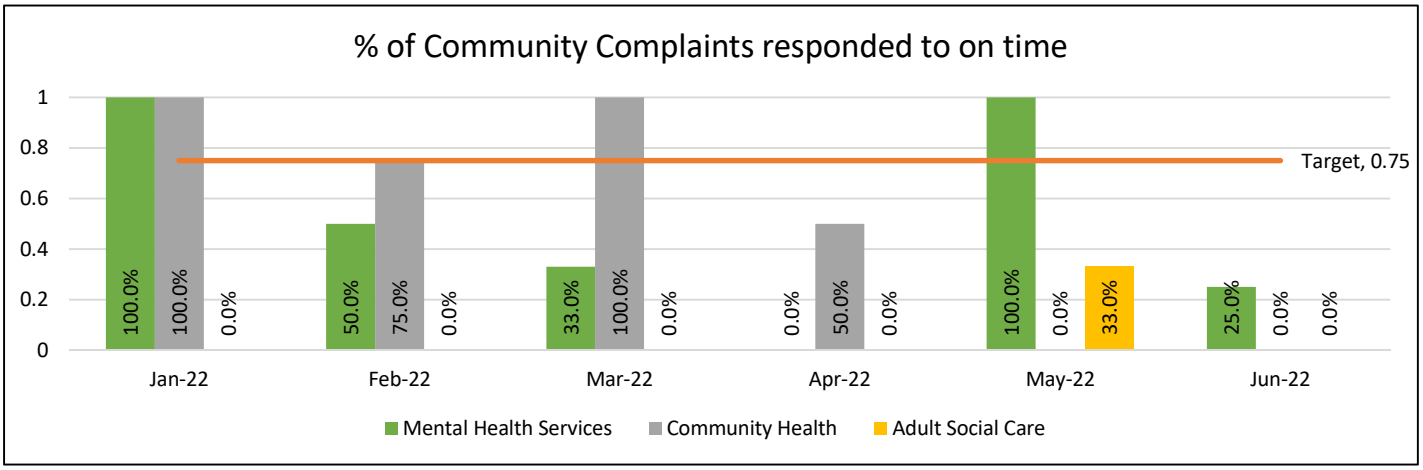




Care Quality and Safety - Adult Social Care; Mental Health; Community. 2022-23







Care Quality Narrative - June 2022

FALLS

TOTAL NUMBER OF ACUTE INPATIENT FALLS (PER 1000 BED DAYS)
3.32 falls per 1000 bed days, this equates to 2 falls. Both falls identified as no harm. This is a decrease from previous months and the prevalence of falls within the MHS acute inpatient services appears to be decreasing, as the compliance with physical health and falls risk assessments is increasing.

Older People & Dementia Care (Residential)
46 of the 48 falls we no/low harm. 2 were classed as moderate - both involved a head injury for people on anti coagulants. The falls continue to occur primarily in private areas such as bedrooms, and as such are usually unwitnessed.

Learning Disability (Residential) Learning Disability (Residential)
Further 2 falls - one in community and one in a respite setting. All no/low harm.

PRESSURE ULCERS

TOTAL NUMBER OF ACUTE INPATIENT PRESSURE ULCERS (PER 1000 BED DAYS)
No pressure ulcers recorded within June.

Older People & Dementia Care (Residential)
Social Care services do not clinically manage pressure ulcers, and as such they are not well positioned to report on prevalence as entries are normally made by district nurses and/or tissue viability. These records are not accessible to social care services.

Learning Disability (Residential)
As above.

INCIDENTS

Mental Health Services
41 of these incidents categorised as no harm or low harm, therefore only requiring minor treatment. Majority of these incidents come from inpatient acute services, where patients are monitored constantly. This highlights a positive reporting culture within the inpatient service, allowing staff to raise concerns to improve the safety of patients and the ward enviroment.

Number of which were serious
1 incident declared as SI at SIRG – suspected suicide of male community patient at home address, with recent CRHTT contact. This is running alongside the coronial process.

Adult Social Care
Incident total now includes children and family incidents (5). The vast majority of incidents were no/ow harm, with 9 rated moderate, and 3 unexpected deaths.

One of the deaths was in learning disabilities and involved an elderly man choking. This was presemted as a potential SI, and declared not an SI. Another death was that of an elderly lady with sepsis; again presented and declared not an SI. The third death was a death following rapidly declining health - still awaiting cause of death but not presented as an SI.

COMPLAINTS

Mental Health Services

25%. 1 of 4 of the complaints which were due to be responded to within June, were completed. Weekly tracking of the progress of complaints is completed by CQ&S team to support complaint handlers. Monthly triumvirate meetings are held to discuss complaints and the head of the Mental Health Service ensures that supervision with operational managers includes complaints management, highlighting any outstanding complaints which require attention within their team.

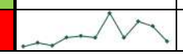
Community Health

Complaint from May still within 20 day response period (will amend later).

Manx Care Quality Dashboard

	Indicator	Scope/Status	Responsible	Target	Set by	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	YTD/Mean	13 month Trend	DQ*
Safe	All inpatient falls per 1000 bed days	Acute Hospitals and Mental Health inpatients from Datix	CQS	<6.63	NHS Benchmark	9	8.8	7	7.5	5	12.5	11.3	9.1	8.7	8.8	6.1	5.9	6.21	6.8		Medium
	Inpatient Health Service Falls (with harm) per 1000 occupied bed days reported on Datix	Datix	CQS Team	<2	NHS Benchmark	Data not previously collated to this parameter		0.39	0.32	0.19	0.63	0.86	0.21	0.30	0.15	0.40	0.00	0.36	0.2		Medium
	All falls - Adult Social care	All ASC	CQS Team	50 per month	Local	51	46	37	44	55	41	60	57	57	66	56	56	64	61		Medium
	Falls with harm - Adult Social Care	Moderate, Severe, Death	CQS Team	<6 per month	Local	4	2	3	4	10	1	0	3	2	4	3	2	7	16		Medium
	Eligible patients having VTE risk assessment within 12 hours of decision to admit.	Mannually collected	CQS Team	95.00%	NHS Standard	100%	98%	63%	99%	98.75%	97.30%	91.79%	96.67%	78.70%	70.03%	81.80%	91.50%	91.70%	83.76%		Low
	Percentage of adult patients (within general Hospital) who had VTE prophylaxis prescribed if appropriate	Mannually collected	CQS Team	95.00%	Local	100%	99%	63%	99%	100%	99.30%	99.38%	100.00%	99.50%	96.00%	95.43%	100.00%	98.77%	98%		Low
	Harm Free Care Score Adult (Safety Thermometer)	Mannually collected	CQS Team	95.00%	NHS Standard	94%	100%	90.30%	89.65%	97.5%	98.10%	97.00%	99.00%	98.90%	99.40%	98.50%	98.90%	98.45%	99%		Low
	Harm Free Care Score Maternity (Safety Thermometer)	Mannually collected	CQS Team	95.00%	NHS Standard	100%	94%	100%	100%	100%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100%		Low
	Harm Free Care Score Children (Safety Thermometer)	Mannually collected	CQS Hospitals	95.00%	NHS Standard	100%	100%	100%	96%	95%	100.00%	100.00%	100.00%	100.00%	100.00%	97.00%	95.00%	96.00%	97%		Low
	Pressure Ulcer incidence total	Datix	CQS Team	≤ 204PA	Local Standard	0	0	3	3	6	8	7	13	17	19	16	19	21	75		Medium
	Pressure Ulcers Grade2 and above	Datix	CQS Team	≤ 204PA	Local Standard	Data not previously seperated								16	18	13	17	16	64		Medium
	Serious Incidents declared	Datix/ SI Meeting	CQS Team	<40PA	Local	2	5	3	5	3	3	1	1	3	4	4	2	3	13		High
	Never Events	Datix	CQS Team	Zero	NHS Standard	1	0	0	0	0	0	0	0	0	0	0	0	0	0		Medium
	CAS Alerts not completed by deadline	Across all care groups	CQS Team	Zero	Local	Indicator under development							8	3	4	2	0	0	6		Medium
	Clostridium Difficile	ICNet	IPCT	<30 per year	Local	4	4	0	0	2	1	0	2	1	1	0	0	2.00	3		Medium
	MRSA bacteraemia	ICNet	IPCT	Zero	Local	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0		Medium
	Total number of confirmed cases of E.coli bacteraemia	ICNet	IPCT	72 or less in 2022/2023	Local	8	4	4	10	3	7	4	5	7	5	5	10	10	30		Medium
	Total number of confirmed cases of Klebsiella spp	ICNet	IPCT	No national threshold	Local	2	3	1	2	0	0	1	2	2	0	1	0	2	3		Medium
	Total number of confirmed cases of Pseudomonas aeruginosa	ICNet	IPCT	No national threshold	Local	0	0	0	0	0	1	0	1	1	1	1	1	0	3		Medium
	The overall positive blood culture contamination rate for the total number of blood cultures received	ICNet	IPCT	<3%	Local	5.2%	4.8%	12.4%	5.4%	3.8%	3.2%	5.40%	4.50%	3.70%	3.60%	3.20%	2.6%	1.8%	3%		Medium
	Hand Hygiene Compliance	Manx Care Wide	IPCT	96.00%	Local	95%	96%	92%	92%	96%	96%	98.00%	97.00%	98.00%	98.00%	96.50%	98.00%	95.00%	97%		Medium
	Total antibiotic consumption		IPCT			5865	6085	4812	5138	4423	7972	5487	7534	6053	7160	6883	5799	7334	6794		
	Indication recorded		IPCT	≥ 98%					50%	54%	61%	72%	67%	65%	54%	61%	51%	58%	56.00%		
	48-72 hr review complete		IPCT	≥ 98%					7%	17%	37%	53%	47%	46%	28%	58%	70%	72%	57.00%		
	Stop date documented		IPCT	≥ 98%					67%	58%	65%	67%	75%	74%	62%	72%	70%	67%	67.75%		
	Appropriate choice		IPCT	≥ 98%					76%	90%	93%	87%	93%	91%	83%	80%	82%	79%	81.00%		
	WHOSurgical Safety Compliance	Ad hoc paper/ computer system	Lynn Reid, James Watson, Siva	≥98%	Local	91%	91%	88%	88%	89%	93%	87%	92%	95%	91%	97%			94%		Low
	Medicines Storage audits - % of areas fully compliant. CD's only	Manually Collated	Craig Rore, Interim Chief Pharmacist, Maria Bell, Community	>98%	CQC	Indicator under development					71%			Not received			83%		77%		
	Medication errors with harm	Datix	CQS Team	≤25 PA	Local	0	0	0	0	0	2	0	0	0	1	1	0	0	2		Medium
	Medication errors involving high risk medication (Including insulin, sedatives, anticoagulants & opiates)	Datix	CQS Team	≤70 PA	Local	0	0	3	2	6	5	4	10	9	12	11	4	8	35		Medium
	Incidence of Violence against patients/ service users	Datix	Datix	<10 PA	Local	0	1	2	0	0	0	2	0	0	0	0	0	0	0		Medium
	Incidence of violence against staff	Datix	Datix	<10 PA	Local	0	2	1	1	1	1	5	0	1	1	0	1	3	5		Medium
	Incidence of self-harm while an inpatient while under observation- moderate harm, severe harm or death	Mental Health Only	CQS Team	<10 PA	Local	0	1	2	0	0	0	1	0	0	0	0	0	0	0		Medium

Manx Care Quality Dashboard

Fire signals at Manx Care facilities	Datix	Datix	<5 PA	Local	0	0	1	0	0	1	0	0	0	0	1	0	1	2		Medium
Ligature safe environment	Manannan Court - 6 monthly audit	CQS Team	100%	Local	100%					100%						100%		100.0%		Low
Sickness absence % (12-month rolling average)	OHR	OHR	<5%	Local	7.40%	7.81%	7.50%	8.41%	8.59%	8.40%	11.18%	8.38%	10.23%	9.70%	7.98%	9.91%	7.89%	8.87%		Medium

Manx Care Quality Dashboard

	Indicator	Scope/Status	Responsible		Set by	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	YTD/Mean	Trend	DQ*
Effective	Mortality - Hospitals LFD (Learning from Death reviews)	Mortality Hospitals LFD	Medical Director	80%	Local	Data not previously available							100%	76%	56%	19%	12%	24%	28%		Low
	Nutrition and Hydration - MUST completed at 7 days within inpatient areas - Acute Hospitals and Mental Health	Acute Hospital & Mental Health Services	Matrons or equivalent	95.00%	NHS/Local						86.95%	83.30%	83.96%	80.70%	88.57%	81.70%	87.10%	74.79%	83.04%		Low
	ALOS (Average Length of Stay) - Nobles	Recorded/ Business Intelligence	Associate Director of Nursing for Flow		NHS Arverage	5.38	5.43	4.93	4.25	4.40	5.09	5.05	4.87	4.3	5.5	5.4	4.79		5.45		Low
	ALOS (Average Length of Stay) - Ramsey	Recorded/ Business Intelligence	Associate Director of Nursing for Flow		NHS Arverage	44.20	32.58	50.78	42.75	35.42	40.75	35.6	42	33.7	50.2	39.4	38.97		44.8		Low
	Post discharge follow-up appointment within 72 hours (MHS)	Discharge follow up from Manannan Court	General Manager	95%	Local	92%	91%	100%	100%	75%	100%	90.00%	100%	80.00%	75.00%	100.00%	91.00%	Not received	88.67%		Medium
	Delayed Transfers of Care. Number of people with LOS 21 days or more	Recorded/ Business Intelligence	Care Groups	TBC	Local	86.00	74.00	69.00	67.00	51.00	82.00	68	83	72	123	107	95		See previous month		Low
	% Theatre Utilisation	Theatre Man	Surg, theatre & Critical care		Local	74%	69%	67%	62%	85%	75.0%	82.0%	71.0%	69.0%	73.0%	86.0%	75.0%		78.00%		Medium
	Use of Rapid tranquilisation	Pharmacy	Matron	≤ 36 PA	Local	0	3	6	0	2	5	2	2	3	4	3	4	1	12		Medium
	Use of prone restraint	Report from Datix	Matron	Baseline	Local	0	3	3	0	0	0	0	0	0	2	1	0	1	4		Medium
	Use of supine restraint	Report from Datix	Matron	Baseline	Local	0	0	2	0	0	0	3	0	0	0	0	1	0	1		Medium
	Use of seclusion	Mental Health Service	Matron MHS	Alert at 4 per month	Local	0	1	0	0	2	1	1	4	0	3	3	1	2	9		Medium
	Crisis Team one hour response to referral from ED	Manual reporting via Matron / CRHT	Matron MHS	90%	Local	68%	72%	77%	68%	97%	96%	96%	82%	83%	88%	94%	100%	100%	95%		Medium

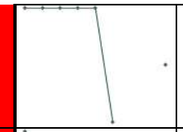
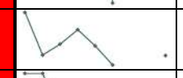
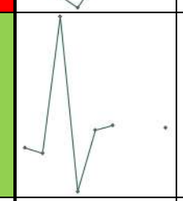
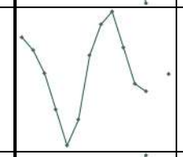
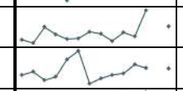
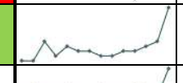
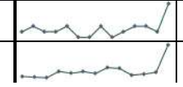
Manx Care Quality Dashboard

	Indicator	Scope/Status	Responsible		Set by	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	YTD/Mean	Trend	DQ*
Caring	Same sex accommodation breaches	Datix	Matrons	Zero	Local	0	0	0	0	0	0	0	0	0	0	0	0	0	0		Medium
	Child admitted onto Adult Ward	Mental Health	Care Groups	Zero		0	0	0	0	0	0	0	0	0	0	0	0	1	1		Medium
	FFT Overall Response Rate	Do not use FFT. Currently use a range of different satisfaction surveys and feedback methodologies	Care Groups		Indicator under development																Low

Manx Care Quality Dashboard

Indicator	Scope/Status	Responsible		Set by	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	YTD/Mean	Trend	DQ*
Average Number of Minutes between Arrival and Triage at Nobles ED	Recorded	Care Group Managers - urgent care	15 mins	DHSC	New measures from December 2021 as per National Guidelines					20	21	24	24	23	25			24		
Average Number of Minutes between Arrival to Clinical Assessment at Nobles ED	Recorded	Care Group Managers - urgent care	60 mins	DHSC						57	63	73	70	59	65			62		
Average Number of Minutes between Arrival to Clinical Assessment at Ramsey MIU	Recorded	Care Group Managers - urgent care	60 mins	DHSC						7	8	11	11	15	12			14		
Average Number of Minutes between Arrival to Clinical Assessment for MTS Category 1&2 Patients	Recorded	Care Group Managers - urgent care	10 mins	DHSC						43	44	54	52	47	48			48		
Average Number of Minutes between Arrival to Clinical Assessment for MTS Category 3 Patients	Recorded	Care Group Managers - urgent care	60 mins	DHSC						63	68	84	75	69	77			73		
Average Number of Minutes between Arrival to Clinical Assessment for MTS Category 4 Patients	Recorded	Care Group Managers - urgent care	120 mins	DHSC						72	80	91	83	68	75			71.5		
Average Number of Minutes between Arrival to Clinical Assessment for MTS Category 5 Patients	Recorded	Care Group Managers - urgent care	240 mins	DHSC						46	85	79	40	52	62			57		
Total Time in Nobles ED (Average)	Recorded	Care Group Managers - urgent care	360 mins	DHSC						243	246	226	278	304	257			280.5		
Emergency Care Time (Average Number of minutes between arrival and referral to speciality OR discharge)	Recorded	Care Group Managers - urgent care	180 mins	DHSC						176	182	170	193	229	197			213		
Specialty Time (Average Number of Minutes between first speciality request and DTA)	Recorded	Care Group Managers - urgent care	120 mins	DHSC						111	107	88	115	110	98			104		
Transit Time (Average Number of Minutes Between Decision to Admit and Admission)	Recorded	Care Group Managers - urgent care	60 mins	DHSC						117	125	112	198	162	111			137		
Number of patients exceeding 12 hours in Nobles Emergency Department	Recorded	Care Group Managers - urgent care	0.00	DHSC						42	50	42	98	135	88			112		
Total Time in Ramsey MIU	Recorded	Care Group Managers - urgent care	360 mins	DHSC						37	38	41	42	44	47			45.5		
18 week Referral to Treatment - Incomplete pathways < 18 Weeks	Recorded/ Business Intelligence	Care Group Managers - urgent	TBC	DHSC																Medium
Referral to Treatment - cases exceeding 52 weeks	Recorded/ Business Intelligence	Care Group Managers - urgent	TBC	DHSC	Check in the mandate															Medium
Diagnostic Waiters, 6 weeks and over -DM01	Recorded/ Business Intelligence	Care Group Managers - urgent	TBC	DHSC										9	10					Medium
Cancer Waiting Times - 2 week referrals FROM DECEMBER 2021 - Maximum two weeks from Receipt of urgent referral for suspected cancer to first outpatient attendance	Recorded/ Business Intelligence	Care Group Managers	93%	DHSC	61%	73%	77%	83%	79%	0%	0%	0%	71%	69%	78%			74%		Medium
Receipt of referral of any patient with breast symptoms (where cancer not suspected) to first hospital assessment - Maximum of 2 weeks. FROM DECEMBER 2021 - Maximum two weeks from Receipt of referral of any patient with breast symptoms (where cancer not suspected) to first hospital assessment	Recorded/ Business Intelligence	Care Group Managers	93%		29%	38%	60%	84%	84%	92%	45%	54%	61%	69%	89%			79%		Medium
Maximum one month (31 days) from Decision to treat to first definitive treatment	Recorded/ Business Intelligence	Care Group Managers	96%							83%	71%	84%	90%	83%	84%			83%		
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	Recorded/ Business Intelligence	Care Group Managers	94%							N/A	N/A	N/A	N/A	n/a	NA			NA		
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 Drug treatment	Recorded/ Business Intelligence	Care Group Managers	98%							100%	N/a	100%	100%	N/A	100%			100%		

Manx Care Quality Dashboard

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 Radiotherapy	Recorded/ Business Intelligence	Care Group Managers	94%		Guidelines updated as per National Guidance December 2021					100%	100%	100%	100%	100%	60%			80%		
Maximum two months (62 days) from urgent referral for suspected cancer to first treatment (62 day classic)	Recorded/ Business Intelligence	Care Group Managers	85%							63%	35%	42%	51%	41%	28%			34%		
Maximum two months (62 days) from urgent referral from cancer screening programme to first treatment	Recorded/ Business Intelligence	Care Group Managers	90%							100%	100%	78%	71%	86%	92%			89%		
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	Recorded/ Business Intelligence	Care Group Managers	75%							74%	74%	84%	71%	76%	76%			76%		
Cancelled outpatient appointments	Recorded/ Business Intelligence	Care Group Managers	TBC	DHSC	BI Team developing															Medium
Cancelled elective admissions - TCIs	Recorded/ Business Intelligence	Care Group Managers	TBC	DHSC	BI Team developing									229	197					Medium
Cancelled Operations (on the day of planned surgery)	Recorded/ Business Intelligence	Care Group Managers	TBC	DHSC	48	43	34	20	6	16	41	53	58	44	30	27		34		Medium
DNA rate Consultant led New and Follow up outpatient appointments	Recorded/ Business Intelligence	Care Group Managers	TBC	DHSC	9.40%	8.90%	11.30%	10.20%	9.50%	9.60%	11%	10%	9%	10.50%	9.9%	13.8%		11.40%		Medium
DNA rate Nurse led New and Follow up outpatient appointments	Recorded/ Business Intelligence	Care Group Managers	TBC	DHSC	5.60%	5.80%	5.30%	5.50%	6.50%	7.00%	5%	5%	6%	5.70%	6.2%	6.0%		5.97%		Medium
DNA rate Allied Health Professional New and Follow up appointments	Recorded/ Business Intelligence	Care Group Managers	TBC	DHSC	8.80%	10.40%	9.20%	9.90%	9.90%	9.80%	9%	8%	11%	12.50%	11.3%	12.7%		12.17%		Medium
Number of complaints received in month	Recorded/ Business Intelligence	CQS Team	≤ 450 PA	Local	36	31	52	34	46	32	36	34	41	27	38	31	36	33		Medium
Complaint acknowledged within 2 working days	Recorded/ Business Intelligence	CQS Team	98%	Local	98%	99%	98%	100%	93%	99%	96%	96%	86%	86%	96%	100%	100%	96%		Medium
First written response within agreed response time	Recorded/ Business Intelligence	CQS Team	95%	Local	64%	63%	50%	70%	64%	83%	78%	80%	69%	61%	43%	77%	50%	58%		Medium
Number of re-opened complaints - second response	Recorded/ Business Intelligence	CQS Team	<60 per annum	Local	0	0	4	1	3	2	2	1	1	2	2	3	4	11		Medium
Complaints escalated for external review (IRB)	Recorded/ Business Intelligence	CQS Team			1	2	1	1	2	0	0	2	0	1	2	2	1	6		
Manx Care Advice and Liaison Service contacts	Recorded/ Business Intelligence	CQS Team	Baseline	Local		260	226	202	519	434	516	421	714	680	329	383	474	1866		Medium

Manx Care Quality Dashboard

	Indicator	Scope/Status	Responsible		Set by	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	YTD/Mean	Trend	DQ*
Well Led	Duty of Candour application within 10 days	Moderate or above	CQS	>98%	Manx Care	Data not available						71%	100%	100%	100%	100%	100%	100%	100%		Medium
	% Mandatory Training compliance core subjects	First line assurance/ manual	Care Groups	85%	Local	74%			77%			70%			71%			69.50%	71.8%		Low
	% Appraisal compliance	Unable to pull easily from central source. Have to manually collate from care groups	Care Groups	>90%	Local	Indicator under development															Low
	Child Safeguarding - % compliant (Level 1) Training	First line assurance/ manual	Care Groups	95%	Local	57%			59%			58%			64%			63.50%	61.1%		Low
	Child Safeguarding - % compliant (Level 2) Training	First line assurance/ manual	Care Groups	95%	Local																Low
	Child Safeguarding - % compliant (Level 3) Training	First line assurance/ manual	Care Groups	95%	Local																Low
	Adult Safeguarding - % compliant (Level 1) Training	First line assurance/ manual	Care Groups	95%	Local	76%			76%			70%			71%			74.60%	73.1%		Low
	Adult Safeguarding - % compliant (Level 2) Training	First line assurance/ manual	Care Groups	95%	Local																Low
	Adult Safeguarding - % compliant (Level 3) Training	First line assurance/ manual	Care Groups	95%	Local																Low

*Low = First line assurance/ manual collection/ Care Groups directly
Medium = Validated by PS&Q or BI Team
High = Externally Validated Data

manx care Kiarail Vannin	**SUMMARY REPORT**	**Meeting Date:**	**01.09.22**
		Enclosure Number:	

Meeting:	**Board of Directors**		
Report Title:	**Nursing Workforce Report: Acute Sector**		
Authors:	**P. Moore** - Executive Director of Nursing **L. Howard** – Associate Director of Nursing, Medicine & UEC, Diagnostics & Cancer Care Groups **S Hemingway** – Associate Director of Nursing, Surgery, Critical Care & Inpatient Women's & Children's Care Groups **E. Cleator** – Associate Director of Nursing Primacy Care and Community Care Group, and Women's & Children's Community Services **M. Fleming** – Associate Director of Nursing Mental Health Care Group **B. Forman** – Associate Director of Nursing Operations **S. Davis** – Head of Quality Governance (Acute Care) **P. Hurst** – Head of Quality Governance (Community & Mental Health) **C. Black** – Lead for Keyll Darree		
Accountable Director:	Paul Moore, Executive Director of Nursing		
Other meetings presented to or previously agreed at:	**Committee**	**Date Reviewed**	**Key Points/ Recommendation from that Committee**
	N/A	N/A	N/A

Purpose of the report

The purpose of this report is to update Members on efforts to stabilise and improve registered nurse staffing levels, particularly across acute care sector within Manx Care. This paper specifically focuses on staffing within Nobles and Ramsey Cottage Hospitals which have endured the highest levels of volatility within rotas, and regularly experience staffing levels that are below safe-minimums which necessitate the deployment of counter-measures on a shift by shift basis, often for protracted periods of time.

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

The Board of Directors are invited to:

(i) consider the contents of this report, noting the progress to operate within a likely optimistic risk scenario;
(ii) consider the recommendations; and
(iii) advise on any further actions require by the Board.

1. Executive Summary

1.1 Manx Care has completed two rounds of acuity & dependency analysis to inform registered nurse requirements in each ward at Nobles and Ramsey in November 21 and June 22. The Board should note that prior to this, reviews had not been undertaken for several years allowing establishments to decay and not keep up with demand for care. This analysis brought into sharp focus significant shortfalls in registered nurse requirements within the acute sector in the region of 92 WTE RNs.

1.2 Following acuity and dependency analysis, four risk scenarios were developed using a range of variables including WTE on PiP, retirements, vacancy and pipeline (trainees entering the workforce and recruitment). These scenarios helped the Executive and Board reach a conclusion to initiate a campaign of international recruitment earlier in 2022.

1.3 Manx Care has initiated a campaign to attract international registered nurses which has started to deliver nurses to the Isle of Man. Based on the number of current offers being made to potential candidates, Manx Care is forecast to reach its 2022/23 goal for international recruitment by the end of Q4. We caution the Board to be aware however, that: (i) competition for international recruits remains intense in many parts of the world and there is some uncertainty associated with these projections; and (ii) over-reliance on international markets is not sustainable.

1.4 As a consequence of the decisions taken by the Executive and Board to shore up staffing using international recruitment and reducing capacity to promote safer staffing levels, the 'likely optimistic' risk scenario is currently playing out.

1.5 The Safer Nursing Care Tool promoted and endorsed by the UK's National Institute for Clinical Excellence and National Quality Board has been deployed across adult inpatient areas to ensure establishment requirements remain current to meet levels of dependency and care need. As we go forward, we will make an attempt to incorporate acuity & dependency analysis into the electronic rota system to enable Manx Care to evaluate care needs several times per day.

1.6 Flowing from the Safer Nursing Care Tool analyses, Manx Care has built from base a nursing workforce model for each ward, ED, ICU and district nursing locality. These workforce models provide a blueprint for sustainability. They are fully costed and can inform decisions regarding budget allocation, budget adjustments and decisions regarding value for money where indicated. It is anticipated that a clear and costed workforce model will help to stabilise staffing requirements and better control temporary workforce expenditure.

1.7 Staffing within the acute sector remains extremely volatile and has yet to stabilise. Staffing levels regularly fall below safe-minimums, particularly in some medical and surgical wards and Emergency Department.

1.8 Dependency on counter-measures such as high-cost agency and bank is becoming increasingly unreliable and unsustainably expensive.

1.9 Successive waves of Covid-19 have contributed to unsustainable levels of staff absence and sickness during these first eight months of 2022. We anticipate Covid and Flu returning during the Autumn and Winter which may further intensify staffing challenges if this leads to staff absence from work.

2. Acuity & Dependency Analysis

2.1 Manx Care uses under licence[1] the internationally recognised Safer Nursing Care Tool (SNCT) promoted by NHS England's National Quality Board and endorsed the United Kingdom's National Institute for Clinical Excellence[2]. This tool is the benchmark for assessing safe staffing requirements and informing workforce modelling.

2.2 The tools provide a measure of acuity and dependency and enables accurate data collection and systematic analysis.

2.3 The tool provides guidelines on:

- Provision for fluctuations in planned and predictable variations, such as leave or mandatory training/CPD.
- Identification of a preferred registered nurse/support worker split for each ward.
- Use of the same patient factors and nursing staff factors to calculate nurse staffing establishments based on average requirements.
- Support for the use of professional judgement with the toolkit.
- Encouraging analysis of patient acuity and dependency, by ward, twice a year.

2.4 Manx Care initiated a review of acuity & dependency using the Safer Nursing Care Tool in November 2021 and repeated this again in June 2022 (the analysis of which is currently underway). It was a concern to find at the inception of Manx Care that a review of acuity and dependency, and subsequent establishment review, had not been undertaken for several years. It is against this vacuum the Executive and Board are attempting to navigate and mitigate significant staffing problems to reset and rebuild staffing requirements in light of changes to patient acuity and dependency.

2.5 Data collected from each ward, each day, on every patient for at least 21 consecutive days, is analysed to indicate registered nurse and health care support worker staffing requirements and split of RN/HCA (known as skill mix). The results in November 2021 indicated Manx Care was short of 92 WTE registered nurses at full operational capacity.

[1] **The Shelford Group** (https://shelfordgroup.org/safer-nursing-care-tool/)

[2] NICE (2014) ***Endorsed resource – The Safer Nursing Care Tool: implementation Support***. London. National Institute for Clinical Excellence (available at: https://www.nice.org.uk/guidance/sg1/resources/endorsed-resource-the-safer-nursing-care-tool-snct-pdf-1547929698)

2.6 Table 1 below provides assurance to enable the Board to consider safe staffing levels for the period 01-30 July 2022. 14 out of 17 clinical areas currently included in this surveillance demonstrated staffing levels that fell below 85% of planned hours during day shifts, and six out of 17 during night shifts. At face value, this assurance demonstrates there is considerable risk to quality and safety on a daily basis. Professional judgement and counter-measures are deployed to minimise clinical risk in these situations.

2.7 It is vital the Board of Directors receive both positive and negative assurance on staffing to enable the Board's leadership, and to be in a better position to account to the Care Quality Commission and other stakeholders. It is acknowledged that the Executive Director of Nursing in this last 12-months has been driving teams to build workforce models, plan rotas at least six-eight weeks in advance, plan leave in advance and equitably etc. As a consequence of these gaps, rota management was prioritised as part of the 2021/22 clinical governance development roadmap in October 2021. The Executive Director of Nursing has shone a spotlight on Health Roster as a key control mechanism for safe staffing which has revealed significant deficiencies. As an illustration, because the system has not yet been implemented fully, and the system not updated correctly or timeously, Health Roster's planned and actual hours do not take into account changes of purpose for a clinical area (such as in the case of Ward 4 – set up as a 5-day ward but operating a 24/7 inpatient service) or the effect of counter-measures deployed or professional judgement applied to ensure safety (as in the case of Wards 1, 2, 6, 9, 8, ED).

2.8 This has resulted in data that, for the purposes of providing assurance to the Board, must be classified as '*low quality*'. This is clearly unacceptable but is not a Health Roster problem; it is a long-standing and deep-seated implementation problem Manx Care is attempting to remedy. Whilst we attempt to address implementation of Health Roster across Manx Care, the Executive issue a note of caution to the Board about the validity and reliability of current Health Roster data for the purposes of providing assurance.

Table 1: Safe Staffing Overview: July 2022

Nobles & Ramsey Hospitals		DAY						NIGHT					
Area	Speciality	Planned RN	Actual RN	Planned HCA	Actual HCA	Percent RN	Percent HCA	Planned RN	Actual RN	Planned HCA	Actual HCA	Percent RN	Percent HCA
Ward 1 (AMU)	Medicine	2336	1864	1547	1176.25	79.79%	76.03%	1023	945.75	682	720	92.45%	105.57%
Ward 6	Medicine	1610.75	1353.33	1364	1250.5	84.02%	91.68%	682	726	682	696.5	106.45%	102.13%
Ward 7	Stroke Medicine	1526.5	1296.75	923	847.75	84.95%	91.85%	682	724	341	439.25	106.16%	128.81%
Ward 9	Medicine	1770.25	1442.25	1627.5	1282	81.47%	78.77%	682	714	678	783.25	104.69%	115.52%
Ward 18 - CCU	Medicine	1693.75	1072	465	0	63.29%	0.00%	713	701	356.5	356.5	98.32%	100.00%
Ward 17 - ITU	Surgery	1937.5	1479.5	387.5	263.5	76.36%	68.00%	1550	1210	310	175.25	78.06%	56.53%
ED	Urgent Care	4622.25	2465	924.2	877.25	53.33%	94.92%	1550	1243.25	620	624.75	80.21%	100.77%
Ward 2	Surgery	1785	1143.75	682.5	1011.5	64.08%	148.21%	620	667	310	625.42	107.58%	201.75%
Ward 8	Surgery	2098.5	1330	1392.25	1083.75	63.38%	77.84%	620	612	620	671.75	98.71%	108.35%
Ward 11	Orthopaedic	2443	1222.25	1558.5	1007.5	50.03%	64.65%	1023	751	682	462.5	73.41%	67.82%
Ward 12	Orthopaedic												
Ward 4	Gynaecology	1230.25	1068	551	300	86.81%	54.45%	480	592.25	0	51.5	123.39%	INFINITY
Ward 3 - Children's	CYP	2051	1404.5	1125	609.5	68.48%	54.18%	1064	799.5	365.5	149.5	75.14%	40.90%
Ward 10 - JCMW	Maternity	2577.5	1447	853	320	56.14%	37.51%	1240	940	310	190	75.81%	61.29%
Ward 16 - SCBU	Neonates	1579	983	N/A	N/A	62.25%	N/A	1069.5	655.5	N/A	N/A	61.29%	N/A
CCOT	Outreach	1507.25	693.5	N/A	N/A	46.01%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Martin Ward	Rehab	1533.5	1383.5	2082	1556.75	90.22%	74.77%	1023	983.5	1023	987.5	104.02%	96.53%
MIU	Urgent Care												

Notes:

(i) Monthly data available from April 2022. **<u>**CAUTION: DATA QUALITY HAS BEEN SET AS 'LOW QUALITY'**</u>.
(ii) Actual and planned requirements are measured in hours
(iii) Red numerals indicate staffing levels that, on average, fall below 85% of planned requirement
(iv) Source: Health Roster. MIU, District Nursing Service, Harbour Suite and Glen Suite are not yet using Health Roster to plan rotas

3. Registered Nurse Staffing Risk Scenario Modelling

3.1 Using data acquired from OHR's PiP system, the output of SNCT reviews, vacancies, numbers who could activate retirement plans alongside pipeline (i.e. levels of recruitment and staff entering the workforce following completion of training), it has been possible to model four risk-based scenarios by manipulating vacancy, retirements, pipeline and operational capacity.

3.2 An illustration of the four scenarios modelled is provided below. In each scenario the net gap represents the positive or negative balance of WTE registered nurses needed, plotted for the next five years. whilst it is recognised there is uncertainty built into these scenarios, particularly in respect of retirements and recruitment, it can helpfully illustrate the degree of risk and the size of gaps, whilst enabling to the Board to consider strategic and tactical adjustments in order to deliver strategic and operational goals.

3.3 At the time of report, given the intense mitigation and continuous application of counter-measures[3] deployed in an attempt to maintain safe staffing levels, the Executive are operating within the '*Likely Optimistic*' scenario which gives some confidence that delivery of international recruitment, managing absence, redeployment of staff as needed and constraining operational capacity to levels which match vacancy are helping to mitigate risk. The Board will recognise however, that these scenarios are finely balanced and small changes to vacancy, demand, retirements and pipelines can impact rapidly on staffing levels at Manx Care. One might reasonably anticipate operating in a less optimistic scenario if more people activated retirement plans, or should Manx Care not become sufficiently attractive or competitive as an employer of choice.

[3] Counter-measures include using high-cost agency, using bank staff, staff redeployment, offering overtime or other payment enhancements, cancelling planned leave, cancelling planned training and development activities, cancelling clinical activity at specific locations, and restricting operational capacity open to better align with available staffing. These counter-measures work to address staffing crises in a reactive way. They are effective, but also have unintended consequences such as: (i) failing to support the workforce adequately; (ii) inability to undertake and complete training that is mandatory or essential to the role; (iii) a loss of discretionary effort; (iv) staff burnout; (v) contributing to expanding waiting lists and unmet clinical need; (vi) compromising compliance in CQC inspections in the safe, responsive and well-led domains; and (vii) results in a poor experience of care which could, if not mitigated, lead to a loss of public confidence.

Best Case Scenario

	2022	2023	2024	2025	2026	2027
RN Posts Established and validated on PIP (Nov 21)	606	606	606	606	606	606
RN Requirement SNCT Review - Nov 21 (capped at 80% Capacity)	74	74	74	74	74	74
RN Requirement (Posts on PIP plus SNCT Review Nov 21)	680	680	680	680	680	680
Vacancy (assumed 5% each year)	-34	-34	-34	-34	-34	-34
Additional RNs to meet SCNT requirements at full occupancy	-74	-74	-74	-74	-74	-74
Potential Retirements (RNs reaching retirement age who take retirement - 20%)	-28	-34	-39	-43	-49	-60
Anticipated RN Shortfall	-135	-142	-146	-151	-157	-168
International Recruits	75	20	60	40	60	50
Newly Qualified RNs via Keyll Daree & UOC	22	23	24	24	24	24
Anticipated Intake/Recruitment	97	43	84	64	84	74
Net Gap	-3	-2	-19	-3	-9	-10
Gap Percentage of RN Need	-0.5%	-0.3%	-2.8%	-0.5%	-1.3%	-1.4%

Assumptions

1. Assumes retirements at 20% of those eligible to retire
2. Vacancy Rate no higher than 5%
3. Operational capacity at Nobles and Ramsey reduced to 80% capacity
4. Assumes no growth in beds at Nobles
5. No increase in RMNs following Establishment Review in Mental Health
6. No increase in RNs for Critical Care or Theatres following establishment review
7. No attrition from international recruitment or pre-registration trainees

Likely Optimistic Case Scenario

	2022	2023	2024	2025	2026	2027
RN Posts Established and validated on PIP (Nov 21)	606	606	606	606	606	606
RN Requirement SNCT Review - Nov 21 (capped at 80% Capacity)	74	74	74	74	74	74
RN Requirement (Posts on PIP plus SNCT Review Nov 21)	680	680	680	680	680	680
Vacancy (assumed at 20% each year)	-136	-136	-136	-136	-136	-136
Additional RNs to meet SCNT requirements at full occupancy	-74	-31	10	-10	10	0
Potential Retirements (RNs reaching retirement age who take retirement - 25%)	-35	-43	-48	-54	-61	-75
Anticipated Shortfall	-244	-209	-174	-200	-187	-211
International Recruits	92	50	60	40	60	50
Newly Qualified RNs via Keyll Daree & UOC	22	23	24	24	24	24
Anticipated Intake/Recruitment	114	73	84	64	84	74
Net Gap	-95	8	-17	-52	-39	-53
Gap Percentage of RN Need	-14.0%	1.1%	-2.5%	-7.6%	-5.7%	-7.8%

Assumptions

1. Assumes retirements at 25% of those eligible to retire
2. Vacancy Rate no higher than 20%
3. Operational capacity at Nobles and Ramsey reduced to 80% capacity
4. Assumes no growth in beds at Nobles
5. No increase in RMNs following Establishment Review in Mental Health
6. No increase in RNs for Critical Care or Theatres following establishment review
7. No attrition from international recruitment or pre-registration trainees

Likely Pessimistic Case Scenario

	2022	2023	2024	2025	2026	2027
RN Posts Established and validated on PIP (Nov 21)	606	606	606	606	606	606
RN Requirement SNCT Review - Nov 21 (capped at 80% Capacity)	74	74	74	74	74	74
RN Requirement (Posts on PIP plus SNCT Review Nov 21)	680	680	680	680	680	680
Vacancy (assumed 22%)	-150	-150	-150	-150	-150	-150
Additional RNs to meet SCNT requirements at full occupancy	-74	-31	10	-10	10	0
Potential Retirements (RNs reaching retirement age who take retirement - 50%)	-69	-86	-97	-109	-123	-150
Anticipated Shortfall	-292	-266	-236	-268	-262	-299
International Recruits	75	20	60	40	60	50
Newly Qualified RNs via Keyll Daree & UOC	22	23	24	24	24	24
Anticipated Intake	97	43	84	64	84	74
Net Gap	-160	-126	-109	-120	-114	-141
Gap Percentage of RN Need	-23.6%	-18.5%	-16.0%	-17.6%	-16.7%	-20.8%

Assumptions

1. Assumes retirements at 50% of those eligible to retire
2. Vacancy Rate no higher than 22%
3. Operational capacity at Nobles and Ramsey reduced to 80% capacity
4. Assumes no growth in beds at Nobles
5. No increase in RMNs following Establishment Review in Mental Health
6. No increase in RNs for Critical Care or Theatres following establishment review
7. No attrition from international recruitment or pre-registration trainees

Worst Case Scenario

	2022	2023	2024	2025	2026	2027
RN Posts Established and validated on PIP (Nov 21)	606	606	606	606	606	606
RN Requirement SNCT Review - Nov 21 (capped at 80% Capacity)	74	74	74	74	74	74
RN Requirement (Posts on PIP plus SNCT Review Nov 21)	680	680	680	680	680	680
Vacancy (assumed 24%)	-163	-163	-163	-163	-163	-163
Additional RNs to meet SCNT requirements at full occupancy	-74	-31	10	-10	10	0
Potential Retirements (RNs reaching retirement age who take retirement - 75%)	-104	-128	-145	-163	-184	-225
Anticipated Shortfall	-340	-322	-298	-336	-337	-388
International Recruits	75	20	60	40	60	50
Newly Qualified RNs via Keyll Daree & UOC	22	23	24	24	24	24
Anticipated Intake/Recruitment	97	43	84	64	84	74
Overall Gap	-208	-182	-171	-188	-189	-230
Gap Percentage of RN Need	-30.7%	-26.8%	-25.1%	-27.6%	-27.8%	-33.8%

Assumptions

1. Assumes retirements at 75% of those eligible to retire
2. Vacancy Rate no higher than 24%
3. Operational capacity at Nobles and Ramsey reduced to 80% capacity
4. Assumes no growth in beds at Nobles
5. No increase in RMNs following Establishment Review in Mental Health
6. No increase in RNs for Critical Care or Theatres following establishment review
7. No attrition from international recruitment or pre-registration trainees

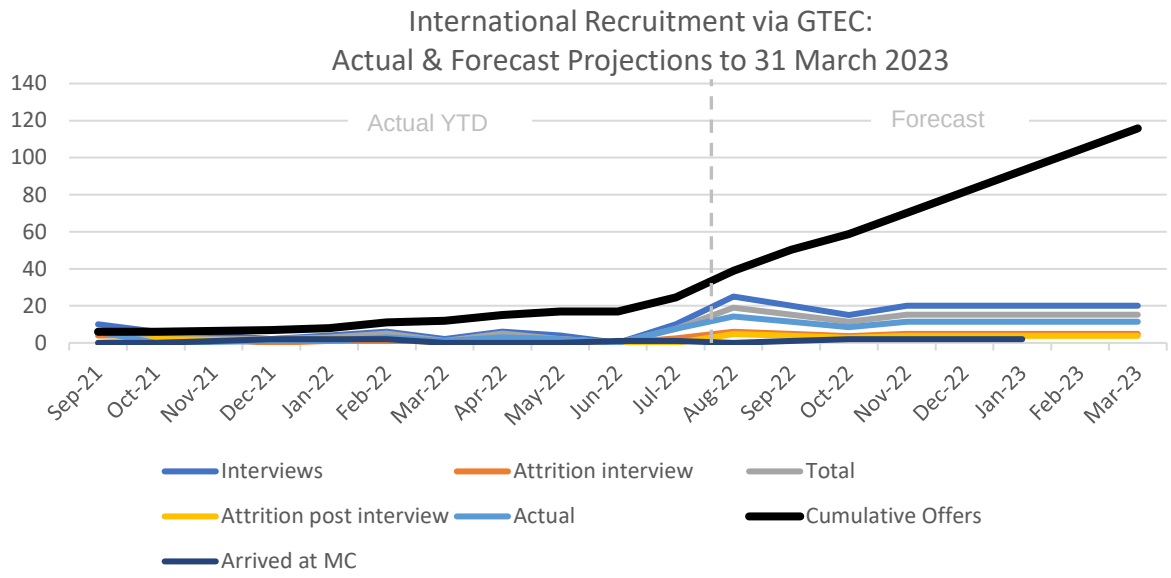
4. International Recruitment

4.1 Evident in the scenarios illustrated above, international recruitment plays a major role in helping to stabilise nurse staffing within Manx Care. Manx Care currently has in place two third-party supplier contracts for international recruitment.

4.2 The first is a three-year contract signed prior to the formation of Manx Care by DHSC running from 2020 to 2023 to recruit a maximum of 24 nurses in total, exclusively from the Philippines. Manx Care is required to train and educate Pilipino nurses on Island to pass their Objective Structured Clinical Examinations (OSCE's) in order that they can register with the UK's Nursing & Midwifery Council (NMC) and lawfully practice as a registered nurse on the Isle of Man. To date, eight nurses have been recruited in 2022. However, attrition is currently running high from this cohort (50% left the IOM to work elsewhere in the UK). Nine new recruits have been interviewed with provisional offers made in 2022, all are currently undergoing pre-employment checks prior to formal offers.

4.3 The second contract is also a three-year contract with a UK NHS supplier able to source potential recruits from around the world. This supplier is able to provide end to end recruitment, and has a dedicated training campus in the UK to deliver all the requisite education and training to recruits to enable progression through OSCE's leading to registration with the UK's Nursing & Midwifery Council. When recruits arrive at Manx Care they are ready start working clinically, supported by a year-long preceptorship programme of supervision and support. This supplier achieves a 90% first-time pass rate for OSCE exam enabling registration with the UK's Nursing and Midwifery Council.

4.4 The Director of Nursing has authorised the recruitment of up to 100 international nurses by 31st March 2023, with plans for the same volume in 2023/24. He has also initiated the mechanism to recruit up to six midwives from international markets considering shortfalls in Maternity services. Current indications suggest a slow start, but assuming offers to candidates continue at the current run rate without attrition, we are forecasting Manx Care will have made offers to 116 new international nurses via this programme by 31st March 2023.



5. Nursing Workforce Models

5.1 The Senior Nursing Leadership Team have built workforce models for each ward at Nobles, Ramsey and Manannan Court; also at each locality within the district nursing service. These workforce models are informed by the output of the SNCT assessment where applicable, and fully costed to take into account shift patterns, enhanced payments and costs according to pay bands. These models also include uplift to cover leave and mandatory training obligations for members of staff.

5.2 The workforce models provide a more sustainable blueprint for nurse staffing requirements. The next step is to invite ward managers, departmental heads and senior nurses as accounting officers to review and sign off their workforce model with the Associate Director of Nursing. Thereafter the Associate Director of Nursing will review, sign off and give assurance to the Executive Director of Nursing for Manx Care. This is an important milestone towards assigning responsibility at ward manager level and paves the way towards devolving budget accountability. This will lead to better ownership and control of expenditure. Once concluded and signed off, we can begin to review the required budget against actual budget allocated to determine where budgets require adjustment, funding or other changes. Alongside demand modelling, this work is essential to build a solid base on which staffing can be proactively managed more effectively.

5.3 Although DHSC, and Manx Care from 1st April 2021, have had use of an electronic Health Roster for approximately 7-years, it has not been implemented fully and is not currently being used sufficiently for rota planning in many areas. Once new workforce models are agreed and verified, these workforce models will be used within Health Roster to build rotas and drive rota planning and achieve better, more proactive, control over staffing.

6. Sustainability and vulnerabilities

6.1 As a small country, the Isle of Man is exposed to a set of specific and unique characteristics in the context of the nursing workforce, broader human resource planning and policy-making. These characteristics include:

(i) resource and capacity constraints on providing the full range of health and care services;
(ii) resource and capacity constraints on providing the full range of necessary training and education to nurses and other health professionals, with inadequate cover for education leave and no economies of scale in training provision
(iii) vulnerability to migratory outflow of nurses and other skilled staff (or reliance on internationally recruited health workers);
(iv) vulnerability to unplanned international outflow if Isle of Man nationals are trained in other countries and then do not return on completion of training;
(v) individual nurses having to cover multiple roles/jobs, with limited scope for career progression and promoted posts;
(vi) the risk of a disproportionate impact of the introduction of a new healthcare employer to the Isle of Man labour market – the establishment of a private provider, or private provision within an existing provider, for example - may mean a sudden increase in demand for nurses and distort the local nursing labour market; and
(vii) limited human resource management, planning and policy-making capacity because of capacity constraints and low population density.

6.2 A WHO-led global analysis of the nursing workforce was published in April 2020[4], known as the State of the World's Nursing (SOWN) Report, setting out the profile of the workforce in 191 countries. SOWN uses data from 2018–2019 and provides an immediate pre-COVID-19 picture of the global profile of the nursing workforce.

6.3 Key findings of the SOWN report were:

(i) the global nursing workforce is estimated at 27.9 million nurses; nine out of every 10 nurses worldwide are female;
(ii) the global needs-based shortage of nurses is estimated at 5.9 million, with 89% concentrated in low- and lower-middle-income countries;
(iii) one out of six of the world's nurses are expected to retire in the next 10 years, meaning that 4.7 million new nurses will have to be educated and employed just to replace those who retire (higher rates will be evident in some high-income countries); and
(iv) one in every eight nurses practises in a country other than the one in which they were born or trained.

[4] WHO (2020) *State of the Worlds Nursing: investing in education, jobs and leadership*. Geneva. World Health Orgainzation. (https://www.who.int/publications/i/item/9789240003279)

6.4 Global shortages of nurses undermines the Isle of Man's ability to meet health need locally. International mobility of the nursing workforce is increasing. Before Covid-19 struck, many high-income countries in different regions of the world, particularly the developed world, were already dependent on international nursing mobility due to historic low numbers of graduate nurses or pre-existing shortages. In the aftermath of Covid-19, reliance on international recruitment has intensified in many parts of the western world. Being over reliant on migrant nurses should prompt Manx Care and the Isle of Man Government towards greater self-sufficiency by investing more in domestic production of nurses. However, demographic change in many countries in Europe, and low population density on the Isle of Man in particular, means there is a shrinking pool of young people entering professional education and nursing in particular.

6.5 Increasing the number of nurse trainees via Keyll Darree remains an option to produce more home-grown talent. However, low population density and low levels of interest from amongst school leavers, compounded by negative images of low-pay/low-value nursing work, may mean poor value for money if the Keyll Darree operation is expanded in the hope of increased intakes which do not materialise. In addition, the readiness of the faculty at Keyll Darree to embrace digital technologies for expansion, and the ability of Manx Care to provide clinical placements with supervision, needs to be tested before such an expansion could be accommodated.

6.6 The Executive Director of Nursing is exploring the use of an alternative route to professional registration using apprenticeship degrees. An apprenticeship degree is either a three- or four-year programme (depending on the number of academic credits on entry) and offers an option to '*earn while you learn*' – in effect puts students on the payroll, allows them to make a contribution to delivery of care while practicing skills and learning on the job, and have protected time for theoretical blocks or days of learning away from the clinical area. This could provide the dual benefit of boosting Health Care Assistant staffing, which is similarly challenged, whilst enabling more people to progress to become a registered nurse on the Isle of Man. Exploration is at an early stage. Catherine Black, as Lead for Keyll Darree, is currently looking at this option for us and making enquiries to see if this entry route is supported by the University of Chester (the Island's current academic supplier of pre-registration nurse programmes). If such an option were considered to be beneficial to the Isle of Man, it would be subject to: (i) the programme being available at the University of Chester (or another university willing to support the Isle of Man's training needs); detailed analysis of demand for courses amongst the school leaver population; (iii) business case approval; and (iv) funding both to provide salaries and fees commensurate with any expansion of trainee volumes.

7. Recommendations

7.1 It is recommended:

(i) the Board acknowledge nurse staffing is forecast to remain volatile particularly for the remainder of 2022/23, and at times is insufficient to maintain safety;
(ii) the Board continue to support international recruitment of registered nurses on the Isle of Man for the remainder of 2022/23 and 2023/24 as planned;
(iii) in light of the proportion of registered nurses who are female (90% globally), Manx Care Board should commission a review to consider how and the extent to which existing Isle of Man Government Occupational Human Resource policies and procedures help and enable colleagues experiencing the symptoms of the menopause to make a full contribution while at work; and
(iv) the Board acknowledge the need to expand the production of registered nurses on the Isle of Man and in this regard agree to receive a paper on options to achieve this before the end of Q3.

8. Action/Decision Required

8.1 The Board are invited to:

(i) consider the contents of this report, noting with the deployment of counter-measures the progress to operate within a likely optimistic risk scenario during 2022;
(ii) consider and agree the recommendations; and
(iii) advise on any further actions required by the Board.

Paul Moore
Executive Director of Nursing
15/08/2022

manx care Kiarail Vannin	**SUMMARY REPORT**	**Meeting Date:**	01.09.22

Meeting:	**Manx Care Board**		
Report Title:	**A Manx Care Integrated Safeguarding Team**		
Authors:	Executive Director of Social Care - Sally Shaw		
Accountable Director:	Executive Director for Social Care – Sally Shaw		
Other meetings presented to or previously agreed at:	**Committee**	**Date Reviewed**	**Key Points/ Recommendation from that Committee**
	EMC	08.07.22	AGREED

Summary of key points in report

This report is outlining the proposal to bring together a Manx Care Integrated Safeguarding Team, to enable a consistent approach to supporting all Care groups to be able to identify and respond appropriately to safeguarding concerns in respect of children, vulnerable adolescents and vulnerable adults.

The report is advocating an integrated Manx care approach, making best use of current and developing resources. This initiative will be the first step in organising ourselves to develop further into a Multi Agency Safeguarding Hub (MASH) on the Isle of Man.

The MASH has multi agency commitment and plans to develop are being designed and the aspiration is that this will develop with the co-location and approach established by June 2023. Colleagues from Manx Care and the IOM Constabulary are doing a joint visit to Liverpool in early September to look at the Safeguarding approaches and to understand operation Medusa, an operation set up between Merseyside and Dorset police Officers as a joint operation, led by Merseyside Police to tackle County Lines drug dealing and child criminal exploitation.

Recommendation for the Board/Committee to consider:

Consider for Action		**Approval**	**x**	**Assurance**	**x**	**Information**	

It is recommended that the Board:

- Approves the creation of the Manx Care Integrated Safeguarding Team.
- Request that the Executive Director of Social Care develops the appropriate quality assurance framework to support colleagues in this work and to provide the necessary assurance to the Board via the Quality, Safety & Engagement Committee.
- Approves the further development of the MASH

- That full plans of the MASH development are brought to the next Board meeting, setting out timescales and project milestones.

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

Impacts and Implications?	YES or NO	If yes, what impact or implication
Patient Safety and Experience	YES	To support better outcomes for children, vulnerable adolescents and vulnerable adults.
Financial (revenue & capital)	YES	An independent review in to safeguarding of adults in the IOM in 2022, made several recommendations in respect of key post and grading of staff. This will be taken to BCRG on 14th September 2022.
OD/Workforce including H&S	YES	Training analysis in respect of safeguarding has been undertaken. We have also outlined in the Required Outcome Framework that all staff need to be trained to the appropriate level.
Equality, Diversity & Inclusion	YES	Research clearly links the potential poor outcomes of marginalised groups in safeguarding issues.
Legal	Yes	Duties set out in the Safeguarding Act 2018

An Integrated Safeguarding Team

Introduction and Current Arrangements of Safeguarding Across Manx Care

Manx Care holds a variety of statutory responsibilities in respect of safeguarding children and vulnerable adults. Teresa Cope as CEO is a core member of the Isle of Man Safeguarding Board that has been established and founded in statute.

Manx Cares inaugural year has been described many times as a year of 'discovery' and this holds true within the field of safeguarding. Having worked alongside the Safeguarding Board, other agencies and colleagues in Manx Care, safeguarding is still splintered and it is not believed that current resources are being used in the best way to support the work we undertake in respect of safeguarding across Manx Cares services and across the islands communities.

Social Work has always held clear roles and responsibilities in respect of protection of children and vulnerable adults. Children's social work is clear in its functions and the organisational design with the Children's and Families team is appropriate for its functions. Adult Social Work is not, and the Social Care Leadership Team (SCLT) have considered a paper on options in respect of how we carry out safeguarding functions and have agreed on a preferred option that will see the dismantling of a very small team and place safeguarding functions into all care management teams, with oversight from a safeguarding lead.

Health services have in the last year appointed a Head of Safeguarding which is in line with one of the recommendations from the Sylvia Manson's report. This report was detailing the findings of her review of adult safeguarding arrangements on the Isle of Man. The recommendation was that health services should appoint designated professional**s** to provide the necessary skills and dedicated capacity to strengthen systems for safeguarding adults within health services. This is health service provision across both the acute sector and the community health care provision. The current team resource available is inadequate in capacity and a separate Business Case is being finalised to go back to BCRG. The team currently consists of;

1 x Head of Safeguarding (8b)

1 x Lead Nurse for Children (8a)

1x Lead for Adults (8a)

2 x Child Safeguarding Nurse (band 7)

1 x Looked after children's (LAC) nurse.

An example of capacity issues is that in relation to LAC, we currently have 84 LAC, 70 of these being of school age and 14 being under the age of 5. A significant amount of these children not having received the health oversight they should have had. This is being addressed currently.

The current health team, although covering both children and adults, sits with the Integrated Women's and Children's Services Care Group. Given the expansion across adults safeguarding and that this resource is not just an 'acute sector' focus, then sitting in this care group does no longer appear appropriate.

It has been agreed and supported by the Safeguarding Board that a Multi-Agency Safeguarding Hub (MASH) model will be designed and implemented between now and June 2023. In preparation for this new approach, Manx Care needs to consider how it brings together its own resources to ensure we can enter into this new model of safeguarding, being in the best shape to enter into this partnership arrangement, which will include colocation of Police and Manx Care colleagues. Other colleagues from other agencies will be co-opted in on a case by case basis to daily safeguarding 'huddles' on a virtual basis if required.

Proposal

The proposal is to bring together a Manx Care Integrated Safeguarding Team that will sit to the Executive Director of Social Care. The team will be based on the 3rd Floor of Murray House and it is envisaged that Police colleagues will join us at a later date. It will be absolutely essential that visibility across all health service areas is maintained and developed further.

This putting together Manx Care Integrated Safeguarding Team, for the benefit of individuals we support, gives us strength in pooling our expertise, resources, risk assessments and appropriate and legal information sharing.

By having all of safeguarding to one Executive team member also supports the CEO in a much better way in their role as a Safeguarding Board Member. The Executive Director of Social Care will also take responsibility to appraise the Director of Nursing at their regular 1:1 sessions on all safeguarding issues to ensure that they are content that the functions and duties that they hold with the their post are carried out to their level of satisfaction. They will also consult the CEO, Director of Nursing and other ELT members of issues of policy and procedure, inspection and Serious Case Management reviews via reports to ELT, Committees and the Manx Care Board.

However, as we develop the MASH model we will give full consideration into how the Director of Nursing and the Clinical Director are connected in a meaningful way, into the model so that their professional health contribution is achieved and they are fully conversant with the work of the Head of Safeguarding. The Director of Nursing and the Clinical Director will support the Executive Director of Social Care to ensure safeguarding policies and procedures are workable and applied reliably within clinical practice. They will

also support the prioritisation of education and training to support the Safeguarding agenda improvements.

The Executive Director for Social Care will become the system lead for safeguarding and will take the responsibility for the design and operation of the control framework across the health and social care system. The Executive Director of Social Care will provide a line management structure to all safeguarding personnel and centralises the service and taking the full budget responsibility. Safeguarding nurses will remain professionally accountable to the Director of Nursing.

The bringing together of this team in no way dilutes the principles of the Safeguarding Together guidance, and safeguarding absolutely remains everybody's business.

Bringing together this team will also allow us to review Manx Care attendance at Safeguarding Board sub groups – allowing a much more effective and efficient membership.

Sally Shaw

Executive Director – Social Care

26th May 2022

Update(s)

31.05.2022 – Report presented at ELT. Agreed in principle and report now to go to OCQG's and will be presented to EMC on 8 July 2022 for final agreement.

June 2022 – Report presented at both the Operational Care and Clinical Quality groups.

08.072022 – Report presented at EMC

.

manx care Kiarail Vannin	**SUMMARY REPORT**	**Meeting Date:**	**01-09-22**

Meeting:	**Finance Performance and Commissioning meeting**		
Report Title:	**Elective Restoration and Recovery Phase 1&2 update**		
Authors:	Alan Wilson		
Accountable Director:	Oliver Radford		
Other meetings presented to or previously agreed at:	**Committee**	**Date Reviewed**	**Key Points/ Recommendation from that Committee**
	none		

Summary of key points in report

1. Restoration & Recovery Phase 1
2. Restoration & Recovery Phase 2 (interim actions)

Recommendation for the Committee to consider:

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

The Covid-19 pandemic has had an unprecedented effect on access to health services both in the UK and on the Isle of Man. The requirement to scale down elective inpatient services to create dedicated wards to care for patients with Covid-19 has had a significant impact on inpatient waiting lists. The requirement to implement social distancing within waiting rooms has reduced outpatient capacity, particularly for new patient referrals who require a face to face consultation often followed by diagnostic procedures, which have also been impacted by the pandemic, resulting in an overall increase in waiting time for new outpatient consultation, be it in our physical or mental health services.

This report describes the actions being progressed under the auspices of the Restoration and Recovery (R&R) Business Case to address the legacy elective waiting list backlogs held by Manx Care whilst developing and embedding methodologies that will move Manx Care towards sustainable 18 week compliance in 2022/23

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

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

Equality, Diversity & Inclusion		
Legal		

Title	**Name of Report**

Restoration and Recovery Report

Section 1: Analysis and supporting detail

Background

The Covid-19 pandemic has had an unprecedented effect on access to health services both in the UK and on the Isle of Man. The requirement to scale down elective inpatient services to create dedicated wards to care for patients with Covid-19 has had a significant impact on inpatient waiting lists. The requirement to implement social distancing within waiting rooms has reduced outpatient capacity, particularly for new patient referrals who require a face to face consultation often followed by diagnostic procedures, which have also been impacted by the pandemic, resulting in an overall increase in waiting time for new outpatient consultation, be it in our physical or mental health services.

The emerging recovery and restoration work streams are;

1. Restoration and Recovery phase 1
2. Restoration & Recovery Phase 2 (interim actions)

Supporting detail

1. Restoration and Recovery Phase 1

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

Between the 14th of March and today 346 cataract operations have been successfully completed. This includes each patient having their 6 week post op appointment.

Daily throughput will increase to circa 15 cataract operations per day from 19/09/22 which coincides with the arrival of the new Alcon Gold Phacoemulsification Machines. This volume of activity is possible due to the adoption of an ambulatory pathway and the use of topical anaesthesia.

We are in the final stages of confirming a Synaptik led GA service GA cohort of patients for IOM. This service will treat those patients requiring a General Anaesthetic to facilitate their cataract operation or those patients requiring Local Anaesthesia with sedation.

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 has commenced with 458 patients' consenting to be offered the Medefer virtual hospital and 168 patient currently on an active pathway. We are proceeding with caution in order to ensure that Manx Care can acclimatize to the impact of the contracted increase in activity.

It is anticipated to deliver 3,118 new and 2,415 follow-up virtual outpatients across Cardiology, Respiratory, Gastroenterology, ENT, & Dermatology. 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.

We recently reviewed the efficacy of contract with Medefer which we believe has been challenged by the explicit consent pathway and other capacity issues within Medefer. Our CEO and Director of Operations are both sited on our concerns regarding the pace of delivery with which Medefer have been able to progress this contract.

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.

To date Minds Matters have progressed this patient cohort work stream as follows;

- Referrals accepted 41
- Patients assessed 36 (the rest booked in for assessment)
- Regular sessions commenced 31 with 18 regular sessions completed
- Appointments to date 96

Hip and Knee Activity

We continue operate in theatre 5 & 6 utilising a both theatres simultaneously for 2 weeks in four with 2 weeks confined to our Surgeons lists.

Manx Care have now completed phase 1 of the orthopaedic elective restoration and recovery work stream and 115 hip or knee replacement procedures have been completed. All surgery has been led by Nobles Orthopaedic Consultants supported by Synaptik theatre and nursing staff. Average Length of Stay has remained constant at 1.4 days, reduced from 3 days prior to Synaptik's input, achieved through collaborative working between Manx Care clinical staff and our insourcing partners.

2. Restoration & Recovery Phase 2 (Progress to Date)

The Phase 2 Restoration Business Case detailing our proposed plan to reduce the three largest inpatient waiting list namely Orthopaedics, General Surgery and Ophthalmology has been discussed by Manx Care, Treasury and DHSC colleagues at a meeting chaired by the Treasury Minister, on Wednesday 3rd Aug 2022. An interim funding envelope to allow the R&R programme to continue at the current pace has been requested and is under consideration, with the full case requiring Tynwald sign off after the summer recess.

manx care Kiarail Vannin	**SUMMARY REPORT**	**Meeting Date: 01/09/2022**	

Meeting:	**Board of Directors**		
Report Title:	**CQC Update Report**		
Authors:	Paul Moore, Executive Director of Nursing		
Accountable Director:	Paul Moore, Executive Director of Nursing		
Other meetings presented to or previously agreed at:	**Committee**	**Date Reviewed**	**Key Points/ Recommendation from that Committee**
	N/A	N/A	N/A

Purpose of the report							
The purpose of this report is to update Members on the current schedule of inspections for the remainder of 2022, and to enable the Board to have a deeper understanding of the issues that have come to light following pilot inspections. The Board are invited to note initial feedback from CQC inspectors, acknowledge the intensive schedule of inspections due to take place during the next five months, and after taking account of the initial findings, consider the Board's response advising on next steps.							
Recommendation for the Committee to consider:							
Consider for Action	**x**	**Approval**		**Assurance**		**Information**	**x**

CQC Update Report

1. Purpose

1.1 The purpose of this report is to update Members on the current schedule of inspections for the remainder of 2022, and to enable the Board to have a deeper understanding of the issues that have come to light following pilot inspections. The Board are invited to note initial feedback from CQC inspectors, acknowledge the intensive schedule of inspections due to take place during the next five months, and after taking account of the initial findings, consider the Board's response advising on next steps.

2. Inspection Schedule

2.1 It is important to acknowledge that the schedule of inspections is being managed and coordinated by the Care Quality Commission and Department of Health & Social Care. Manx Care has been able to influence in broad terms the timing of some inspections. Inspections of Social Care are already underway and, as demonstrated below, there is an intensive schedule of inspections to accommodate (June – October 2022):

Adult Social Care

Date	Location
27th June 2022	AI - Rosegarth
28th June 2022	AI - The Old Vicarage
28th/29th June 2022	Salisbury Street (Adorn)
29th June 2022	AI - Ballajora
30th June 2022	Clifton Terrace
	AI - May Green
11th July 2022	Queens Valley
	Ingledene (Praxis)
12th July 2022	Thie Meanagh
	Glenroyd (Praxis)
13th July 2022	Thie Ushtey
13th/14th July 2022	Radcliffe Villas - Manx Care Supported Living
26th July 2022	Reayrt Skyal
26th to 29th July 2022	Southlands Bradda Unit
	Southlands Gansey Unit
	Southlands Residential Home
27th July 2022	3 Rosebank
28th July 2022	4 Rosebank
8th August 2022	Reablement (Palatine House)
	Glendale
9th August 2022	Sweetbriar
	AI - Community Outreach
10th/11th August 2022	Manx Community Support Services
w/c 15th August 2022	11 Hutchinson Square
w/c 15th August 2022	Cushag House

Dental

Date	Practice
4th July 2022	Regent Ridgeway Dental Care
6th July 2022	Regent Hillside Dental Care
7th July 2022	Regent Peel Dental Practice
8th July 2022	Grove Mount Dental Practice
11th July 2022	The Tracey Bell Clinic
12th July 2022	Avondale Dental Practice
	Central Community Health Centre
13th July 2022	65 Woodbourne Road
	The Square Dental Practice
	Smile Care Ltd
14th July 2022	Westview Dental Practice
	Thie Rosien Dental Practice
15th July 2022	Port Erin Dental Practice

General Practice

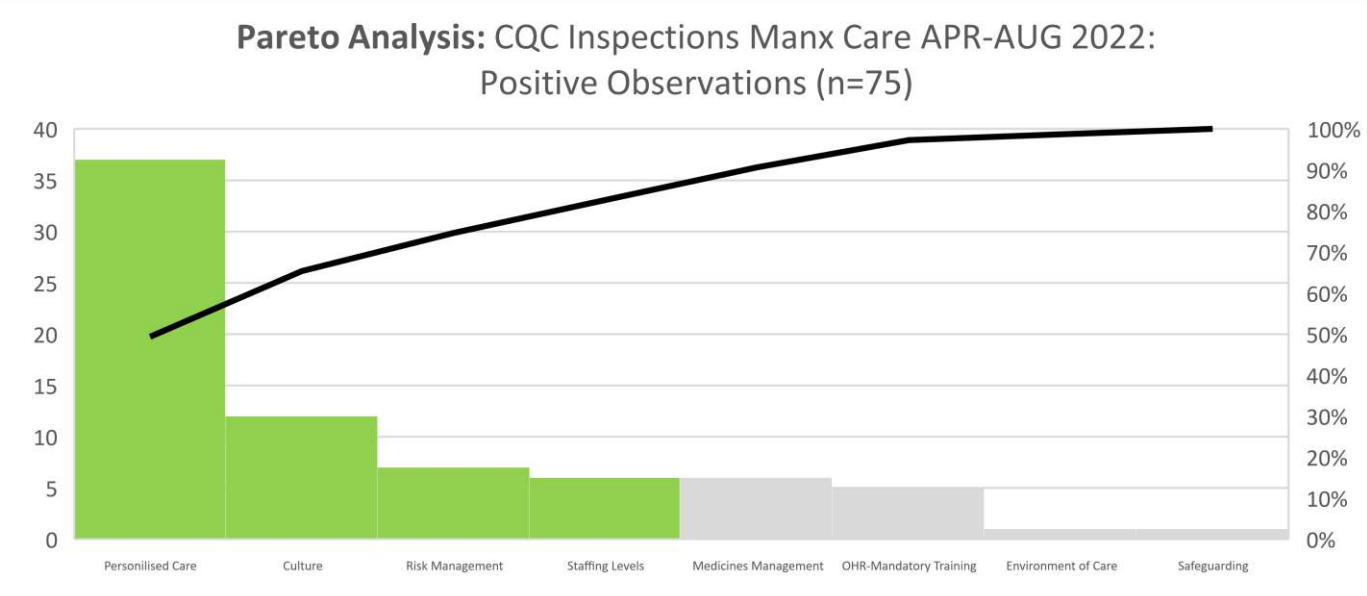
Date	Practice
26th July 2022	Ramsey Group Practice
27th July 2022	Jurby Health Centre
9th August 2022	Kensington Health Centre
10th August 2022	Palatine Group Practice
11th August 2022	Hailwood Medical Centre
16th August 2022	Southern Group Practice
17th August 2022	Ballasalla Medical Centre
13th September 2022	Peel Medical Centre
14th September 2022	Snaefell Surgery Ltd
15th September 2022	Castletown Medical Centre
20th September 2022	Village Walk Health Centre Onchan
21st September 2022	Laxey Health Centre
29th September 2022	Finch Hill Health Centre

Acute Services

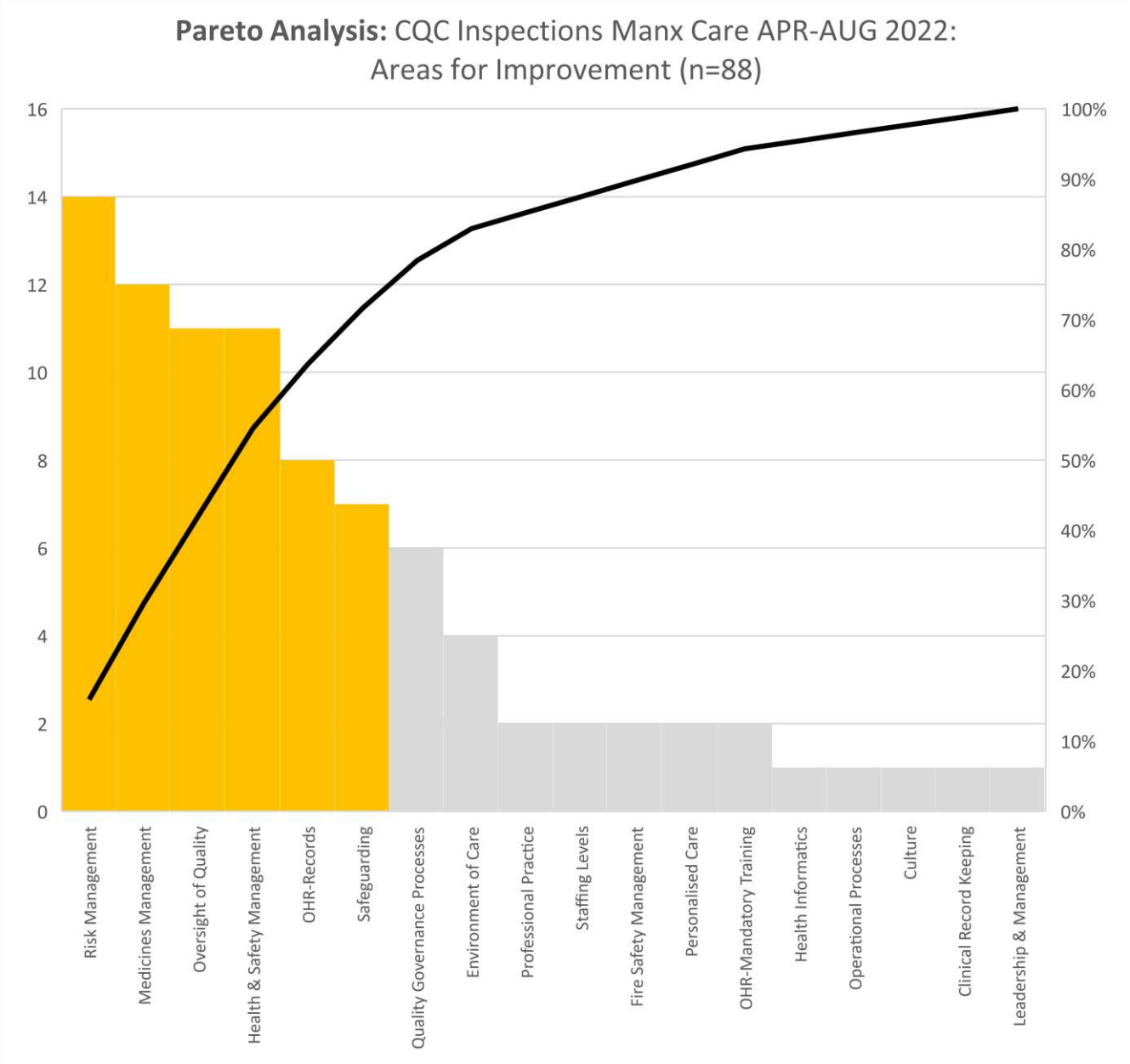
Date	Area
1st August 2022	Mental Health Services
W/C 19th September 2022	Hospice
W/C 3rd October 2022	All Hospital Core Services
W/C 24th October	Hospital Well-Led Assessment
TBC in 2022	Community Services
TBC in 2023	Prison Healthcare

3. Findings Following Inspections (To Date)

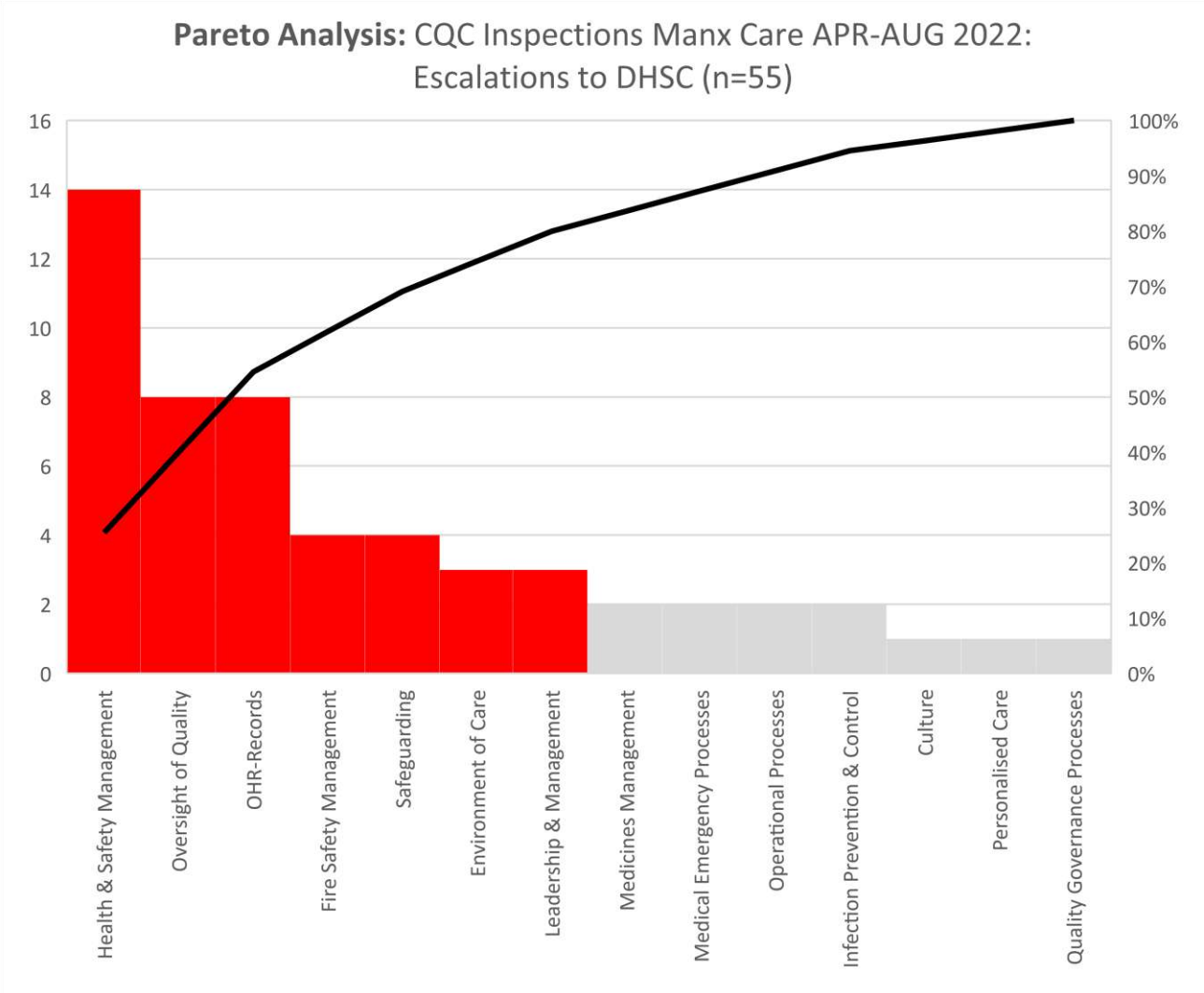
3.1 Person-centred care, kindness, incident reporting, receiving medicines as prescribed, satisfactory staffing levels within social care, and supportive management are strongly represented positives in reports to date. There are many other areas of Manx Care yet to be inspected. Consequently we are advising Members to be aware this list may change.



3.2 Risk management, medicines management, quality assurance mechanisms, health & safety management, access to recruitment records and safeguarding (mental capacity assessment/best interest decision making) are strongly represented as areas for improvement in reports to date. There are many other areas of Manx Care yet to be inspected. Consequently we are advising Members to be aware this list may change.



3.3 Formal escalations to DHSC are increasing as the Care Quality Commission progresses through their inspection schedule. Significant increase in escalations in July linked to dental providers. In our opinion, the CQC are highlighting matters which appear to be systemic and linked in the main to issues associated with health & safety management, risk management/Incident reporting, fire safety management, safeguarding maturity, condition of the premises where care is provided, arrangements for overseeing the quality of care and leadership at local service level. There are many other areas of Manx Care yet to be inspected. Consequently we are advising Members to be aware this list may change.



4. Summary & Recommendation

4.1 The Board will read with a degree of optimism the kindness, compassion and concern for people using our services by our frontline colleagues, and also with a degree of concern the volume of quality, safety and compliance matters that will need to be addressed by Manx Care. These initial findings illustrate a strong commitment amongst frontline staff to do the best for those using our services; but are struggling due to culture, organisational maturity and governance processes in Manx Care. This illustrates even at this early stage in the process the scale of the task that lies ahead to raise standards of practice. The Board will recognise this is Manx Care's baseline assessment that had been planned to be completed prior to establishing Manx Care in April 2021, had it not been for the Covid pandemic. CQC are helpfully illustrating the compound effect of a wide range of legacy issues which continue to have impact across the system, as well as drawing attention to shared services which are not yet meeting standards expected by CQC. Given the volume of inspections in the months ahead, and escalations that may arise from the full schedule of inspections yet to be undertaken, the Board are invited to:

a) Note the initial findings and areas of focus for CQC inspectors. This level of scrutiny is new to most Manx Care staff and, whilst it may be associated with a high degree of anxiety amongst frontline teams, this inspection process will improve the standard of managerial and clinical practices, delivering benefits for users of Manx Care's services provided and also those commissioned by the Board.

b) Acknowledge that the remaining programme of inspections during the course of the next three months amounts to a large undertaking to facilitate, taking a considerable effort to coordinate and execute effectively. During this phase of inspections acute services at Nobles will be examined alongside the Board's leadership capability using the well-led framework.

c) Take full account of the initial findings outlined above, noting that further intelligence will flow from those inspections taking place in the next three months to help build the Board's understanding the matters to be addressed. In the likely event the list of issues highlighted will evolve further, the Board are invited to consider reserving its judgement on the precise actions to take and in what priority until all inspections have concluded.

Paul Moore
Executive Director of Nursing
22/08/2022

manx care Kiarail Vannin	**SUMMARY REPORT**	**Meeting Date:**	01.09.22

Meeting:	**Manx Care Board**		
Report Title:	**An Executive Summary – Culture in Social Care**		
Authors:	Sally Shaw		
Accountable Director:	Executive Director for Social Care – Sally Shaw		
Other meetings presented to or previously agreed at:	**Committee**	**Date Reviewed**	**Key Points/ Recommendation from that Committee**

Summary of key points in report

The attached report provides an Executive Summary of two significant pieces of work undertaken throughout the last year, to understand the working culture in Social Care. The catalyst for scoping and undertaking the work was initially an anonymous email sent to the Chair of Manx Care Board (Andrew Foster) and the CEO of Manx Care (Teresa Cope) on Easter Monday 2021. This email described behaviours and characteristics of a culture where colleagues did not feel safe, valued nor positive.

Culture was identified as a top 3 priority for Manx Care since its inception on 1 April 2021.

The first piece of work was undertaken by the Workforce and Culture Development Team. This focussed piece of work included surveys, group drop ins and 1:1 sessions and the focus of the work was around the question – How does the culture (in Social Care Services) impact upon colleagues and service users?

The second targeted piece of work was a commissioned independent investigation to determine whether the alleged behaviours that had been used to describe the culture, in the anonymous email, could actually be evidenced and if they were substantiated, if any individuals were accountable for those behaviours.

The attached Executive Summary of the conclusions from both pieces of work introduces the work undertaken in Social Care and details the engagement in both pieces of work. It concludes with the findings and considers next steps.

This work has taken a considerable amount of time and energy from many colleagues, those undertaking the work and those engaging with both processes. As the author of the report and as the Executive Director of Social Care, I would like to thank colleagues who facilitated the work and to recognise the courage and determination of colleagues who want to be part of driving improvement in the work place culture by putting Manx's Cares values into action. Only then can we assure ourselves, the Board and our communities that we are striving to achieve the best outcomes possible for those within our communities

Appendix 1 – is a copy of the slide deck that has and continues to be presented around teams within the Social Care Group. This contains the fourteen themes identified and recommendations from this piece of work.
Appendix 2 – details the action plan to continue to drive a positive culture within the Care Group. It also lists the work that was implemented prior to the conclusions being shared.

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

It is recommended that the Board/Committee :

- Considers the report and the action plans and places requirement on the Executive Director of Social Care to bring progress reports to the Board or its subcommittees on a regular basis, to be determined by the Board.

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

Impacts and Implications?	**YES or NO**	**If yes, what impact or implication**
Patient Safety and Experience	YES	Culture is linked to both productivity and safety within all that we do. We will not achieve good outcomes for individuals using our services if we do not improve the culture and working environment for all colleagues.
Financial (revenue & capital)	YES	Poor culture increases sickness and in turn impacts on financial stability of the organisation. Poor culture can lead to increased complaints, which Social Care has seen and these can be costly if not resolved at lower stages and progress to stage 3.
OD/Workforce including H&S	YES	Poor culture creates recruitment and retention pressures. It also is known to create carelessness within working practices which could have H&S implications.
Equality, Diversity & Inclusion	YES	A culture that does not respect and promote equality, diversity and inclusion will risk a work place where colleagues are low on commitment, experience low job satisfaction, high absents and the loss of talented employees.
Legal		

An Executive Summary

Of the findings & recommendations from the Review of Social Care Culture & the independent investigation into specific allegations raised by colleagues in social care.

Sally Shaw

Executive Director – Social Care

July 2022

An Executive Summary – Culture in Social Care

1. Introduction

On Easter Monday 2022, an anonymous email was sent to both the Andrew Foster, the Chair of Manx Care Board and to Teresa Cope as the CEO. This email was advising that people were not perceiving themselves to be working in a safe and positive culture. Throughout 2021 and into 2022, two significant pieces of work have been undertaken to understand the culture within the Social Care Group. 'Culture' has been placed as one of the top 3 priorities for Manx Care and investment from the Workforce Culture and Development Team and via the commissioning of an independent investigator, has helped us understand the culture colleagues have experienced and helped us focus on identifying what does a 'good culture' looks like and how do we ensure that is developed, not just in social care but across Manx Care.

The scope of the independent investigation was to determine whether allegations of;

- Bullying
- Micromanagement
- Blame culture – managers invoke fear and panic
- Nepotism – if your face does not fit you will get excluded, unfair treatment, be ignored and be deemed as a trouble maker.
- Denied opportunities to progress
- A felt experience of culture and race differences play a role in remaining 'static'
- No consistency of the recruitment process and examples of someone being given the questions prior to interview.
- Opportunities being signposted to allies.
- Professional views being undermined.
- Managed by fear of using the disciplinary.
- Policed
- Not being afforded flexible working in times of significant life events.
- Red pen syndrome.
- Being made to change professional assessments.
- Manager refusing to meet with staff
- Not taking covid seriously and not supporting fears of staff
- Forcing staff to work in the office although the brief was to work from home where possible

Were these allegations substantiated, and if so, if any individuals are accountable for the above. This investigation was commissioned by the then Board Secretary, John Middleton and when he left post, it transferred to Clare Conie, Executive Director of OHR.

The work undertaken by the Workforce and Culture Development Team (WF&CDT) was requested by Sally Shaw - Executive Director of Social Care. The focus of this work was to foster a positive culture in the work place. The WF&CDT engaged with staff across the entire care group in the following ways;

- Surveys
- Group drop ins
- 1:1's

There was an opportunity for frontline staff and managers to meet separately. From this work the data was analysed and considered by the Social Care leadership Team (SCLT). A presentation was designed by colleagues in WF&CDT and this has been used to present the findings and discuss next steps in a variety of locations and focussed on in our monthly staff briefing in January 2022 – **Appendix 1**.

The 'question' that was at the focus of this work was, 'how does culture (in Social Care Services) impact upon colleagues and service users in the following areas?

- Working relationships
- Trust
- Respect
- Clarity with regards role
- An understanding of new structures
- Perceived fairness
- Feeling empowered
- Personal development opportunities
- Recognition.

However, as work progressed then another five areas were identified as needing to be considered as part of this review of culture and they were;

- Internal communication/business information
- Leadership and management
- Personnel/HR
- Policies and procedures
- Wellness & wellbeing.

2. Engagement in both processes

Within the review undertaken by the WF&CDT then engagement was low at the talking events, only 22% and there was some understanding of the issues as to why people did not engage, which included;

- There was a perception that there was fear of being seen
- Some expressed anxiety of sharing their experiences for fear of repercussions
- Some not able to attend in work time as not back fill available
- Some said they did not know about the events
- Concern about whether the WF&CDT could be trusted
- Impressions from some, 'been here before; are things really going to change
- Colleagues may not have time to read their emails

Through a very concerted effort on behalf of the WF&CDT, who went into work spaces (mainly residential services) with survey on devices, then 43% of staff did engage with the survey.

In respect of the commissioned investigation, then 39 staff members engaged with the investigator (this is circa 7%). These engagements were in the main via formal 1:1 interviews. Some of these interviews took place over a number of sittings due to the complexity and emotional nature of some people's experiences.

Of the 39 people who did engage with the investigator, only 27 agreed to make and sign statements that could be disclosed and agreed to be witnesses in any subsequent proceedings, thus potentially waiving their right to anonymity.

There is one instance were the investigator cannot reach the 'witness' and therefore their testimony remains unconfirmed.

A further 8 individuals who engaged with the investigator and gave statements but have not returned signed copies. The investigator raises this as a concern and places emphasis that two such cases are those statements from OHR colleagues.

A further three colleagues have refused to sign their statements in fear that their identity may be deduced.

The investigating officer also had an hour long telephone conversation with a colleagues who did not want to go on record, expressing similar concerns to those noted above. They would not give their name and withheld their number.

3. What was concluded?

It would appear that these two pieces of work could reflect differently, the experiences of Social Work staff and Social Care staff. Of the 39 people who engaged with the commissioned independent investigation, the majority were from Social Work teams members from across both Children's and Families and Adult Social Work, however, of the social work colleagues, the majority were from

Adult Social Work. The majority of engagement with the Workforce and Culture Development team was from colleagues working with Social Care – so in the main those staff in the directly provided services e.g. care homes.

The conclusions from the Review of the Culture of Social Care, undertaken by the WF&CDT can be found in Appendix 1.

The investigation listed 17 allegations/issues that had been raised that if true would indicate that the culture in the Social Care Group was unacceptable. The conclusion of the investigation is that 11 of the 17 allegations and issues raised could be evidenced and those were;

- Bullying
- Micromanagement
- Blame culture
- Nepotism
- Opportunities being signposted to allies
- Professional views being undermined
- Managed by fear of disciplinary action
- Policed
- Not being afforded flexible working with significant life events
- Red pen syndrome
- Not taking covid seriously and not supporting staff fears

By far the largest area of concern, in that it was highlighted as the area with most evidence and spanned across both children's and families social work and adult social work, was that staff were managed by fear of disciplinary action against them. This was the only area that could be evidenced within Children's and Families, whereas the other 10 areas were evidenced across Adult Social Work.

Other areas of concern that are reported to have significant evidence are the allegations of bullying and micromanagement, both appearing to be a feature of the experiences of those working in Adult Social Work.

The investigator did conclude that there was sufficient evidence to warrant further consideration under the Fairness at Work Policy, however, given the changes in structures and positions, some of those colleagues no longer work for Manx Care. It is the intention though that these individuals will be written to and advised of the findings. Although, the investigator states that none of the complaints would warrant referral to their registration body, as they did not feel it would affect their fitness to practice, then this was disregarded and this has been considered with advice taken from the relevant registration bodies.

The investigator also concluded that no criminal offences had been committed. This is accepted.

The investigator also concludes that he is assured that there are assurances in place now that would mean that 'reprisals' are unlikely to occur if similar complaints were to be initiated now. We need to have greater assurances that this is the case across all of the Care Group and will be picked up in the 'actions' from this report.

Although the investigation concludes that not all of the allegations can be evidence it is recognised that this does not mean they are not true. As commented on earlier some colleagues would not sign their statements and so the information they gave could not be used. It is also understood that many people may have chosen not to engage in the investigation. What is accepted, is that many colleagues have experienced working in a culture that was not of an acceptable level and not conducive to achieving the best outcomes for clients, colleagues and service development.

Next Steps

- SCLT will continue to present the findings & recommendations from the WF&CDT
- Action plans will be monitored and reported on to QSE Committee and Manx Care Board
- CEO & Executive Director of Social Care will communicate with those involved in the investigation
- This Executive Summary will be made available to all colleagues.
- Members of the SCLT will attend staff meetings to discuss the findings and gain assurances on positive progress.
- Full consideration given to any further processes that will support improvement

SOCIAL CARE SERVICES CULTURE REVIEW

Introduction

Executive Director requested Culture Review, delivered by WF&C

To help foster a positive culture in the workplace

WF&C assessed the culture

Survey

Group Drop-ins, 1-1s, workforce and management separate

Data analysed and review delivered in full to SC SLT

Recommendations put into draft Action Plan for implementation in the Service

THE QUESTION

How does culture (in Social Care Services) impact upon colleagues and service users in the following areas?

- Working relationships
- Trust
- Respect
- Clarity with regards to role
- An understanding of new structures
- Perceived fairness
- Feeling empowered
- Personal development opportunities
- Recognition

Initial Observations

- Low numbers at talking events (22%)
- There was a perception that there was fear of being seen
- Some expressed anxiety of sharing your experiences and repercussions
- Others were not able to come as role wasn't back filled
- Some colleagues expressed that they didn't know about the events
- There was concern about whether we could trust Workforce & Culture Team?
- Impression from some "been here before; are things really going to change?"
- Colleagues may not have time to read their emails
- Colleagues may find it helpful to being informed verbally of events (rather than on e-mail)
- Colleagues responded exceptionally well to us visiting with the survey on devices
- 43% response rate

The Positives

- Colleagues are dedicated to the Service and have shown great resilience to difficult working cultures and COVID restrictions.
- Colleagues have hope in the new Executive Director for the Service and for this project to produce results. There is a shift in the working atmosphere and a sense of being valued.
- Some areas of the Service have excellent team relationships and support each other both in and out of work.
- Some managers go above and beyond for their teams; colleagues have said that they aspire to manage teams in that way.
- Some colleagues have benefited from the Personal Development Opportunities to further their career and become Social Workers via the training offered on Island.

Words which were used to describe Social Care Services

FINDINGS & RECOMMENATIONS

FINDINGS

Working Relationships

- Could be more understanding of each other
- Would like to be more inclusive
- Colleagues would like to feel more able to speak openly

Trust

- Could develop a more confidential environment to respect colleagues
- Could be more transparent in decision-making
- Could encourage professional judgement more

RECOMMENDATIONS

Working Relationships

- Vision Statement
- Ideas forum
- Values and behaviours project
- Develop a service communications framework
- Leadership and Management Training
- Increase Leadership and Management Visibility
- Joint team bonding exercises days
- Operational colleagues on committees and boards

Trust

- Values and behaviours project
- Open communications
- Share reasons for decisions
- Meetings to be properly recorded and minutes shared
- Flexi time / flexible working to be introduced

FINDINGS

Respect

- Could be more autonomous
- Could have more respect for experiences and expertise of colleagues
- Could be more reliable

Clarity with regards to role

- Expectations could be clearer
- Job descriptions could be updated
- Remit and functions of different areas could be clearer
- Should have a shared purpose

RECOMMENDATIONS

Respect

- Create a visual reporting line/management structure map with contact information
- Involve colleagues, where appropriate
- Values and behaviour project

Clarity with regards to role

- Job description review
- Clarity of role and responsibilities
- Admin time allocated in weekly work
- Implement a decision making framework
- Communicate why registered managers are now required

FINDINGS

An Understanding of New Structures

- Structures and division of roles could be clearer
- Could be involved in the changes to the new structure
- Concerns of potential privatisation

RECOMMENDATIONS

An Understanding of New Structures

- Create a visual reporting line/management structure map with contact information
- Job Descriptions Review → Skills gap analysis → Vacancies to fill
- Liaise with HR for Recruitment Drive on hard to fill roles
- Review ASW set-up
- Interim communication on Structure whilst redesigned
- Review of LTAs – future planning and communicate this
- Agree a united approach for managing units separately

FINDINGS

Perceived Fairness

- Could develop a more confidential environment to respect colleagues
- Could be more transparent in decision-making about business related actions
- Could accept colleagues' professional judgement more
- Resources could be reviewed and explained

Feeling Empowered

- Colleagues would like to feel more valued
- Morale could be raised
- Creativity and innovation could be encouraged

RECOMMENDATIONS

Perceived Fairness

- Review of rota allocation
- Implement flexible working and Honour TOIL
- Clarity over roles and responsibilities
- Jobs offered with specific shifts
- Backfill roles to support the admin
- Reinforce policies
- Share the limitations of professional boundaries

Feeling Empowered

- Clarify professional boundaries
- Co-working cases with a colleague
- Case Calculator Capacity Model Review
- Consider uniforms for colleagues working in residential services
- Ideas Forum
- Values and behaviours project
- Introduce workshops that include colleagues in (re) launching values and behaviours and what they look like in practice

FINDINGS

Recognition

- Recognition for good work could be better
- Could develop awareness for the Service amongst Manx Care and the general public
- Could develop a more understanding environment when handling distressing and work-heavy situations

RECOMMENDATIONS

Recognition

- Values and behaviours project
- All colleagues should be included in meetings and ideas heard
- Case Calculator Capacity Model Review
- Long service ceremony
- Quarterly newsletter spotlighting teams

FINDINGS

Personal Development Opportunities

- Mandatory requirements could be clearer
- Could have more emphasis on career development and succession planning
- Could have a department goal to support collective learning

RECOMMENDATIONS

Personal Development Opportunities

- All colleagues to have 1-2-1 and personal development plans/ reviews
- Protected Training time
- Fixed number of CPD hours a month
- NQSW support included in work calculator
- Managers to have mentors/ coaches
- Create a 'grow your own'
- Implement a mandatory training policy
- Equal access to all training
- Skills gap analysis
- Career pathways planning
- Create a programme of free profession-related CPD
- Review budget allocation related to CPD

How does culture (in Social Care Services) impact upon colleagues and service users in the following areas?

- Working Relationships
- Trust
- Respect
- Clarity with regards to role
- An understanding of new structures
- Perceived fairness
- Feeling empowered
- Personal development opportunities
- Recognition

- **Internal Communication/ Business Information**
- **Leadership and Management**
- **Personnel/ HR**
- **Policies and procedures**
- **Wellness/ wellbeing**

FINDINGS

Internal Communications/ Business Information

- Communication could be more open, transparent and timely
- Could be more diplomatic
- Could be more integrated, inclusive and succinct

RECOMMENDATIONS

Internal Communications/ Business Information

- Agenda-focused colleague briefings
- Develop a Service communications framework
- Consult colleagues of structure changes
- Implement an (interim) organisational structure chart
- Post-COVID Review and feedback to take place
- Quarterly all-colleague events adapted to suit shifts
- Sharing of SLT meeting minutes/logs
- Report on objectives achieved and explore different ways to recognise colleagues in a way that means something to them
- Create a visual reporting line/management structure map with contact information

FINDINGS

Leadership and Management

- Management/Reporting structures could be clearer
- Visibility and interaction with operational colleagues could be more frequent
- There could be an opportunity for development of soft skills and language choices
- Understanding the impact of openly critical behaviours and strategies to minimise these could improve trust
- Better delegation of tasks and project work could help colleagues feel more trusted and improve a sense of fairness
- There is a perception that SLT do not have a full understanding of all areas of the Service and how they operate, electing to remain at a distance from these areas, leaving them without proper direction and support
- Consultation, collaboration and diplomacy could improve working relationships, bridging the gap between operational and strategic roles
- Colleagues would like to see more role modelling of desired behaviours

RECOMMENDATIONS

Leadership and Management

- All managers to complete a management induction
- All managers to complete leadership/management training
- Managers to have access to a coach/mentor
- Develop an opportunity to learn how colleagues wish to be communicated with and being transparent
- Values and behaviours project and to led by such
- Debriefs to become standard operating practice
- Implement a Service decision making framework
- Create a visual reporting line/management structure map with contact information
- Induction programme developed to include opportunities for divisional leads to meet with new starters and improve visibility of SLT

FINDINGS

Personnel/ HR

- Could develop a more structured welcome for new starters
- Recruitment process could be more robust: quicker, fairer, based on values and proactively recruit
- Current escalation process could be more effective and efficient
- Essential policy and procedures could be more accessible and user friendly
- Could improve recruitment of students to service if work experience in the Service is lengthened

RECOMMENDATIONS

Personnel/ HR

- Management training with soft and hard skills
- Increase promotional activities to support graduate recruitment
- Service Leads and Managers to meet to share resources and best practice
- Unification of T&Cs
- Joint working project between OHR and SC to improve process

FINDINGS

Policies and Procedures

- Feeling that policies and procedures can be an 'administrative burden'
- Perception that there are too many and they are too complicated
- Perception that policies could be used to threaten or bully
- Financial procedures can seem restrictive

RECOMMENDATIONS

Policies and Procedures

Review of policies and procedures:

- Their effectiveness
- Relevance in today's climate
- How to streamline
- Make user friendly for both colleagues and service users

FINDINGS

Wellness/ Wellbeing

- Colleague concern that sickness/absence/turnover could be due to the culture and management styles
- Could benefit significantly from regular debriefs
- A review of current shift patters could help improve work/life balance
- Could develop a support network to help colleagues with emotional challenges from cases
- All colleagues could benefit from designated rest areas for breaks at work

RECOMMENDATIONS

Wellness/ Wellbeing

Staff Welfare to support colleagues with COVID-related trauma
Seek to backfill roles when it is known about long-term absence or on training courses
Clear expectations of WFH
Liaise with Infection Control
Signposting to existing services
Consider forming a Wellbeing Board of colleagues who develop wellbeing strategies that suit the needs of those within the Service
All to complete mental health first aid training
Consider the introduction of a dedicated "neutral" zones where colleagues are able to go if feeling overwhelmed
Create a network of support champions whom colleagues can access to discuss matters affecting health and wellbeing
Identify ways to access more health and wellbeing services e.g. Blue Light Card
Ensure colleagues have attended training geared towards resilience and stress management
Explore the idea of "sunshine days"
Meditation APP
Workload capacity review

THE ACTION PLAN

Coming soon!

This review will be sent out and we will reconvene to discuss any further questions and outline first steps for the Action Plan.

SUMMARY

- Cohesion will be key.
- It will not only be the implementation of recommendations that will improve the current culture of Social Care Services.
- It will require the commitment to improve and adapt by all parties.
- Recommendations aim to identify areas of development to enable the development of a cohesive, positive culture within Social Care Services.

"Culture does not change because we desire to change it. Culture changes when the organization is transformed; the culture reflects the realities of people working together every day."

Frances Hesselbein

QUESTIONS?

APPENDIX 2
OVERARCHING ACTION PLAN: -
DRIVING A POSITIVE CULTURE IN SOCIAL CARE
SCLT ACTION PLAN

ACTION	RESPONSIBILITY	BY WHEN	PROGRESS NOTES
1. The analysis of work done by the Workforce and Culture Development will be shared with all.	Executive Director and SCLT members	December 2022	• Delivered Teams brief in February 2022 • Sessions held in Southlands, Reayrt ny Baie and Keyll Darree • More sessions booked in between now and December 2022 • Covid 19 has hampered this work but now back on track
2. All teams will consider the top 5 priority areas for them from the recommendations and devise team specific actions plans.	Assistant Directors of Social Work Heads of Service - Social Care Operations	October 2022	• Will be monitored via SCLT and reported to People Committee/Board at frequency to be agreed
3. All team meetings will be attended by a member of SCLT to discuss the action plans to progress and increase visibility. This will also give opportunity to highlight to SCLT any further support or resources required.	SCLT	December 2022	• *in process of planning visits to areas outside of usual remit
4. Development of KPI's and success matrix	Assistant Director's Head of Service	March 2022	• Some work has/will be completed through ICPB • Specific Safeguarding KPI's to be developed • Current work progressing with the Business Information Team

APPENDIX 2
OVERARCHING ACTION PLAN: -
DRIVING A POSITIVE CULTURE IN SOCIAL CARE
SCLT ACTION PLAN

5. All colleagues to have opportunity to have an appraisal that includes a review of their job description	All line managers	January 2022	• Will expect a schedule of appraisals for each team by end of October 2022
6. Continue to 'repair' the structure within Social Care	SCLT	July 2022	• Assistant Directors are in post • Group Managers roles in Adults still with evaluation team • 2 x group Managers recruited in C&F's and 3 X Team Managers (all internal) • Renew business case re Team Managers/Senior Practitioners to be updated and submitted to BCRG October 2022

AREAS ALREADY ASSESSED PRIOR TO RECEIVING WORKFORCE AND CULTURE DEVELOPMENT TEAM RECOMMENNDATIONS: -

- Colleagues given opportunity to develop flexible working
- Staff Welfare/Wellbeing Group developed/expanded
- Staff ideas scheme
- Increased transparency; share key decisions made at SCLT and OCQG
- Increased senior staff visibility
- Office review and car parking allocation
- Team away days
- Shout out boards and 'you said – we did' boards

manx care Kiarail Vannin	**SUMMARY REPORT**	**Meeting Date:** **1 September 2022.**	

Meeting:	**Manx Care Board**		
Report Title:	**Culture of Care Barometer Action Plan**		
Authors:	Louise Quayle, Workforce and Culture Team 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

Background
The British Medical Association (BMA) Culture of Care Barometer Survey was conducted in March 2022 and is used to measure the cultural engagement within medical staffing groups across UK NHS Trusts. This year for the first time, doctors based at Nobles Hospital were invited to participate in the survey, with this endorsed by Manx Care with a commitment to use the results of the survey as a baseline from which improvements could be planned. 49 Doctors responded to the survey. The Manx Care Board received and accepted the Culture of Care Barometer results in full in May 2022.

The Action Plan
This Action plan has been created following analysis of the results of the Culture of survey focussing on nine key themes. It has been developed in consultation with an established Local Negotiating Committee (LNC) which includes representatives from the medical workforce, BMA and OHR, chaired by the CEO. The draft plan has also been circulated to all Clinical Directors with a request for feedback. It is important to note that a number of the actions below will require more detailed plans in order to deliver the recommendation; the Workforce & Culture Project Team will work with key stakeholders to develop the plans which will sit underneath. Please note that deadlines and owners in italics are pending confirmation with the action owner. The plan will be treated as a live document (with version control) and will be accessible in a shared group in Teams. Regular communications to the workforce in the form of "You said, we will, so that" should be issued.

Monitoring Delivery of the Action Plan
The Workforce & Culture Project Team will monitor and update the plan fortnightly which will be shared with LNC and Executive Management Committee on a monthly basis, assured via the People Committee.

Recommendation for the Committee to consider:

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

It is recommended that the Manx Care Board approve the Cultural of Care Barometer Action Plan and its monitoring arrangements.

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	Yes	Delivery of the Culture of Care Barometer Action Plan is expected to have a positive impact on Culture across Manx Care.
Equality, Diversity & Inclusion	Yes	Delivery of the Culture of Care Barometer Action Plan is expected to have a positive impact on Equality, Diversity and Inclusion across Manx Care.
Legal	No	

Manx Care, Culture of Care Barometer - ACTION PLAN - updated 18 August 2022

DRAFT v5 - this plan has been created following analysis of the results of the Culture of Care Barometer survey focussing on nine key themes. It has been developed in consultation with an established LNC which includes representatives from the medical workforce, BMA and OHR, chaired by the CEO. The draft plan has also been circulated to all Clinical Directors with a request for feedback. It is important to note that a number of the actions below will require more detailed plans in order to deliver the recommendation; the Workforce & Culture Project Team will work with key stakeholders to develop the plans which will sit underneath. The Workforce & Culture Project Team will monitor and update the plan fortnightly which will be shared with LNC and EMC on a monthly basis, assured via the People Committee. Please note that deadlines and owners in italics are pending confirmation with the action owner. The plan will be treated as a live document (with version control) and will be accessible in a shared group in Teams. Regular communications to the workforce in the form of "You said, we will, so that" should be issued.

You Said	We will	So that	By when	Action By	Owned By	Notes/updates
We need to be better informed as to what is going on in Manx Care	Teresa Cope will attend a bi-monthly CEO briefing and a Q&A session for all Medical Staff	You have the opportunity to ask questions, raise issues/concerns, receive information directly from/to the CEO.	to be scheduled by 30/09/2022	Shiona McAllister	Teresa Cope	
	Review current communication channels - ask what is working and what isn't, and why (Communication Survey)	You are involved in suggesting and creating any improvements to methods and channels of communication	*30/11/2022*	*Manx Care Communications Team*	*Merita Taylor*	
	A programme of Communication Champions	There are colleagues across the organisation who can support, promote and disseminate information within Care Groups	*TBC*	*Manx Care Communication Team*	*Merita Taylor*	
	Ownership at Care Group in terms of disseminating - may need different communication channels	To assess whether there is a requirement for tailored communication channels within each Care Groups (due to the diverse nature of Manx Care)	*31/10/2022*	*Manx Care Communication Team*	*Merita Taylor*	
	Create content for staff facing digital screen displays	There is a rolling programme of updates/useful information and "news" visible across Manx Care sites (currently eight digital screens in situ)	COMPLETE	Workforce & Culture Project Team	Louise Quayle	
	Develop a high quality Manx Care Intranet site	There is an up-to-date, intuitive, comprehensive electronic communications platform for all Manx Care staff	31/10/2022	Manx Care Communication Team	Merita Taylor	Agreed that this is a priority for Manx Care - work to commence imminently
	Ensure that there are accessible, accurate email distribution lists	There are accurate staff lists for disseminating information by email to the correct groups throughout the organisation	23/12/2022	Lead Business Managers	Care Group Leads	
	Offer Ask Me Anything sessions to teams across Manx Care	You have the opportunity to ask questions, raise issues/concerns, receive information directly from/to the CEO.	COMPLETE	Workforce & Culture Project Team	Louise Quayle	
	Issue the structures of the Board and the Executive Team	We are informing our colleagues about the members of both the Board and the Exec and also what functions they perform	*30/09/2022*	*Elaine Quine*	*Teresa Cope*	
	Issue the monthly Horizon Scan to all colleagues	You are better informed about key decisions, what is happening in each care group now and in the near future and can link in with new work at the start of the process	*31/08/2022*	*Elaine Quine*	*Teresa Cope*	
We need to listen to the views of staff	Provide an opportunity to Medical Staffing Committee to escalate any concerns directly into the Executive Leadership Team meetings	There is an direct avenue for concerns to be escalated and listened to	31/08/2022	Medical Director Secretary	Sree Andole	
	"Ask Me Anything" sessions where a representative of the Executive Team will listen to staff and issues can be brought to the ELT	There is a direct avenue for questions to be asked of any member of the Executive Team	COMPLETE	Workforce & Culture Project Team	Teresa Cope	
	Repeat Culture of Care Barometer Survey	You have the opportunity to have your say via an anonymous survey which will be a repeat of the Culture of Care Barometer to assess against the baseline	01/12/2022	Workforce & Culture Project Team	Louise Quayle	

	Reissue the flow chart of how clinical policies are developed and the framework for this	The medical workforce are engaged with the development of policies, changes to existing policies and are able to input into the process as early as possible	16/09/2022	Patient, Safety & Quality Team	Paul Moore	PSQ confirmed that policy is in place - agreed action is to reissue and disseminate
	Ensure that there is medical representation and early involvement in service developments	The medical workforce is represented at the earliest opportunity - there is a need to review the current representation	09/09/2022	Clinical Directors	Sree Andole	Ongoing action re new service developments - there is a need to ensure that there is a feedback loop. Short term action is to review current medical representation and ensure that there is early communication through JCNC.
	Share the current governance arrangements, membership and Terms of References for existing committees/forums	You are aware of who the medical representative is and the purpose of those meetings/groups	*30/09/2022*	*Elaine Quine*	*Teresa Cope*	The medical rep on those groups is responsible for communicating back and disseminating information
	Ensure that there is appropriate input from the medical workforce in the Health & Care Transformation Programme and define what their role and responsibilities are	The views of the medical workforce on key transformation projects are represented	30/09/2022	Sree Andole	Teresa Cope	
Provide enablers to influence how things are done	Medical Engagement Committee to feed into the People Committee	There is oversight at Board level via the most appropriate avenue in relation to staff engagement to provide assurance that things are happening	13/09/2022	Sree Andole	Sarah Pinch	
	Ensure that there is an inclusive, positive partnership approach with our union colleagues and a commitment to the SAS charters	Staff side representatives and Manx Care are working in partnership, building strong relationships resulting in better outcomes	31/10/2022	Kirsty McDonald	Anne Corkill	Work to begin end August 2022
	Staff suggestions scheme to be launched	There is an opportunity for suggestions/ improvements both internally and for our patients/service users, with an option to do this anonymously	30/09/2022	Workforce & Culture Project Team	Louise Quayle	
	Maintaining the Change Coach programme and continuing to recruit to the roles	There is representation across Manx Care and the crucial work of the Change Coaches is embedded across Care Groups	01/11/2022	Workforce & Culture Project Team	Louise Quayle	Further recruitment drive for Change Coaches in October 2022
	Draft and publish a detailed Engagement Strategy	There is a clear, defined approach to staff engagement across Manx Care which provides the ability to influence change at all levels within the organisation	*TBC*	*Manx Care Communications Team*	*Merita Taylor*	Draft in progress
Unacceptable behaviour is not consistently tackled	Management training needs analysis - complete. (Needs to be developed more widely)	We can support staff who are managers to develop management/leadership skills and ensure they have access to appropriate training, guidance and support	COMPLETE	Workforce & Culture project team	Louise Quayle	Links to line 36 (Training)
	Develop a policy which provides a code for all Manx Care staff about expected behaviours	Linking to the CARE values, a framework will be developed to support staff to be able to address poor behaviours and provides staff with the standards expected as an employee in Manx Care. Explicit about behaviours not expected	01/10/2022	Workforce & Culture Project Team	Louise Quayle	In progress, pending approval
	Confidence to address poor behaviour there and then	Issues can be dealt with as soon as possible at the lowest level so that there is a process for escalation should it be required. Staff need the confidence to address issues without fear of repercussion	Ongoing	ALL	ELT	Links to training, development and support of managers and the CARE values

	EDI programme - short term initiatives to call out discrimination, bullying, unacceptable behaviour where people are not treated equally	Awareness is raised with regards to unacceptable behaviour relating to equality, promoting diversity and inclusion.	31/12/2022	Workforce & Culture Project Team	Sree Andole (ELT sponsor)	
	Develop a programme of psychological safety in the workplace	Provide enablers/tools for staff to be able to speak up and create an environment where people are able to do this	01/11/2022	Workforce & Culture Project Team	Louise Quayle	Pilot workshops with Change Coaches - August 2022, then to be rolled out to Manx Care
	Ensure that the policies and processes for Fairness at Work, Grievances and Whistleblowing are consistent and standardised	There are clear, robust policies in place to support staff when an issue needs to be raised formally	TBC	OHR	Kirsty McDonald	Whistleblowing policy currently under review - KMD checking dates with Policy Officer
	Explore the development of Freedom to Speak Up Guardians similar to the programme used in the NHS	Staff can speak up when they feel that they are unable to do so via other routes; encourages a healthy speaking up culture	01/11/2022	Workforce & Culture Project Team	Louise Quayle	Proposal in development
	Ensure that training is provided on HR policies	Managers and staff are trained on how to use HR policies/procedures and have access to avenues of support	Ongoing	OHR	Kirsty McDonald	Ongoing action. Short-term action to issue current course prospectus to all managers to publicise what is available by 31/10/2022
Leadership at the highest level should be stronger	Executive Leadership Team development programme	The Leadership Team are able to explore improved ways of working, communication with one another, values and behaviours, creating a positive culture, developing strategy	31/01/2023	Workforce & Culture Project Team	Teresa Cope	6 month programme in development
	"Back to the floor" days across all ELT	The Leadership Team are visible to operational teams, are available to ask questions, are able to understand the reality of "a day in the life"	01/12/2022	ELT	Teresa Cope	In progress
	Creating an environment where staff feel psychologically safe	The Leadership Team to role model the behaviours expected of all, to work towards creating an environment where people feel psychologically safe and for all to reap the benefits of this	Ongoing	ELT	Teresa Cope	Workshops running for next 12 months
	Provide the offer of a Manx Care Board representative at medical meetings	Board members are more visible and accessible	*20/09/2022*	*Elaine Quine*	*Teresa Cope*	
	Roll out Cultural Change Action Cards for all members of the Executive Team	Each member of ELT has a visible, demonstrable commitment to culture change with specific actions	01/01/2023	Teresa Cope		Medical Director and Exec Director of Social Care currently trialling
You would not recommend Manx Care as a good place to work	Launch refreshed Manx Care CARE values	Manx Care can lay the foundations of what they value as an organisation, providing a common purpose and helps employees to understand what behaviours are expected	COMPLETE	Workforce & Culture Project Team	Louise Quayle	
	Embed the CARE values across all levels of the organisation	There is a golden thread through the organisation which all other activities are linked to. Embedding the values enables the workforce to use and recognise them in their "everyday"	01/02/2023	ALL	Teresa Cope	6 month programme of work supported by Workforce & Culture
	Ask people why they wouldn't recommend Manx Care	We understand the reasons people are not recommending Manx Care as a good place to work and ensure that there are avenues for this to be fed back into the organisation considering what needs to change/improve as a result	Ongoing	All Managers/Leaders	ELT	

	Develop a Retention Strategy and associated implementation plan	The organisation has a strategy to retain and attract individuals to Manx Care and reduce turnover with a realistic, phased implementation plan	*TBC*	*OHR/Manx Care*	*Kirsty McDonald/Linda Wheeler*	KMC contacting Talent Acquisition Team to obtain the last short-term recruitment strategy. This action will be broken down into a detailed plan.
	Undertake Exit interviews (regularly taking place since June 2022) themes to be fed back to Manx Care ELT/People Committee	We can understand why people are leaving the organisation, where improvements can be made and to take a deeper look into things which may have led up to the decision for the individual. i.e. is it to related to culture?	31/10/2022	Workforce & Culture Project Team	Louise Quayle	
You don't feel that the organisation values the service it delivers	'Walk in my shoes'	There are opportunities for Medics to shadow each other and to understand other clinicians roles (including those in leadership roles such as CDs / Senior Matrons etc.)	30/11/2022	Medical Staff	Sree Andole	
	Promotion of medical workforce via staff/patient stories - good news stories to be made public	We are identifying positive stories and recognising staff	30/09/2022	Medical Staff	Sree Andole	Push for promotion during August and September and then maintain
	Distribute a clear process of how internal and external communications are created and approved	There is a clear pathway to ensure that communications are sighted by the right person/group of people before being issued	*01/11/2022*	*Manx Care Communications Team*	*Merita Taylor*	
A positive culture is not visible						
	Initiate a project to adopt 'Just Culture' learning	There is a supportive, consistent, constructive and fair evaluation of the actions of staff involved in patient safety incidents. It is recommended that a working group is formed to take this forward.	14/10/2022	Workforce & Culture Project Team	ELT	Initial meeting held with Patient, Safety & Quality Lead. Working group to be scheduled in September.
	Promote staff stories where people experiencing a positive culture	We can understand what the environment is like and what actions people are taking in a team/service where there is known to be a positive culture and so that we can harness this across the organisation.	*31/10/2022*	*Manx Care Communications*	*Merita Taylor*	
	Visible positive action, not just words	We are embracing the new CARE values and demonstrating them everyday at all levels across the organisation	Ongoing	ALL	ALL	This is the responsibility of everyone. Promotion through the CARE values
	Our People & Culture' to be regular agenda item on all meetings	We are prioritising our people agenda and acknowledging that culture is a fundamental and significant influencer across our workforce. and that steps are being taken to recognise and improve this.	30/09/2022	ALL	ELT	Workforce & Culture to link in with Care Groups to raise this
	Encourage and promote staff stories	The experiences of staff are heard, valued and promoted as a way of understanding what it is like to work in Manx Care	31/10/2022	ALL	Sarah Pinch	Promote and maintain
You don't have the resources you need to do a good job						
	Workforce planning schedule within the Workforce & Culture Project Plan (years 2&3)	We undertake a thorough analysis of our existing establishment, skills, experience and identify any gaps which will help us to move forward with a workforce plan/model based on our service plans and strategy	31/03/2023	Workforce & Culture Project Team	Louise Quayle	Timeframes across services will vary depending upon scope

	Ensure that resource allocation, gaps, concerns and suggestions are part of the job planning and appraisal process	Any issues in relation to resources are explored and actively dealt with as part of the job planning/appraisal process for the medical workforce	31/03/2023	Clinical Directors/Clinical Leads/AMDs	Sree Andole	
	Develop the Medical Leadership Structure and investment in the infrastructure (i.e. Medical Leadership roles, Associate Medical Directors)	There are visible points of contact and responsibilities within the medical workforce together with opportunities for career development	COMPLETE	Sree Andole	Teresa Cope	Appointment of AMDs complete
	Utilise Exit Interview process fully and contact those who decline when offered a role in Manx Care	We can understand why people are leaving the organisation and feed the themes back into Manx Care, including those who are looking to relocate to the Island but then decline job offers	30/09/2022	Workforce & Culture Project Team	Louise Quayle	initial findings report to be issued September 2022
	Continue to work closely with the Talent Acquisition Team to support Manx Care in recruiting and to communicate progress to the workforce	You are aware of all avenues currently underway to improve recruitment and the progress being made	31/10/2022	OHR	Kirsty McDonald	

Positive outcomes from the survey to communicate and harness
Team working
Relationship with line manager
Time to do my job
Can rely on colleagues
Can ask for help when need it
I get the training I need to do my job
Respected by co-workers

Manx Care Management Accounts

July 2022

Financial Advisory Service

FINANCIAL SUMMARY

MANX CARE FINANCIAL SUMMARY - 31 JULY 2022

	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 (%)		
OPERATIONAL COSTS	**25,163**	**23,569**	**(1,594)**	**(7%)**	**97,117**	**94,286**	**(2,831)**	**(3%)**	**291,514**	**282,858**	**(8,656)**	**(3%)**	**(1,192)**	**40**
Income	(1,167)	(1,274)	(107)	(8%)	(4,582)	(5,097)	(516)	(10%)	(13,576)	(15,292)	(1,716)	(11%)	(23)	110
Employee Costs	15,588	14,819	(769)	(5%)	61,573	59,278	(2,296)	(4%)	185,109	177,834	(7,276)	(4%)	(297)	(129)
Other Costs	10,742	10,024	(718)	(7%)	40,126	40,105	(20)	(0%)	119,981	120,316	336	0%	(872)	59
FUND CLAIMS	**1,351**	**0**	**(1,351)**	**-**	**4,667**	**0**	**(4,667)**	**-**	**8,807**	**0**	**(8,807)**	**-**	**85**	**2**
Medical Indemnity	155	0	(155)	-	434	0	(434)	-	1,956	0	(1,956)	-	77	3
Covid Costs	667	0	(667)	-	2,676	0	(2,676)	-	3,296	0	(3,296)	-	293	0
Covid Vaccination	81	0	(81)	-	311	0	(311)	-	641	0	(641)	-	(16)	(0)
Restoration & Recovery	437	0	(437)	-	1,236	0	(1,236)	-	2,130	0	(2,130)	-	(291)	(1)
Transformation Fund	11	0	(11)	-	11	0	(11)	-	784	0	(784)	-	22	0
ADD'N FUNDING - DHSC	**17**	**0**	**(17)**	**-**	**193**	**0**	**(193)**	**-**	**415**	**0**	**(415)**	**-**	**4**	**309**
111 Service	17	0	(17)	-	193	0	(193)	-	415	0	(415)	-	4	309
MANDATE INCOME	**(26,531)**	**(23,569)**	**2,962**	**13%**	**(101,978)**	**(94,286)**	**7,692**	**8%**	**(300,736)**	**(282,858)**	**17,878**	**6%**	**1,103**	**(351)**
GRAND TOTAL	**0**	**0**	**0**	**-**	**0**	**0**	**0**	**-**	**0**	**0**	**0**	**-**	**0**	**0**

Overview

- The result for July is an operational overspend of (£1.6m) with the YTD position now being an overspend of (£2.8m). Costs have increased in the month by £1.2m, mainly due to a movement in Tertiary costs of £0.8m. July YTD actuals are based on the Q1 data received from our providers, although this increase is being investigated further. Further detail on the movement from June reporting is provided in Table 1.

- Although the month's spend has increased significantly, the forecast position has not changed as the activity levels for Tertiary are still within the assumptions used in last month's reporting.

- The July YTD actuals include a provision for the 22/23 pay award at 2% which is the amount funded in the Care Groups. The financial assumption for the forecast (and in line with the planning guidance received from Treasury) is that the pay award should be included at 3.5%, an additional cost of £2.6m which is included in the forecast.

- Further detail on the full year variance to forecast is provided in Table 2.

- DHSC hold a Reserve Fund of £6.5m that is not shown as part of Manx Care's financials. Discussions are underway with the DHSC to agree how these funds may be allocated against cost pressures and potential funding requirements. Until then, all cost pressures (actual and forecast) will be held in Manx Care's figures. These pressures are currently forecast at £2.5m and cover the loss of PPU income (due to the ward being used for restoration work), high cost placements, additional requirements for TT including off-island activity and the Information Commissioners fine.

- Should the £2.5m be approved from the Reserve Fund, the overspend position will reduce to £6.2m. Additional CIP opportunities and mitigations have been identified to address this position and discussions are underway to secure additional resource to support delivery of these savings and achive a balanced position by year end.

- The target CIP for this financial year is £4.3m with £1.3m relating to drugs savings being allocated to the relevant Care Groups. The remaining £3.0m is currently netting from the contingency budget, but as CIP Projects are agreed and finalised they will be allocated against the relevant operational area. Further detail on the CIP is provided below.

- The operational variances are summarised in Table 3 and variances by Care Group are in Appendix 1. Further details on the fund claims are included in Appendix 2.

Table 1 – Forecast Movement to Prior Month

Forecast Movement to Prior Month	£'000	
Income	110	Income levels have been revised according to the latest actuals received which has improved the forecast position.
Employee costs	(129)	The forecast has been revised in line based on the latest actuals and expected recruitment.
Other Costs	59	Forecast in line with last month.
Total	**40**	

Table 2 – Operational Forecast FY Variance to Budget

Forecast Variance to Budget	£'000	
Other Income	(1,716)	(£1.4m) of this variance relates to PPU where the gross income target is (£1.8m) but (£0.4m) has been set as an internal target for diagnostic services only as the PPU will be used for the restoration work. The forecast for other areas where income is below target (mainly in Adult Services residential services) have been forecast more prudently but is being revised in line with the latest occupancy data.
Employee Costs	(7,276)	The forecast includes an assumption for the pay award at 3.5% with the original planning for the budget including 3%. The forecast variances vary between Care Groups with Medicine being the main driver of the employee overspend with significant agency spend being utilised to cover vacancies. The forecast will be updated depending on successful recruitment to vacancies. Any additional costs incurred due to the TT are currently approx. £0.3m, a request for additional funding from the DHSC will be made.
Other Costs - Tertiary	(3,399)	The Tertiary forecast is based on the latest activity data from our UK providers. It also includes £0.3m for high cost patients and £0.3m for TT patients (which will potentially be funded from the DHSC reserve fund).
Other Costs - Contingency	3,734	Although there are a number of variances across the Care Groups, the forecast reflects the contingency budget of £3.3m which is netting against known cost pressures.
Total	**(8,656)**	

Table 3 - Operational YTD Variance to Budget

YTD Variance to Budget	£'000	
Other Income	(516)	The main area where there is a variation to budget is in PPU where the gross full year income target is £150k pm with only £115k being received YTD. The internal income target for the service has been reduced to £33k pm with the remainder being netted from the contingency budget. Additional funding to cover the overall net loss of income from the PPU will be a request to the DHSC reserve fund. The other area where income is below target is residential services in Adult Services where occupancy are below levels set in the budget with the forecast being revised on the latest levels.
Employee Costs	(2,296)	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 - Contingency	(20)	There are a number of variances across the care groups and the impact of the contingency budget YTD is £1.1m (which has been fully allocated to cover some of the cost pressures).
Total	**(2,831)**	

Employee Costs

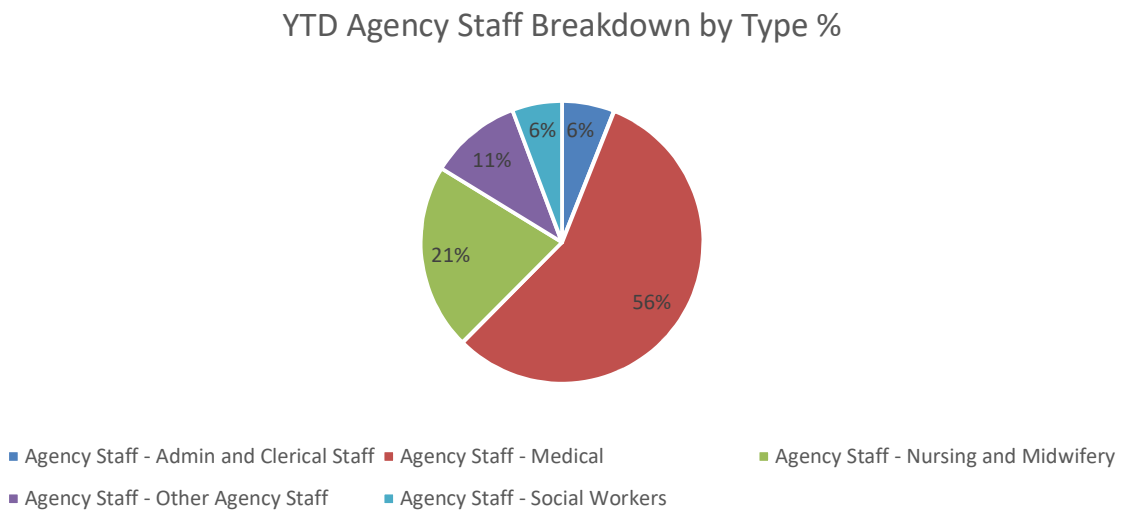
YTD Employee Costs are currently (£2.3m) over budget and only include a provision for a pay award at 2%. Excluding the impact of the pay award (over 2%), employee costs are expected to be (£4.7m) over budget by year end.

Agency spend is a significant factor driving this overspend, with a total spend YTD of £4.6m, increasing by £0.03m from June's actuals. This spend is broken down across Care Groups below.

The Care Groups with the largest spend are Medicine (£1.3m), Surgery (£1.1m) and Mental Health (£0.7m). This cost is primarily incurred to cover existing vacancies in those areas.

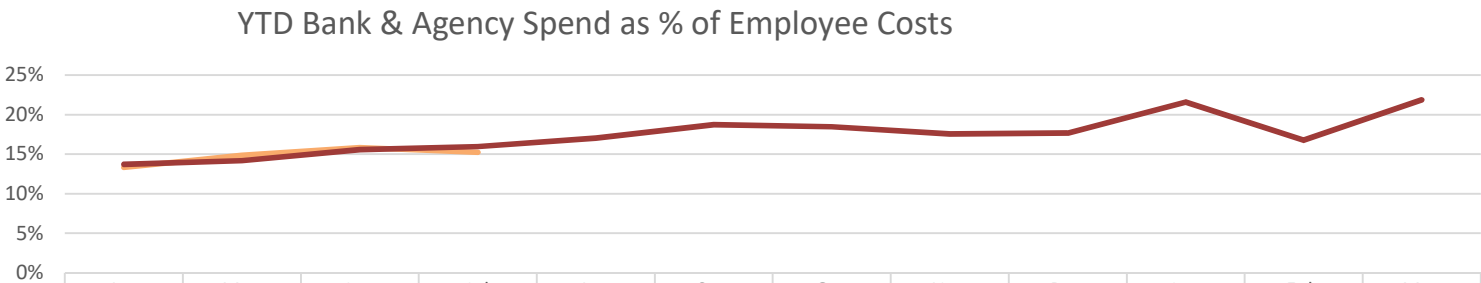
	Apr	May	Jun	Jul	YTD	Month Mov't
Total Agency £'000	**932.0**	**1,254.2**	**1,192.8**	**1,226.0**	**4,604.9**	**(33.2)**
Corporate Services	45.4	49.1	29.2	(3.1)	120.7	32.3
Infrastructure & Hospital Operations	18.5	23.5	20.4	17.0	79.3	3.4
Integrated Cancer & Diagnostics Services	41.2	57.5	69.6	196.9	365.2	(127.3)
Integrated Mental Health Services	112.6	306.9	216.9	105.8	742.2	111.1
Integrated Primary Care & Community Services	8.3	40.0	35.7	18.3	102.3	17.5
Integrated Social Care Services	57.1	75.4	93.7	52.7	278.9	41.0
Integrated Women, Children & Family Services	54.6	59.1	72.5	86.5	272.7	(14.0)
Medicine, Urgent Care & Ambulance Service	314.1	326.8	272.8	434.2	1,347.9	(161.4)
Nursing, Patient Safety & Governance Services	1.8	1.8	0.6	1.3	5.5	(0.7)
Operations Services	20.6	57.7	84.1	10.7	173.1	73.5
Surgery, Theatres, Critical Care & Anaesthetics	255.1	254.8	294.8	303.8	1,108.4	(9.0)
Tertiary Care Services	2.7	1.7	2.4	1.9	8.8	0.5

Greater than 75% of our Agency spend is associated with Medical, Nursing & Midwifery staff, highlighting the significant workforce gaps in these areas.



A key focus this year is on recruitment activity to address the 20% vacancy rate across the organisation. Care Groups have been asked to produce recruitment plans to address key vacancies and there is a project underway to drive international nurse recruitment. The CIP programme will provide oversight and co-ordination to support delivery of those plans. As these start to take effect, we will expect to see spend on temporary resource such as Bank & Agency as a proportion of total spend to reduce. The below table shows this data against last year when the proportion of spend ranged from 14% to 22% with an average of 17%.

So far, spend is tracking closely against last year.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Bank & Agency (Current Year)	13%	15%	16%	15%								
Bank & Agency (Prior Year)	14%	14%	16%	16%	17%	19%	18%	18%	18%	22%	17%	22%

Tertiary

The Tertiary budget has been amended to reflect the activity that was transferred to the Cancer & Diagnostics Care group but the underlying baseline budget is not expected to cover the predicted activity which assumes similar levels to 21/22. The forecast has not changed from prior month reporting and includes high cost & TT patient costs of £0.6m (where funding will be requested from the DHSC reserve fund).

The agreement of indicative annual activity plans with linked NHS trusts in the North West of England for the 2022/23 service year are currently in progress. Indicative activity plans have been agreed to date with the Walton Centre and Wrightington, Wigan and Leigh Teaching Hospitals. Further activity data is expected to enable performance reporting against activity plans.

Table 4 – Movement in Operational Cost from Prior Month

Movement to Prior Month	£'000	
Income	(23)	Income levels in line with last month.
Employee Costs	(297)	There are a number of movements across the Care Groups, with monthly fluctuations in spend expected.
Other Costs	(872)	Mainly an increase in Tertiary costs where actuals were based on the Q1 activity data which was received from our providers.
Total	**(1,192)**	

CIP

The CIP target for 22/23 has been set at £4.3m, which is reflected in the forecast. This is made up of the 1% efficiency target of £2.7m plus an additional £1.5m as part of the agreed growth funding. The original CIP plan identified £7.3m of potential cash out savings. However, there are a number of risks associated with these projects that may impact delivery, so the totals have been adjusted based on those risks. The risk adjusted total is £4.7m. To date, £2.2m of cash-out savings have been delivered, representing 51% of the total target of £4.3m.

Given the projected overspend position, additional measures totalling £5m have been identified and will now form part of an expanded CIP programme totalling £10m. A further 32 individual CIP opportunities have been identified bringing the total number of CIP projects to 109. The majority of these are cash releasing or spend avoidance with 11 projects seeking to deliver efficiency savings of £2.6m. There are still 23 CIP projects where the savings calculations are still being worked through and these will add further value to the 22-23 CIP plan.

The 22-23 CIP Plan is much broader in its scope than the 21-22 Plan and now includes all areas across Manx Care. However, there are some workstreams that cut across various operational areas to address some of the key cost pressures facing Manx Care:

- Workforce
- Drugs Spend
- Clinical Consumables Spend
- Contracting & Tertiary Spend
- Demand and Capacity Reviews
- Service Delivery Models

Whilst these workstreams will deliver savings in 22-23 many will also contribute significantly to CIP savings in 23/24

The single biggest risk to CIP delivery is capacity within Manx Care so additional support from DHSC and Transformation will be provided to deliver these savings. This resource should allow more of the £7.3m originally identified to be delivered in-year and allow additional measures identified to be put into effect as soon as possible.

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	846	Pay negotiations for 21/22 are still ongoing for MPTC/NJC and no pay awards for all pay groups for 22/23 have been agreed. The risk included is an additional 0.5% to that included in the forecast.
UK Placements	500	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.
Contract Inflation	250	Where contracts are going out to Tender this year, the uplift may be higher than the assumptions used in the budget planning as inflation has increased significantly since the beginning of the year
On Island Care Packages	1,000	High level costings for individual care packages in Social Care, these are being reviewed to understand the requirements for this year and into 2023/24.
Children's Home	300	There may be a requirement for the recommissioning of a home in Children & Family Services and is not currently included in the forecast.
Transformation Funding	240	Funding for the Primary Care Network has been paid by Manx Care which is part of the PCAS Transformation project. Funding is still to be agreed by the Transformation Project but is currently excluded from the actuals & forecast.
Review of internal business cases	3,395	On-going internal business cases that are being reviewed as part of the BCRG governance process with timelines and funding still to be identified. These are not included in the current forecast. There are also a number of Transformation business cases including UEIC and Cancer Pathways where the proposal is that implementation begins in 22/23 but funding is still to be agreed.
Total	**6,531**	

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

OPERATIONAL COSTS BY CARE GROUP - 31 JULY 2022								
	YTD £'000				FY £'000			
	Actual	Budget	Var (£)	Var (%)	Forecast	Budget	Var (£)	Var (%)
TOTAL BY CARE GROUP	**97,118**	**94,286**	**(2,831)**	**(3%)**	**291,516**	**282,858**	**(8,656)**	**(3%)**
CLINICAL CARE GROUPS	**89,512**	**86,606**	**(2,907)**	**(3%)**	**270,184**	**259,818**	**(10,365)**	**(4%)**
Medicine, Urgent Care & Ambulance Service	13,861	11,130	(2,731)	(25%)	40,654	33,392	(7,263)	(22%)
Surgery, Theatres, Critical Care & Anaesthetics	13,212	11,959	(1,253)	(10%)	37,349	35,877	(1,472)	(4%)
Integrated Cancer & Diagnostics Services	6,799	7,557	758	10%	22,066	22,670	605	3%
Integrated Women, Children & Family Services	5,692	5,493	(199)	(4%)	16,417	16,479	63	0%
Integrated Mental Health Services	7,891	7,941	49	1%	24,217	23,821	(395)	(2%)
Integrated Primary Care & Community Services	18,105	19,703	1,597	8%	58,199	59,108	909	2%
Integrated Social Care Services	16,093	16,669	575	3%	49,417	50,005	588	1%
Tertiary Care Services	7,859	6,155	(1,704)	(28%)	21,865	18,466	(3,399)	(18%)
SUPPORT & CORPORATE SERVICES	**7,604**	**7,680**	**76**	**1%**	**21,330**	**23,039**	**1,710**	**7%**
Infrastructure & Hospital Operations	2,902	2,938	36	1%	8,399	8,814	415	5%
Operations Services	1,146	1,065	(81)	(8%)	3,244	3,196	(48)	(2%)
Nursing, Patient Safety & Governance Services	1,183	1,436	253	18%	3,883	4,308	425	10%
Medical Director Services & Education	1,091	732	(358)	(49%)	3,004	2,197	(807)	(37%)
Corporate Services	1,282	1,508	226	15%	2,800	4,524	1,725	38%

Appendix 2 – Fund Claims

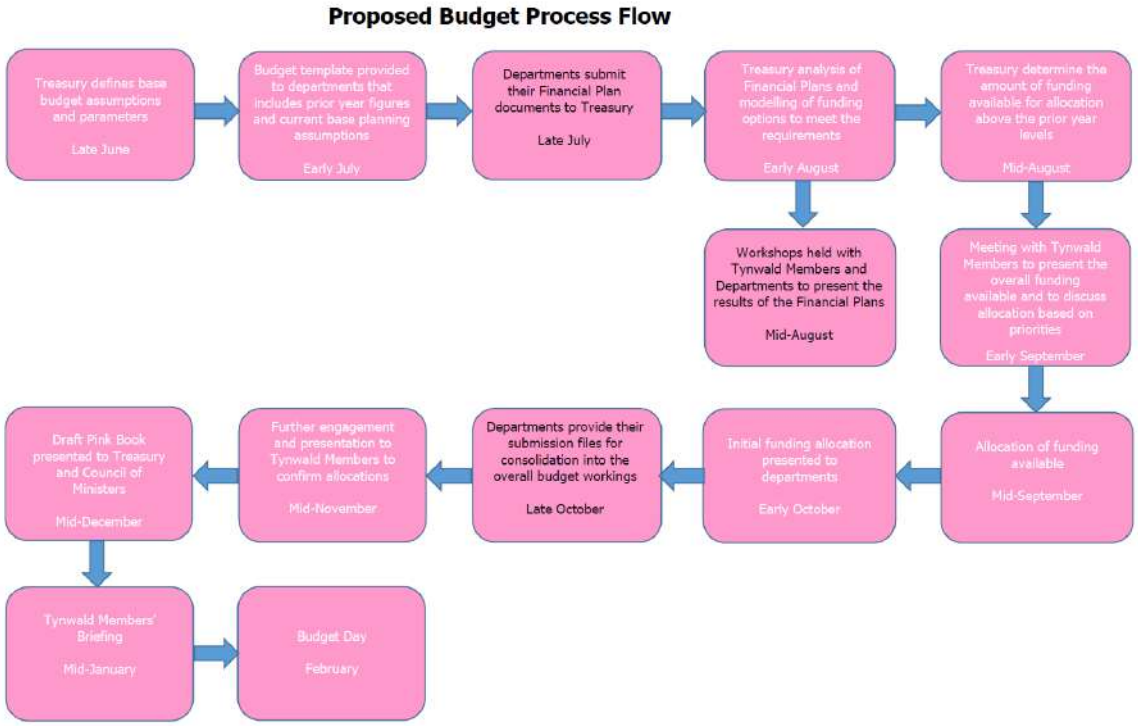
Fund Claim	
Medical Indemnity	Covers compensation claims and associated legal fees. Central fund held by Treasury and adjusted based on on-going claims, a paper will be prepared for the DHSC/Treasury to formally approve the funding required for 22/23.
Covid Costs	Business cases are provided to the DHSC/Treasury quarterly in advance and costs of £2.5m for Q1 were approved. A further business case for Q2 costs of £0.9m has also been approved by Treasury.
Covid Vaccination	Funding of £0.6m has been agreed so far for 22/23. A further business case will be submitted to Treasury to secure any additional funding required.
Restoration & Recovery	Funding of £2.1m is available in 22/23 to clear waiting list backlogs due to Covid. This relates to two business cases approved in 21/22 and activity carried over into 22/23.
111 Service	Funding of £1.4m for the 111 service has remained with the DHSC and Manx Care will currently reclaim any costs incurred.

manx care Kiarail Vannin	**SUMMARY REPORT**	**Meeting Date:**	**1 September 2022**
		Agenda Item:	

Meeting:	**Board Meeting**		
Report Title:	**Budget Setting 2023/24**		
Authors:	Jackie Lawless		
Accountable Director:	Jackie Lawless		
Other meetings presented to or previously agreed at:	**Committee**	**Date Reviewed**	**Key Points/Recommendation from that Committee**

Summary of key points in report

The DHSC has now submitted the Funding Bid to Treasury for 23/24. Treasury are expected to indicate the initial funding allocation for 23/24 in early October. There is an opportunity for further engagement before Tynwald is asked to confirm the allocations in Mid November.



Budget allocations are not final until they are formally been announced in February 2023, but it's unusual for allocations to change significantly after Tynwald members have confirmed in Mid-November. This should allow time for Manx Care's detailed budget to be drawn up, based on agreed spending priorities for 23/24.

Attached is the submission made to Treasury by DHSC (Appendix 1: DHSC Financial Plan) in which they sought additional funding for 2023/24 of £33m. This assumes:

Growth (3%) + CPI (10%) – CIP (1.5%) + £1m Inspection Costs (allocated to DHSC rather than Manx Care)

The Funding Paper prepared by Manx Care (Appendix 2: Manx Care Financial Plan) identified potential funding pressures in 23/24 of £56m, which were prioritised as follows:

2023/24 Cost Pressures	**£m**
Priority 1- UNAVOIDABLE	36,699
Priority 2 - STATUTORY/COMPLIANCE	3,306
Priority 3 - MANDATE REQUIREMENTS	3,110
Priority 4 - CORE SERVICE DELIVERY	8,380
Priority 5 - ENHANCED SERVICE DELIVERY	3,934
Priority 6 - ADDITIONAL SERVICE DELIVERY	691
TOTAL	**56,120**

This amount of £56m is after mitigations totalling £11m, which include additional CIP target of 1%, maintaining reduced bed base and elective activity in 23/24 and securing additional funding from HCTF. After taking into account the CIP target of 1.5% and Income uplifts in 23/24, the total additional funding requirement was £48.4m. These are detailed in Appendix 4: Detailed Funding Requirements

It's worth noting that the Mandate Requirements figure is based on current unfunded 22/23 Mandate Objectives as the Department has yet to agree the Mandated Objectives for 23/24.

The paper also discussed the historic funding gap when comparing the amount of recurring funding anticipated by Sir Jonathan Michael's funding model against the amount actually provided. Excluding inflation, this gap is £18.9m. However, if you include the impact of inflation, the funding gap rises to £81m. This gap relates to the ongoing revenue funding for DHSC/Manx Care and excludes the spend on Transformation which is non-recurrent. This is detailed in Appendix 3: Historic Funding Gap

The paper outlined 2 Funding Options:

Option 1- Total Funding Requirement £48.4m

This amount would allow Manx Care to address all of the identified funding requirements in 23/24 and was the recommended option. This represent an additional £16.7m above the funding formula but is still less than the historic funding gap.

Option 2 – Agreed Funding Formula £31.7m

This amount would result in a significant shortfall of £16.7m against the identified funding requirements, which would mean that it would only be possible to cover Priority 1 – Unavoidable Cost Pressures in full and part of Priority 2 – Statutory & Compliance requirements. There would be a shortfall of £942k against Priority 2. Furthermore, there would be insufficient funding to address the Mandate requirements, or any of the other priorities. This is outlined in the table below:

Accountable Director:

	Total Funding Requirement	Mitigations	Mitigated Funding Requirement	Variance to Target Budget
2022/23 BUDGET	282,567		282,567	31,694
Budget Adjustments	-339		-339	32,033
Income	-1,716		-1,716	33,749
CIP	-4,786		-4,786	38,535
UNAVOIDABLE COST PRESSURES	43,209	-6,898	36,311	2,224
STATUTORY/COMPLIANCE	3,166		3,166	-942
MANDATE REQUIREMENTS	6,534	-3,203	3,331	-4,274
CORE SERVICE DELIVERY	9,355	-1,149	8,206	-12,479
ENHANCED SERVICE DELIVERY	3,547		3,547	-16,026
ADDITIONAL SERVICE DELIVERY	691		691	-16,717
2023/24 DRAFT BUDGET	**342,228**	**- 11,250**	**330,978**	

In light of the fact that DHSC have requested Option 2, the Board may wish to consider opening discussions with DHSC to amend the funding request to Treasury to reflect the risks to delivery of the minimum funding formula. However, it's important to note that in the context of the current wider economic position of the Isle of Man Government, with intense pressure from cost of living increases and increased funding requirements from other Departments (most notably DOI and DESC) there is unlikely to be that level of funding available.

Furthermore, there is a risk that Treasury may not be able to fund Option 2 and the actual amount awarded would be less than the amount requested by DHSC.

If funding falls short of what's required (as is likely) Manx Care and the Department will need to work closely to prioritise spend in 23/24 in order to ensure that it is focussed on core, essential priorities. This will have major implications for Manx Care's ability to deliver on the 22/23 Mandated Requirements and no scope for the Department to include additional requirements in 23/24 as there will be insufficient funding to do so.

Once the initial funding allocation is released in early October, detailed discussion and planning within Manx Care and with the Department will be required to agree the spending priorities and any additional measures that may be needed in order to deliver financial balance in 23/24.

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

Isle of Man Government

Department of Health & Social Care

Financial Plan 2023/24

Contents

1. Executive summary

Manx Care and DHSC in its previous form has struggled to meet its budget for many years, with Supplementary Votes being required for the past 8 years totalling £68m. In the current year the new funding formula was applied from Sir Jonathan Michael's report (CPI + 3.03% - CIP savings target) and it is expected that this funding formula will be applied going forward.

For 2023/24, assuming that the funding formula is applied, and with inflation currently at around 9% the additional budget is calculated £33m with a 1.5% CIP target.

In the current year, after 3 months, Manx Care is forecasting to be £8.7m over budget. This may be mitigated, at least in part by the £6.5m of reserve held by DHSC, reducing the net forecast overspend to £1.4m (see Table 1 below). Manx Care is currently preparing additional Cost Improvement Plan (CIP) ideas along with a list of mitigations to try and mitigate their overspend.

Additional risks to the forecast are the ongoing employment tribunals, the potential settlements of which could be significant. The DHSC is also reviewing its employee structure and there is the potential need for newly identified positions to be recruited to, therefore placing further pressure on the Departments finances. Any pay award over 3.5% (which has been accounted for in table 1 below) would also put pressure on this forecast.

A vision of the Island Plan is for an Island of health and wellbeing and one where residents have high levels of physical and mental wellbeing, access to a comprehensive, high quality, and fully integrated health and social care system. Ensuring that the DHSC and Manx Care are sufficiently funded is vital to this being achieved.

2. Background

Treasury will be aware that DHSC successfully applied for a £10m Supplementary Vote to address Manx Care's cost pressures in March 2022. During the process, financial pressures of £18m were identified for the current year, although it was hoped they could be largely mitigated by the additional growth budget provided which also totalled £18m.

However, the growth funding allocated to Manx Care has been consumed by pay awards; drugs spend and other internal business cases. Consequently the June 2022 forecast position for the DHSC is a £1.4m overspend, excluding the impact of tribunal costs which DHSC may need to incur:

Department of Health & Social Care Financial Summary as at 30th June 2022						
Table 1	Current Year to Date			Full Year		
£000	Actual	Budget	Variance	Forecast	Budget	Variance
Summary by Division						
CEO Office	136	223	87	844	818	(26)
Governance, Policy & Legislation	128	214	85	675	854	180
Strategy & Commissioning	200	214	15	824	858	34
Quality, Safety & Engagement	228	252	24	1,043	1,009	(34)
Infrastructure	(12)	(4)	8	(37)	(15)	21
Sub-Total Operational	680	899	219	3,349	3,524	176
Investment Fund	-	-	-	-	6,500	6,500
111 Service	176	341	165	723	1,366	643
Gross before NI income	856	1,240	384	4,072	11,390	7,318
NI Contributions	(12,337)	(12,337)	0	(49,349)	(49,349)	(0)
Net DHSC	(11,481)	(11,097)	384	(45,277)	(37,960)	7,318
Manx Care						
Manx Care Mandate	75,302	70,714	(4,587)	300,363	282,858	(17,505)
Manx Care Mandate - fund claims	(3,349)	-	3,349	(8,810)	-	8,810
Total Manx Care	71,952	70,714	(1,238)	291,553	282,858	(8,695)
Grand Total	60,471	59,618	(854)	246,276	244,898	(1,378)

Manx Care identified a potential overspend early in the new financial year and have been working closely with the Department to produce a list of services that could be scaled down, ceased or amended in order to reduce costs in an attempt to bring Manx Care & consequently the DHSC back within its budget envelope. These mitigations are included at Annex 1

Whilst in the short term such actions may reduce costs, they can often have additional cost implications in the longer term, as delaying treatment risks patients potentially become more ill, waiting list increases which ultimately have to be addressed at some time etc.

The Department has been clear with Manx Care that it is expected to remain within its budget allocation. It has indicated to Manx Care which of the mitigations it can support and which it cannot support. Ultimately it is for Manx Care to determine how best to meet its budget whilst delivering the Mandated services.

In addition to the mitigations list, Manx Care is developing additional CIP items to further reduce its overspend. The Department is considering how best to support delivery of the CIP and will likely seek to provide physical support to help deliver the savings.

3. Overview of funding assessment

The DHSC is content with its own operating budget and is not requesting any additional budget amounts for the 2023/24 financial year for the Department itself (excluding the usual employee and non-employee inflationary uplifts). However, there are a number of cost pressures within DHSC:

- Any 1% unfunded pay award results in a £31,267 budget pressure. Given the Department's operating budget is 89% employee costs there is little room for manoeuvre in funding this from elsewhere.
- The Department is required to commission service reviews on an ongoing basis. In the current financial year, the CQC (Care Quality Commission) review has been funded out of

Transformation monies – up to £857k. In the future there will need to be a DHSC revenue budget allocated for this or access to other funding.

- Tribunal costs – as well as the high profile case there remain a number of other cases outstanding which may be costly.

Manx Care has highlighted cost pressures within the Health & Care Service of around £43m. More information is provided within their Funding Requirements paper attached at Annex 2. They include:

- Pay inflation in excess of the budgeted amount. In the current year the cost is forecast at £2.6m with an additional cost of £10.7m for 2023/24 if a 6% pay award is given.
- NICE TA's are yet to be implemented and would come with a full year cost of £3.5m
- Drugs costs which are subject to inflation - £3m
- Contract uplifts including GPs, Social Care Services and Tertiary Services £7m
- Other inflationary pressures £2m
- Continued need for agency staff to cover vacant posts £5m
- High cost patients £2m

Additionally, the Transformation Programme has highlighted the financial implications of proposed service improvements (shown in the table below at approx. £5.4m on an ongoing basis). Unless additional budget is supported for these services they cannot be implemented until Manx Care is able to fund these from existing budgets using efficiency gains etc. At that point the decision can then be made to release the one-off/transition costs from the Transformation Programme and commence implementation. However, given Manx Care's other cost pressures, it is difficult to envisage a time when they will have reached that point and will agree to implement these improvements.

Project	Strand	Source	Notes	In year (yr1)	Year2	year3	Year4	Year5	Year6	Long Term Adjustment p/a
Care Pathways and Service Delivery Transformation	UEC (phase 1)	Detailed Business Case	Subject to Transformation Board approval	£ 1,907,486	£ 3,458,253	£ 3,458,253	£ 3,458,253	£ 3,458,253	£ 3,458,253	£ 3,458,253
	Eye Care	Draft Detailed Business Case	Subject to refinement during finalisation, reivew and approval	£ -	-£ 38,203	-£ 38,203	-£ 38,203	-£ 38,203	-£ 38,203	-£ 38,203
	Diabetic Eye Screening	Business Case	Mid-point estimate	£ 209,949	£ 823,900	£ 823,900	£ 823,900	£ 823,900	£ 823,900	£ 823,900
	CYPCDX	Business Case	Subject to Transformation Board approval	£ 37,994	£ 151,976	£ 151,976	£ 151,976	£ 151,976	£ 151,976	£ 151,976
	Skin cancer	Business Case	Subject to Transformation Board approval	£ 135,852	£ 181,147	£ 181,147	£ 181,147	£ 181,147	£ 181,147	£ 181,147
	Lower GI cancer	Business Case	Subject to Transformation Board approval	£ 32,663	£ 33,997	£ 33,997	£ 33,997	£ 33,997	£ 33,997	£ 33,997
	Lower GI cancer: bowel screening	Business Case	Subject to Transformation Board approval	£ 45,980	£ 55,977	£ 55,977	£ 55,977	£ 55,977	£ 111,954	£ 111,954
	Upper GI cancer & Hepatobiliary	Business Case	Subject to Transformation Board approval	£ 17,664	£ 70,656	£ 70,656	£ 70,656	£ 70,656	£ 70,656	£ 70,656
	Gynae Cancer	Draft Business Case	Subject to refinement during finalisation, rehew and approval	£ 29,534	£ 118,135	£ 118,135	£ 118,135	£ 118,135	£ 118,135	£ 118,135
Air Bridge	Full HEMS call out	GNAA Contract	Based on 30 call outs		£ 210,000	£ 210,000	£ 210,000	£ 210,000	£ 210,000	£ 210,000
	HEMS monthly subscription	HCTPB 21.082 & GNAA Contract	Fixed		£ 249,997	£ 249,997	£ 249,997	£ 249,997	£ 249,997	£ 249,997
			TOTAL	£ 2,607,113	£ 5,315,834	£ 5,315,834	£ 5,315,834	£ 5,315,834	£ 5,371,811	£ 5,371,811

4. Cost and savings analysis

The operational budget of DHSC is only £3.5m, of which £3.1m (89%) is employee costs. In the current financial year the Department implemented a temporary recruitment freeze in order to save enough money to fund a potential 3.5% pay increase. Outside of this, cost savings opportunities are limited. The Minister has recently requested that a staffing review take place to ensure that the Department is staffed appropriately and this is underway.

The Department does currently hold a £6.5m budget reserve. This is comprised of £1.5m of CIP savings previously offered up by Manx Care plus an additional £5m of growth budget added

during the 2022/23 budget round. In the current year it seems this will likely be fully utilised in offsetting against the projected Manx Care overspend.

Manx Care has a full CIP programme in operation. A programme has been developed in conjunction with Mersey Internal Audit Agency (MIAA) which sets out the CIP plan for a number of years.

In its first two years of operation the formal CIP target was 1% - or approx. £2.7m. In 2022/23 Manx Care offered up an additional £1.5m making its financial target in the current year £4.2m. For 2023/24 it was proposed in August 2021 that the CIP target would be 1.5% which gives a financial target of almost £5m.

However, as Manx Care is forecasting another overspend in 2022/23 (currently £8.7m), they are looking to find additional CIP savings this year of around £7m, giving a total of almost £10m or 3%. As such they are concerned that adding the 0.5% of CIP target into next year's budget may be a stretch too far at this stage and would be grateful if Treasury will consider applying the 1% target again, giving a CIP target of £3.3m instead of £4.9m.

So far a total of 77 projects have been identified across Manx Care, 66 of which are cash releasing or spend avoidance. The remaining 11 projects represent efficiency savings in several areas including outpatient, procedures of limited clinical effectiveness and NHS supply chain. £7.3m of potential cash-out savings have been identified, risk adjusted to £4.7m with £2.1m already delivered in Primary, Secondary and Mental Health services.

5. Summary of expected benefits

An adequately funded health and social care service would ensure an area of focus contained within the Island Plan can be addressed and progress made towards achieving the aims.

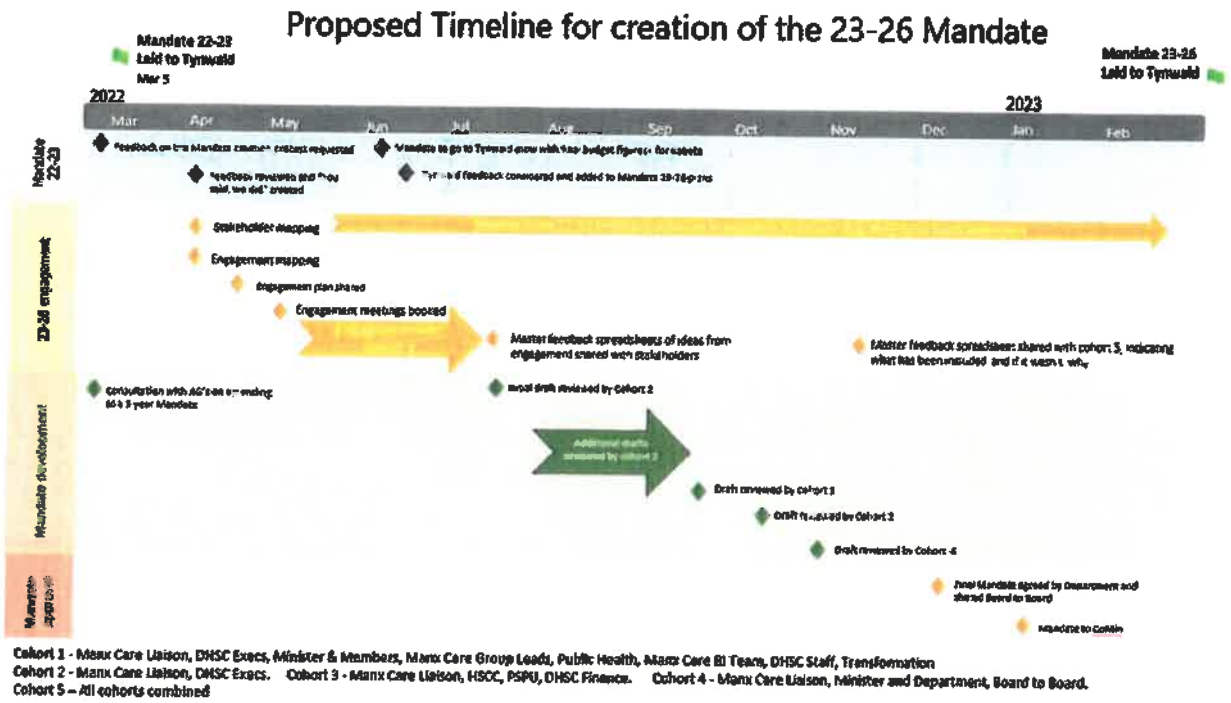
One of the 5 interrelated priorities within the Island Plan is 'an Island of Health & Wellbeing'. There are 10 elements to the Vision and 8 specific actions to be delivered over the lifetime of the plan which are:

1) Ensure the Health & Care Transformation project is delivering the recommendations of Sir Jonathan Michael's review
2) Address how waiting times and access to health & social care can be improved as a priority
3) Ensure the proper development of integrated healthcare and early intervention so that health and social issues, including child health and mental health, can get attention more quickly in a joined-up way delivered within communities.
4) Ensure appropriate provision of services and support is available to victims of abuse and those at risk or in need of protection.
5) Provide appropriate support for those who choose to care for others at home.
6) Value partnership with third sector and community groups by commissioning specific services where possible.
7) Review financial support towards meeting nursing home fees and social care costs
8) Recognise the link between healthy places, active lifestyles and overall wellbeing in policy choices.

In addition to the above the Department is supporting 16 other objectives from the Island Plan which are detailed within its Department Plan which is due to be published over the summer.

Providing adequate funding will be key to the Department, and in turn Manx Care, delivering on these Island Plan objectives. The Department is developing and engaging on a three year Mandate that will deliver the Island Plan from 2023/2026 that outlines the DHSC requirements of Manx Care as the Department's provider of health and care services, for the residents of the

Isle of Man and those who visit and require those services, where regulations allow. The 3 year Mandate is due to be laid before Tynwald in February 2023.



Cohort 1 - Manx Care Liaison, DHSC Execs, Minister & Members, Manx Care Group Leads, Public Health, Manx Care BI Team, DHSC Staff, Transformation
Cohort 2 - Manx Care Liaison, DHSC Execs. Cohort 3 - Manx Care Liaison, HSOC, PSPU, DHSC Finance. Cohort 4 - Manx Care Liaison, Minister and Department, Board to Board.
Cohort 5 – All cohorts combined

The Mandate will set out the services required, the funding available and the obligations and limitations of the delivery of the services. Manx Care may commission from itself or other suitably qualified organisations, both on and off Island, services that meet the standards required.

The Mandate forms part of the quality and service delivery requirements for Manx Care. Manx Care must ensure adherence to other non-specified legal and statutory duties as prescribed with the relevant Isle of Man legislation, regulations and directions.

6. Total funding request

Unlike most Departments, DHSC/Manx Care has an agreed funding formula which was identified in Sir Jonathan Michael's final report. The funding formula is CPI growth (assumed to be 10%) plus 3.03% health inflation less the Cost Improvement Programme (CIP) target which was previously proposed at 1.5% for 2023/24.

Whilst the growth budget was based on a "medium forecast" population growth of up to around 90,000 people by 2035 (500 p.a.) – Government's economic strategy envisages much faster growth, (up to 1,000 p.a.) and therefore in future years this growth budget will need reviewing in order to ensure it remains of an appropriate amount.

The strategy outlined figures for this scenario and identifies that under this "high growth" scenario the funding gap by 2035 would not be £156m, but £349m – and would require annual increases of CPI + 4.9%, not 3.03% as is currently the case.
The Departments understands this is not the current position, but feels it is important that Treasury are aware of this for future budget planning purposes around the economic strategy.

The Department also wishes to highlight that the formula built into Sir Jonathan's report was aimed at covering "demographic, non-demographic and healthcare specific price pressures" in the future delivery of services and does not provide an allocation of funding for the independent

/ external inspections regime that the report required as part of Recommendation 3. Consequently an indicative figure of £1m has been included in the budget request to fund such inspections.

Therefore the funding request for 2023/24 is £34.3m as follows :

DHSC 2023/24 Budget Requirement		
		£000
22/23 Mandate		282,858
22/23 DHSC Budget excl NI		11,390
22/23 Budget excl NI Income		**294,248**
Flu Vaccs - 1 year funding only		-642
Adjusted Budget 22/23 excl NI Income		**293,606**
Growth @	3.03%	8,896
CPI @	10.00%	29,361
Growth £000		**38,257**
Gross Budget 2023/24		**332,505**
CIP Target	-1.50%	-4,988
Net Budget excl NI Income		**327,517**
Net growth		**33,269**
Regulatory inspections	*Indicative*	*1,000*
Estimated additional budget required		***34,269***

If Treasury is minded to reduce the CIP target to 1% then the growth funding request would be for £33m plus the £1m indicative cost for regulatory inspections.

The final amount will depend on the assumptions that Treasury uses for CPI growth (assumed at 10% above).

As is noted earlier, the Department needs to maintain a programme of regulatory inspections across the Health & Care sector. In the current year, these have been funded from Transformation budgets (£857k) but going forward the Department will need access to fund those which are estimated to cost up to £1m per annum. This includes the CQC, Ofsted and other inspections as required.

In addition to the revenue budget **the Department would like to flag potential one-off funding** for the following:

- Phase 3 of the Restoration & Recovery programme – possibly several £m (flagged in the phase 2 paper which is currently circulating).
- The cost of addressing findings from the CQC inspections currently underway along with findings from the other regulatory inspections.

It may be advisable for Treasury to provide funding in the Health Care Transformation Fund for these items (since they will not meet TOR for the Contingency Fund).

As with the current year, DHSC will likely hold back an element of funding in a reserve again with access to Manx Care determined by appropriate terms of reference.

The Department would also like to flag it is currently working with the Transformation Programme on a 3 year funding model. This would enable greater flexibility around healthcare funding, enabling upfront investment to deliver longer term benefits and savings.

7. Approvals

7.1 DESIGNATED FINANCE OFFICER:

Name:	Andrew Quayle
Title:	Finance Business Partner / DFO
Date:	29/7/2022
Signature:	
Comments:	

7.2 ACCOUNTABLE OFFICER:

Name:	Stuart Quayle
Title:	Chief Executive Officer
Date:	29/7/2022
Signature:	
Comments:	

7.3 MINISTER:

Name:	Lawrie Hooper MHK BSC (Hons) MRES ACA
Title:	Minister
Date:	29/7/22
Signature:	
Comments:	

Isle of Man Government
Reiltys Ellan Vannin

Manx Care

Department Financial Plan 2023/24

Contents

1. Executive summary

Manx Care's first year of existence in 21/22 has been described as 'year of discovery' and has uncovered many issues and deficiencies that need to be addressed in order to fully meet the ambitions of the Island Plan to create An Island of Health & Wellbeing where residents have "access to a comprehensive, high quality and fully integrated health and social care system"

The Sir Jonathon Michael Report clearly laid out the plan to improve the system and all of his 23 Recommendations were accepted by Tynwald and their implementation is fully supported by Manx Care and the DHSC. In a recent review of progress, Sir Jonathon noted that the challenges faced by Manx Care are far greater than he anticipated in his report. This has certainly been borne out by experience over the past 18 months.

To this end, this Financial Plan aims to identify the key investments required to address the fundamental shortcomings in terms of governance, compliance, quality and safety that have emerged and which must be addressed in order to provide the firm foundation necessary for the wider Transformation of the Health & Social Care system. It focuses on getting the 'basics' in place.

Of course, this creates a significant additional 'ask' in terms of funding of £44.8m. But, this will deliver improvements across the system that will ultimately result in improved quality of care to our patients and service users by ensuring the appropriate governance and control systems are in place and that services are resourced appropriately to meet the demands made of them. It will also drive the efficiencies necessary to create the sustainable system envisaged by Sir Jonathan.

Many of these pressures are the result of a combination of historic inefficiencies and underfunding of the system.

He notes that "costs will continue to be higher than necessary (due to historic inefficiency, poor practice and poorly negotiated contracts with off-island providers) unless and until these issues are addressed" Whilst there is no doubt that inefficiencies exist in the system, many of them are deeply embedded and will take time, effort and investment to eliminate.

It's hoped that by setting the system on a firm financial footing that adequately funds what is required of it then effort can be focussed on making it more efficient in order to create the capacity to deliver against future requirements and ever increasing demand. This plan also outlines the savings over and above the minimum required in order to speed up the journey to financial sustainability.

2. Background

The Health & Social Care system has historically struggled to deliver services to a high standard as evidenced by the many gaps in compliance, safety and performance identified so far. Similarly, it has failed to live within its allocated financial envelope and has required Supplementary Votes of £8m per year on average over the past 7 years.

This represents particularly poor value for money for Manx Taxpayers. Over the past year, Manx Care has worked hard to clearly identify and quantify the areas of the system that require improvement and investment.

Intense pressure around Employee Costs continues with both pay inflation and continued high vacancy rates of approx. 20% which creates significant spend on Agency workers to ensure essential services are maintained. This is further exacerbated by fierce competition for medical and nursing staff, not just in the UK but across the globe. Some of this cost is offset by unfilled and uncovered vacancies in other areas but as recruitment efforts increase, this offset will reduce

Growth funding in the 22/23 budget has addressed the historic pressure created by rising drugs costs. However, similar pressures still exist within the Tertiary budget that has not benefitted from such uplifts even though costs have continued to rise.

Furthermore, the impact of High Cost patients is significant this year. So far, £1.5m in cost has been identified. In addition, two high cost off-island secure mental health placements have arisen costing in excess of £600k. Spend on Section 115 placements in Mental Health continues to be high.

However, Cost Improvement Plans are well advanced and so far £2m of the £4.8m target has been achieved. The forecast position at the end of 22/23 is currently £6.5m and a further range of mitigations have been enacted in order to address the issue and achieve a balanced budget in the year.

Funding Formula

Recommendation 19 of the Sir Jonathan Michaels report stated that "Increases in funding will be required to fund inflation, demographic & non-demographic changes"

Recommendation 17 stated that "Increased funding be linked to efficiency targets"

On that basis, a funding formula for Manx Care was agreed which is as follows:

Growth (3%) + CPI (assumed 10% for 23/24) less CIP (assumed 1.5% for 23/24)

This is the formula that was used to determine the funding allocation for the current year. In addition, a number of further investment business cases were approved.

The application of this formula gives a target budget for 23/24 of £319m which represents an uplift of £31.7m

Base Budget 22/23			**282,566,865**
Growth		3%	8,561,776
CPI		10%	28,256,687
Other Adjustments			
Year 2 PEOL	303,000		
Flu Vaccination - Funding for 1 year only	- 641,607		
Total Other Adjustments			**- 338,607**
Budget before CIP			**319,046,721**
CIP		-1.5%	- 4,785,701
Target Budget 23/24			**314,261,020**
Budget Uplift 23/24			**31,694,155**

It's important to note that the growth figure of 3.03% was designed to cover the unavoidable growth in costs inherent in the system, regardless of its efficiency. It's designed to address increases in demand due to population increases or demographic changes, increases in cost due to new treatments and drugs and health inflation which generally is in excess of standard inflation. The Growth Business Case submitted in 2021 outlined the detailed modelling and assumptions that generated the figure of 3.03%. It is the 'do nothing' funding requirement inherent in the system.

This funding was never intended to support additional investment requirements in order to improve or develop services. The Report always anticipated that additional investment would be required and so further funding would need to be invested in Transformation delivery.

Indeed, in 2021 additional funding was made available to develop the End of Life service and the Long Covid/ME/CFS service.

In reviewing service provision, significant investment requirements have been identified that outstrip what growth funding alone can support. For example, funding of NICE TAs would be a core use of Growth funding according to the modelling assumptions. It's expected that this will necessitate ongoing revenue funding of approx. £3.5m per year. After CIP savings, the net growth amount allocated in 23/24 is £3.7m. Therefore, NICE TAs alone will consume almost all of the growth funding available.

Historic Funding Gap

It's clear that historically spend has always exceeded the budget allocated in the Health & Social Care system. Sir Jonathan outlined in his report the funding that would be required year on year to sustain the system (based on the funding model above).

Starting with base spend in 2018/19 and applying the formula (excluding inflation) up to 2023/24, additional funding of £29.3m was anticipated. However, to date, additional recurrent funding of just £10.4m has been made available. This creates a funding gap of £18.9m.

If the same calculation is carried out including inflation, then additional funding of £117m would be expected, thus creating a gap of £81m.

A full breakdown of these calculations is provided at Appendix 1

The total funding request of £44.8m is £16.7m in excess of the £31.6m indicated by the funding formula, which is less than the non-inflationary funding gap.

3. Overview of funding assessment

A comprehensive review of service requirements for 23/24 has been undertaken which has identified total funding pressures of £66.5m. These pressures have been prioritised as follows:

		£000's
Priority 1	Unavoidable Cost Pressures	43,209
Priority 2	Statutory / Compliance Requirements	3,166
Priority 3	Mandate Requirements	6,534
Priority 4	Core Service Delivery	9,355
Priority 5	Enhanced Service Delivery	3,547
Priority 6	Additional Service Delivery	691
TOTAL Funding Pressures		**66,502**

Priority 1 – Unavoidable Cost Pressures - £42m

These cost pressures are considered to be unavoidable and largely outside the control of Manx Care. They constitute the bulk of the additional funding requirement. The primary driver of these costs are inflationary pressures of c£28m, continued high agency spend due to significant vacancies across the system, implementation of NICE TAs, IT system upgrades, Primary Care GP contract obligations and some long term, high cost specialist off-island Mental Health placements.

Priority 2 – Statutory / Compliance Requirements £3.2m

These funding pressures arise from legal and statutory compliance requirements such as Mandatory Training, Safeguarding, Information Governance, Section 115 costs and the impact of implementing the recommendations of the CQC.

Whilst these costs are not entirely unavoidable, not funding them will result in non-compliance with statutory and regulatory requirements which would result in legal action or fines.

Priority 3 – Mandate Requirements £6.5m

Manx Care is Mandated by the DHSC to provide certain services and outcomes. The Mandate for 23/24 has not yet been determined so it is not possible to calculate what the cost of that might be. This represents a risk to the 23/24 Financial Plan and any funding requirements will need to be addressed from the DHSC Reserve Fund. Under the Manx Care Act, all mandated objectives must be adequately funded.

However, of the 11 Mandated Objectives for 22/23, there are a number of elements that are not currently fully funded. This will impact Manx Care's ability to delivery fully against these objectives in 22/23 so appropriate funding will need to be secured in 23/24 to ensure delivery. The full Mandate for 22/23 is included at Appendix 2 for reference, but Objectives 1,2,3,7,8,10 & 11 all have funding gaps. These include development and provision of Advocacy services, Intermediate Care, Flu vaccinations, screening, 111 service, reducing delayed transfers of care from acute and social care settings, reporting on 18 week Referral to Treatment (RTT) performance,

Priority 4 – Core Service Delivery £9.3m

These cost pressures relate to gaps in service delivery and performance that have been identified in order to perform the core services expected of Manx Care. They include implementation of the Ockenden recommendations to bring our Maternity & Women's Health services up to the expected standards, increases in social care staffing to address shortfalls in Adult Learning Disability, Residential & Dementia Care settings and to support the increased staffing requirements from the opening of the new Summerhill facility in April 2023. The Children and Adolescent Mental Health Team have experienced increased demand of 42% over the past number of years so additional investment is required to meet this demand. Furthermore, we have experienced increased demand for specialist social care packages as a number of young people transition from the Children's to the Adult service.

Priority 5 – Enhanced Service Delivery £4.1m

All of the above pressures relate to addressing historic and current demand and compliance requirements. However, demand continues to increase across all areas and a number of initiatives have been identified to address some of these such as investing in Mental Health student placements to 'grow our own' staff and address the chronic shortage of Mental Health professionals, a restructure of our Ambulance Service to support the growing demand for the service and ensure fast response times to incidents, investment in digital Histopathology technology to provide greater resilience and capacity in the service, as well as further investment in the Cancer & Diagnostics service to support the 2 week wait target.

Priority 6 – Additional Service Delivery £690k

This category refers to initiatives that would provide additional services above the minimum to meet current and expected demand. Primarily, the funding would be used to expand the range of activities offered to those service users in the Adult Learning Disabilities system, thus improving their quality of life.

4. Cost and savings analysis

Income Opportunities

Cost pressures have been addressed in the prior section. However, new income opportunities are being initiated in 22/23 that should provide additional income in 23/24.

Car Parking Charges are to be introduced at Nobles hospital during 22/23 which are expected to generate additional £600k in 23/24. Accommodation rates are being reviewed which should see income increase by at least 10% to cover inflationary pressures.

Prescription and dental charges will be introduced but the income opportunity that represents is not possible to quantify at this time until the policy has been approved by the Department.

It is expected that the Private Patients Unit, which has been closed since before Manx Care was established, will re-open fully in 23/24 which will address one of the significant pressures on Manx Care finances for the past 2 years.

Detailed planning work is underway to fully assess the market opportunity, establish the appropriate governance mechanisms and identify if income above the £890k budget can be achieved. It has not yet been possible to quantify this amount.

It is assumed that social care income will increase by 10% in line with inflation, which represents an additional £800k of income. This is dependant upon confirmation that benefit rates will also increase by this amount.

Cost Improvement Plan

As part of the agreed funding formula, pre-agreed CIP targets are built into Manx Care's budget. The target in 22/23 is 1% and an additional £1.5m was added from the Growth funding allocation. The total target for 22/23 is £4.3m and to date approx. £2m of those savings have been delivered.

The current CIP Plan has identified cash saving opportunities totalling £7.3m, many of which will deliver savings into 23/24. Key areas of focus are around medicines optimisations, supply chain optimisation – reducing spend on clinical consumables by consolidating spend with NHS Supply Chain and centralised stock management, improved control of rostering and bank staff and targeted recruitment to reduce locum spend.

Efficiency savings of £2.6m are also targeted. Whilst these will not release any cash, they will create capacity meet unmet demand, provide a more efficient use of resources and better quality of care.

In order to achieve balance in 22/23, additional cost savings have been implemented totalling £5m, many of which will be sustained during 23/24. These include reviewing and reducing surgical rotas, slimming down the care group management structure, reducing patient transfer costs, decommissioning the on-Island Nuclear medicine service and repatriation of the off-Island pain management service.

The efficiency profile proposed by Transformation has determined that the CIP target for 23/24 should be £1.5% which will require savings of £4.8m in 23/24 which is equivalent to those targeted for 22/23.

In order to mitigate some of the funding pressures identified above, a further 1% savings above this target could be possible. Therefore, the CIP target in 23/24 would be £7.9m. This will be a challenging target but would still be less than those required to achieve balance in 22/23.

If the CIP target included in the budget could be sustained at 1%, rather than the 1.5% recommended, it would release an additional £1.6m to address some of the funding pressures identified above.

Mitigations

The funding pressures could be further mitigated by seeking funding from the Healthcare Transformation Fund for some of the initiatives required such as implementing RTT reporting, addressing the CQC recommendations, developing Intermediate and Integrated Care services, CAMHS development and Safeguarding. All of these schemes directly support the mandated objectives and the Island Plan ambitions around providing high quality integrated care, early intervention, accessibility and accountability and supporting the wider Transformation programme. It's estimated that this could total approx. £5m.

This funding will be non-recurrent and so the ongoing costs will need to be absorbed at a future date. However, utilising the HCTF could allow for a period of 'double running' and allow time for further efficiencies to be released that would allow the costs to be re-absorbed in future.

DHSC Reserve Fund

The DHSC holds a Reserve Fund of £6.5m which could also be used to mitigate some of these cost pressures. However, there remain a number of further cost risks that cannot yet be quantified so it would be prudent to hold the reserve to address these as they arise.. The risks include:

High Cost Patients – an agreed use of the Reserve Fund is to provide funding for High Cost Patients due to the volatility and unpredictability of these costs. In 22/23 £1.5m in costs have already been identified

23/24 Mandate Requirements – as mentioned earlier, the Mandate for 23/24 has not yet been developed. As this is done, it may well create further funding requirements in order to deliver and the Department is required to ensure that these are adequately funded.

Public Health Requirements – whilst some initiatives to support his work have been included in this plan, Public Health have not yet been able to provide detail on the broader scope of their requirements. Delivering on these requirements will be central to many aspects of delivery under the Island Plan such as promoting healthy lifestyles and choices to support health and wellbeing so it's vital the Department retains provision for addressing those requirements during 23/24.

Asset Replacement Requirements – a risk is emerging (similar to those around legacy IT systems and contract compliance) regarding asset replacement. Management and visibility of what assets are held and when their useful life ends is inconsistent There is not yet a clear asset replacement programme. A number of requirements have emerged unexpectedly in the past 18 months and this may well continue – especially as services are improved and developed. Improved management of assets represents a potential efficiency opportunity but may require investment in 23/24.

Unknown Risks – whilst every effort has been made to identify the fullest understanding of where the funding pressures and risks lie, there will always be unexpected developments. It's important that the Reserve is not fully allocated at the outset so that it can be used for its intended purpose of being able to react to those unexpected events.

For this reason, it has been assumed that this fund will not be available to mitigate the financial pressures described in this paper

5. Summary of expected benefits

The investments outlined in this paper are considered essential to create a firm baseline from which the Healthcare system can grow and develop so that it can provide the kind and quality of healthcare provision envisioned in the Island Plan.

They will create a system that is well governed and can meet all of its compliance and statutory requirements that will allow it to be fully accountable,

6. Total funding request

Option 1 – Total Funding Request

The total funding request, based on identified funding pressures of £66.5m and mitigations of £11m which include additional CIP and funding from HCTF is £342.2m. This is an increase of £48.4m on the 22/23 budget and £16.7m above the anticipated budget based on the agreed funding formula of Growth + CPI less CIP.

This £16.7m is less than the funding gap identified above in terms of how investment in the system has lagged behind that proposed by the Sir Jonathan Michael report.

However, if the full amount of funding were to be awarded it would address the historic pressures and non compliance and put the system on a stable basis from which to further develop and grow into the high quality system envisaged in the Island Plan and expected by Isle of Man residents. Furthermore, it would allow for future growth funding to be used to address actual growth rather than historic gaps.

		£000's
Base Budget 22/23		**282,567**
Budget Adjustments	-	339
Funding Pressures		66,502
Income	-	1,716
CIP	-	4,786
23/24 Funding Requirement		**342,228**
Mitigations	-	11,250
Net Funding Requirement		**330,978**
Uplift on 22/23 Budget		**48,411**

Option 2 - Agreed Funding Formula

Understanding the wider economic constraints and other priorities that Government must consider, if the funding available was that outlined by the funding formula, then the funding request would amount to £314.2m which is an increase of £31.7m on the 22/23 budget.

However, the impact of this reduced funding envelope is that it would only be possible to cover Priority 1 – Unavoidable Cost Pressures in full and part of Priority 2 – Statutory & Compliance requirements. There would be a shortfall of £942k against Priority 2. Furthermore, there would be insufficient funding to address the Mandate requirements, or any of the other priorities.

This would have a grave implications for the Department and Manx Care's ability to deliver against either the Mandated objectives or the requirements of the Island Plan.

	Total Funding Requirement	Mitigations	Mitigated Funding Requirement	Variance to Target Budget
2022/23 BUDGET	282,567		282,567	31,694
Budget Adjustments	-339		-339	32,033
Income	-1,716		-1,716	33,749
CIP	-4,786		-4,786	38,535
UNAVOIDABLE COST PRESSURES	43,209	-6,898	36,311	2,224
STATUTORY/COMPLIANCE	3,166		3,166	-942
MANDATE REQUIREMENTS	6,534	-3,203	3,331	-4,274
CORE SERVICE DELIVERY	9,355	-1,149	8,206	-12,479
ENHANCED SERVICE DELIVERY	3,547		3,547	-16,026
ADDITIONAL SERVICE DELIVERY	691		691	-16,717
2023/24 DRAFT BUDGET	**342,228**	**- 11,250**	**330,978**	

7. Approvals

7.1 DESIGNATED FINANCE OFFICER:

Name:	Jackie Lawless
Title:	Finance Business Partner / DFO
Date:	8th August 2022
Signature:	
Comments:	I fully endorse the content of this plan, which clearly articulates the potential funding pressures but also outlines how these have been prioritised in order to be able to deliver within the expected funding envelope determined by the funding formula. It should be clear to determine the delivery impact of any funding allocation in terms of ability to address priorities in order of importance and therefore those priorities that may not be possible to deliver within a constrained financial envelope. This submission reflects the agreed position of the Manx Care Board and Execs in terms of approach and prioritisation of those funding pressures.

7.2 ACCOUNTABLE OFFICER:

Name:	Teresa Cope
Title:	Chief Executive Officer
Date:	11/08/2022
Signature:	
Comments:	

Appendix 1 - Historic Funding Gap

Sir Jonathon Michael's Funding predictions (Recommendation 19) assume Growth (3%) - CIP Savings (1%) in 'real' terms i.e. assumed CPI remained the same as at the time of the report
Recommendation 19 References the need for receipts to increase by 2.13% above Inflation year on year to cover the funding gap created by increased spend
Calculations of expenditure and budget exclude Transformation funding

Projected Expenditure Growth Excluding Inflation

	19/20	20/21	21/22	22/23	23/24	5 year Growth
Base Spend (18/19)	277.0	282.6	288.4	294.2	300.2	
Growth 3%	8.4	8.6	8.7	8.9	9.1	43.7
1% Efficiencies	- 2.8	- 2.8	- 2.9	- 2.9	- 3.0	- 14.4
Spend Movement	5.6	5.7	5.9	6.0	6.1	29.3
Projected Spend	282.6	288.4	294.2	300.2	306.3	
Actual Spend	288.25	277.83	293.64			
Variance	5.62 -	10.54 -	0.57			
Total Expenditure Growth	29.3					
Total Funding Growth (Excluding Transformation)	10.4					
Funding Gap 23/24	**- 18.91**					

Recommendation 17 Increased funding be linked to efficiency targets
Efficiencies of 1%, to be reviewed annually. Target in 22/23 of 1.5%

Recommendation 18 Additional Transformation funding be to deliver the transformational recommendati
Non-recurring

Transformation Project Funding	HCTF approx £5m pa
Transformation Programme Funding	1.5% of budget for 5 years

Recommendation 19 Increases in funding will be required to fund inflation, demographic & non-demograp
Growth 2.66% - adjusted to 3.03% based on updated data in 21/22
Funding gap expressed in 'real terms' i.e. excluding inflation
Treasury receipts will need to increase by 2.13% above inflation to meet the funding

Projected Expenditure Growth Including Inflation

	19/20	20/21	21/22	22/23	23/24	5 year Growth
Base Spend (18/19)	277.0	289.8	300.1	318.4	351.7	
Inflation (see below)	7.2	4.3	12.3	26.7	35.2	85.8
Growth 3%	8.4	8.8	9.1	9.6	10.7	46.6
1% Efficiencies	- 2.8	- 2.9	- 3.0	- 3.2	- 3.5	- 15.4
Spend Movement	12.8	10.2	18.4	33.2	42.3	117.0
Projected Spend	289.8	300.1	318.4	351.7	394.0	
Actual Spend	288.25	277.83	293.64			
Variance	- 1.58	- 22.23	- 24.81			
Annual Inflation	**2.6%**	**1.5%**	**4.1%**	**8.4%**	**10.0%**	
Actual historic inflation rates for 2019 - 2021						
2022 based on actual Q1 figures						
2023 based on Treasury planning estimate of 10%						
Total Expenditure Growth	117.0					
Total Funding Growth (Excluding Transformation)	35.97					
Funding Gap 23/24	**- 81.00**					

Title	RPI All Items: Percentage change over 12 months: Jan 1987=100
CDID	CZBH
Source dat	MM23
PreUnit	
Unit	%
Release da	22-06-2022
Next releas	20 July 2022
Important notes	
2017	3.6
2018	3.3
2019	2.6
2020	1.5
2021	4.1
2022 Q1	8.4

Actual Funding Growth (including Inflation)

	19/20	20/21	21/22	22/23	23/24	5 year Growth
Actual Budget (Excluding Transformation)	278.3	288.1	298.3	308.8	314.3	
Budget Growth		9.82	10.17	10.53	5.45	**35.97**

Actual Funding Growth (excluding Inflation)

	19/20	20/21	21/22	22/23	23/24	5 year Growth
Actual Budget (Excluding Transformation)	278.3	288.1	298.3	308.8	314.3	
Less: Inflation	*-2.7*	*-2.8*	*-10.0*	*-6.8*	*28.3*	
Budget Less Inflation	275.6	285.3	288.3	302.0	286.0	
Budget Growth		9.70	2.96	13.69 -	15.99	**10.37**

Assumptions
Spend projections are based upon actual spend in 2018/19
Inflation assumptions are based on historic inflation rates as per the ONS
Funding Growth is based on Actual Expenditure Budget Uplifts

Funding Growth excludes Recurring Transformation funding:

19/20	20/21	21/22	22/23
-	-	2.78	0.26
		1.64	
-	**-**	**4.43**	**0.26**

Spend & Funding Growth excludes Non-Recurring Transformation funding claims from HCTF

19/20	20/21	21/22	22/23
0.38	**0.09**	**0.51**	**0.78**

BUDGET 2023/24

£'000													Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Priority 6			
CARE GROUP	2022/23 BUDGET	22/23 PAY AWARD ABOVE 2%	23/24 PAY AWARD @ 6%	EXISTING TSY B/CASE ADJS	EXISTING INT B/CASE ADJS	NICE T/A's	DRUGS UPLIFT 23/24 @ 10%	CONTRACT UPLIFT @ 10%	OTHER INFLATION	INCOME	PPU 100% OPERATIONAL	CIP @ 1.5%	UNAVOIDABLE COST PRESSURES	STATUTORY/ COMPLIANCE	MANDATE REQUIREMENTS	CORE SERVICE DELIVERY	ENHANCED SERVICE DELIVERY	ADDITIONAL SERVICE DELIVERY	2023/24 DRAFT BUDGET	ADDITIONAL FUNDING REQUIREMENT
Medicine, Urgent Care & Ambulance Service	33,392	441	1,653		261		749	49	191				5,054			115	806		42,712	9,320
Surgery, Theatres, Critical Care & Anaesthetics	35,877	448	1,819				114		483				1,856				1,303		41,900	6,023
Integrated Cancer & Diagnostics Services	22,670	223	793		88		491	12	434				1,031	70	200		622	118	26,751	4,081
Integrated Women, Children & Family Services	16,479	232	934				69	4	78				404			1,768			19,969	3,489
Integrated Mental Health Services	23,821	292	1,072				21	542	47				868	316	150	1,522	654	56	29,361	5,540
Integrated Primary Care & Community Services	59,108	278	974	(242)	385		1,721	2,604	245				4,146		1,962	480			71,661	12,554
Integrated Social Care Services	50,005	498	2,247					1,789	206	(856)			100	480	568	5,995	162	517	61,713	11,708
Tertiary Care Services	18,466	2	12					1,869	2,700										23,049	4,583
Infrastructure & Hospital Operations	8,814	82	506						257	(861)									8,799	(16)
Dir of Operations Services	3,196	33	148	303			4		22						1,750				5,455	2,259
Nursing, Patient Safety & Governance Services	4,308	61	226		145				27										4,766	458
Medical Director Services & Education	2,197	22	132						19										2,370	173
Corporate Services	5,312	22	170						46				558	2,300	724				9,132	3,820
CIP	(2,997)											(4,786)							(7,782)	(4,786)
Contingency	2,209			(400)									200		1,180	(525)			2,664	455
TOTAL - MANX CARE	**282,858**	**2,634**	**10,686**	**(339)**	**880**	**0**	**3,169**	**6,869**	**4,755**	**(1,716)**	**0**	**(4,786)**	**14,217**	**3,166**	**6,534**	**9,355**	**3,547**	**691**	**342,519**	**59,661**
TARGET BUDGET	**314,261**																			**31,403**
CUMULATIVE FUNDING REQUIREMENT	282,858	285,492	296,178	295,839	296,719	296,719	299,887	306,756	311,511	309,795	309,795	305,009	319,226	322,392	328,927	338,281	341,828	342,519		
Cumulative Variance to Target Budget	31,403	28,769	18,083	18,422	17,542	17,542	14,374	7,505	2,750	4,466	4,466	9,252	(4,965)	(8,131)	(14,665)	(24,020)	(27,567)	(28,258)		(28,258)
check	*0*	*0*	*0*	*0*	*0*		*0*	*0*	*(1)*	*0*			*0*	*0*	*0*	*0*	*0*	*0*		
Potential Mitigations									0					6,898	3,203	1,149				**11,250**
Revised Cumulative Variance														(1,233)	(4,565)	(12,770)	(16,317)	(17,008)		*(17,008)*

22/23 Pay Award	Additional funding of 1% for PSC & NHS & 2% for MPTC & NJC Funded from contingency in 22/23		**48,411**
23/24 Pay Award	Assumed for all pay groups @ 6%		
Existing Treasury Business Case Adjustments	**(339)**		
Flu Vaccination Programme (1 year funding only)	(642)		Where is the ongoing funding for this coming from? Do we need to add it as a funding pressure?
Hospice	303		
Internal Business Case Adjustments	**880**		
ED Safe Staffing (50% funding in 22/23)	229	HTF?	Assumes that all recruitment costs are paid from the reserve in 22/23 / Uplifted by 6% for 23/24 pay award
Frailty (75% funding in 22/23)	33	HTF?	Uplifted by 6% for 23/24 pay award
Breast Consultant (50% funding in 22/23)	88		Uplifted by 6% for 23/24 pay award
GP Pay Parity (40% agreed in Y1)	279		Uplifted by 10% for contract uplift
MCALS	145		Funded from MC Contingency in 22/23
ME/CFS/Long Covid	107		Uplifted by 6% for 23/24 pay award
Income	**(1,716)**		
Staff Accommodation	(111)		Uplift @ 10%
Other operations (catering/shop)	(50)		Uplift @ 5%
Car Parking Charges	(700)		Based on 22/23 mitigations
Prescription & Dental Charges	0		No uplift included as DHSC decision
Social Care fees	(856)		Uplift @ 10% - Assumes that benefits increase by inflation
Inflationary Pressures	**28,112**		
22/23 Pay Award	2,634		4% awarded above 2% inflation budgeted
23/24 Pay Award	10,686		6%
Drugs Uplift	3,169		10%
Contracts Uplift	6,869		10%
Other Inflation	4,755		10% + tertiary Historic inflationary pressures - based on 22/23 activity levels which are broadly in line with 19/20 levels
Unavoidable Cost Pressures	**14,217**		
Med - Agency/Locum/Bank cover	1,747		Assumes vacancy factor reduced by 50%
Med - Atlas Helicopter Retainer Increase	10		
Med - Mandatory Training (OT costs)	44		
Med - Employee Costs Gap	3,253		Forecast overspend in 22/23 is £6.8m - financial pressure of £1.7m too low so add extra to reflect more realistic position of £5m
Sur - Agency/Locum/Bank cover	1,856		Assumes vacancy factor reduced by 50%

Appendix 3 - Detailed Funding Requirements

C&D - Agency/Locum/Bank cover	861		Assumes vacancy factor reduced by 50% No forecast overspend in 22/23 so reduced by £800k to bring in line with 22/23 figures
W&C - Agency/Locum/Bank cover	334		Assumes vacancy factor reduced by 50%. 22/23 forecast overspend of £150k so reduced by £1m to bring in line with 22/23 figures
W&C - Community Cost Pressures	70		
Adjust for uncovered vacancies	(1,000)		Current underspend due to unfilled vacancies £2m. If assume 50% reduction in vacancy rate, this will be £1m in 23/24
MH - Agency/Locum/Bank cover	250	TBC	Placeholder - need to calculate based on vacancy factor
PC Clinical Domain Leads (Primary Care Network)	246	HTF?	Previously funded by Transformation but not yet agreed for 22/23 or beyond
PC Investment & Impact Funding	400	HTF?	Part of new 22/23 GP Contract
MH Secure UK Placement	368		Included in High Cost Patients for 22/23 but will need recurrent funding as a long term placement
MH Forensic Placement	221		Included in High Cost Patients for 22/23 but will need recurrent funding as a long term placement
MH - DAT system replacement	29		£6k maintenance uplift plus £23k admin function
CD - RIS/PACS Upgrade	170		Yr 1 Implementation costs £1085 + Ongoing maintenance uplift of £52k. Seek funding for implementation costs, otherwise amortised over 10 years so additional annual cost of approx £120k - figure tbc
Manx GP / TT Additional costs	1200		Based on £600k TT costs in 22/23. Seek DHSC Reserve funding in 22/23
Other IT System upgrades	558		
NICE Tas	3,500		
SC - NJC T&C's	100	TBC	Placeholder - Costs unknown
Statutory or Compliance Requirements	**3,166**		
C&D Ultrasound/MRI Backlog	70		
CQC Requirements	1,500	HTF?	Cost unknown until CQC report received Dec 22. High level estimate of potential cost
ASC Mandatory Training	200	Mandate	Objective 9
IG Resource Requirements	800		Currently funded by Transformation until end of 22/23. May be less as current year funding is 'surge'. RW to confirm
MH s115 Growth	316		
SC - Safeguarding Business Case	280	HTF?	
Core Service Delivery (to meet current demand)	**9,355**		
W&C Maternity	572		Implementation of Ockenden Recommendations
W&C NNU	79		Implementation of Ockenden Recommendations
W&C Paediatrics	485		Safe Staffing Levels
W&C Children Nursing	23		
W&C Sexual Health	97		
W&C Obstetrics	40		
W&C Gynae	125		
W&C Community	347		School Nurses and Children's Public Health agenda
W&C Women's Health	TBA		
Icentia Business Case	115	HTF?	
Surgery Suggestions	TBA	TBC	
PC&C - Diabetes Business Case	357	HTF?	Business Case uplifed by 6% for pay award
PC & C - 2 x Band 6 Nurses	123		
MH CAMHS Business Case (Home Treatment)	677	HTF?	Reduced in 23/24 if request 1 years funding from HTF
MH Tier 2 CAMHS Service	350	TBC	
MH DAT - System Replacement Business Case	24		
MH Refurb of G/Court	50	TBC	Placeholder for one off costs - requested copy of capital business case to see what has been included
MH Supported Living	421		
SC - Care Packages	2,829	TBC	£245k already bid for & in contingency
SC - Children's Home		TBC	£300k - hold in contingency Risk - may not be needed
SC - Early Help Service	0	TBC	£250k - hol din contingency Risk of funding not being received from DESC
SC - Inflation Risk on contracts going out to tender		TBC	£419k included in 10% inflation
SC - Integrated Care (funding from HTF ceases in 23/24)	255		
SC - Integrated Care East Business Cse			
SC - Restructure (2 x Group Managers)	174		
SC - LD Residential Services	239	TBC	SS to confirm
SC - Residential Services	961	TBC	May reduce / SS to confirm
SC -Dementia Care Services	1,012	TBC	SS to confirm
Enhanced Service Delivery (to meet expected demand)	**3,547**		
C&D Radiology (3 x band 7 posts)	212		
C&D McMillan Assoc Director Nursing	95		
C&D Chemo Nurses Re-Band (B5 to B6)	59		
C&D Band 4 support workers	70		
C&D Cancer Info Support Manager (uplift to 1.00 fte)	26		
Sur - Theatres Review (uplift for safe staffing to run 6 theatres)	1,303		£1303 Increase efficiency of current 5 theatres before opening another one. Increse to 3 sessional days from 2
Med - Ambulance Restructure (2*B6 & 18*B4)	806		
SC - Respite Staffing	162	TBC	50% of staff costs to phase in recruitment for new build opening in 24/25 / SS to confirm
MH - Placement Contingency (x2)	402		
MH - Student Posts	252		
C&D Digital Histopathology	160		
New Service Developments	**691**		
C&D Pathology platlet service	118		
MH - Admin Review	56		
SC - LD Residential Services	517	TBC	SS to confirm

Appendix 3 - Detailed Funding Requirements

Mandate Requirements - Unfunded	**6,534**		
COVID Vaccinations	900	Objective 1	Potential recurrent commissioning and delivery of covid vaccination programme to be considered. Unclear what requirements for 23/24 will be but expected 22/23 spend assumed
Flu Vaccination Programme	642	Objective 11	Only 1 year funded in 22/23. No funding in 23/24
Independent Advocacy Service	480	Objective 2	Currently have a budget of £160k, however to cover all social care and part of mental health will be in the region of **£320k recurrent.** Potentially the same amount of funding again to cover 'physical' so **£640k recurrent** estimate for a comprehensive advocacy serv
Eastern Wellbeing Partnership	304	Objective 3	Availability of funding to launch the Eastern Wellbeing Partnership £134k recurrent, mainly additional staffing requirements plus £30k recurrent for running/admin related costs. A lot of staff are being re-aligned from district nursing teams etc to link to the Wellbeing Partnerships at no a
Intermediate Care	1,250	Objective 3	Based on existing business case & uplifted for pay awards
Reducing delayed tranfers of care, discharge to assess	264	Objective 3	Spot purchasing of additional beds to support flow. Spot purchasing of beds is tactically the right thing to do but not cash releasing due to fixed costs so is incurring additional cost to Manx Care. Spend to date in 22/23 of £66k - assumes similar spend in 23/24
iTHRIVE rollout	150	Objective 5	
MH - Supported Living			Included in Core Service Delivery
Upscaling Radiology	200	Objective 7	Cost TBC
Phase 2 R&R		Objective 7	Seeking Treasury Contingency Funding £18.6m from 22/23
Phase 3 R&R		Objective 7	DHSC to signal separately in cover paper
Manx GP / TT Additional costs			Based on £600k TT costs in 22/23. Seek DHSC Reserve funding in 22/23
MCALS			Included in Internal Business Cases
RTT	500	Objective 7	Restoration and Recovery (and longer term RTT) £40k non recurrent system switch on costs for reporting, PTL team £150k recurrent plus admin and clinical validation teams – not costed, rough estimate £500k recurrent (as clinical/PA time is expensive)
Digital options to manage long term conditions	400	Objective 8	Further steer from DHSC needed on this – assuming this also links into self-management of conditions e.g. digital monitoring at home which links directly to the consultant/doctor so tech and clinical costs to take into consideration such as the cardiology example we have done recently. I
Shared Care (PCAS)	20	Objective 10	Business case for DAT & CAMHS
Public Health Requirements (bowel Screening & Diabetic Retinopatl	724	Objective 11	To manage the delivery and commissioning of PH functions properly, we need a central team in Manx Care with oversight – estimate £300k recurrent for staffing. Then we need a benchmarking exercise and steer from PH if they want 'like for like' vacs and screening as per the LA's and N
111 Service	700	Objective 1	Based on 22/23 spend. No funding in 23/24
Autism Pathway			Cost TBC
23/24 Mandate Objectives			Mandate not yet agreed - any additional funding in 23/24 will need to be from DHSC Reserve fund

Potential Mitigations	**11,250**	**11,250**	
HTF (Unavoidable)	907		
HTF (Statutory)	1,780		
RIS/PACS Implementation funded from DHSC Reserve	120		£1,085 Implementation cost - remove amortised cost element of £120k
Increase CIP to 2%	1,595		Additional 0.5%
Increase CIP to 2.5%	1,595		Further 0.5%
Maintain closure of Ward 8	900		From 22/23 Mitigations
Mitigations to Cover Unavoidable & Statutory Shortfall		**6,898**	
Maintain closure of Theatre 6	1,303		Increase efficiency of current 5 theatres before opening another one. Increase to 3 sessional days from 2
Ensure PPU @ 100%			Currently assume 50%
HTF (Mandate)	1,900		
Mitigations to cover Mandate Shortfall		**3,203**	
HTF (Desirable)	1,149		To cover all other requirements
All other Mitigations		**1,149**	
Lower Pay Award - 5%	1,781		1% reduction
Lower Pay Award - 4%	1,781		2% reduction
DHSC Reserve Fund Available		**6,500**	
Potential Reserve Requirements		**1,500**	
High Cost Patients	1,500		Based on 22/23 spend
23/24 Mandate Requirements	tbc		Not yet developed by DHSC so costs unknown
Potential asset replacement requirements	tbc		In excess of current DHSC Asset Replacement Programme
Public Health Requirements	tbc		Not yet known
Outstanding Leave Carryover	tbc		Enhanced leave carryover ends in 22/23 - may need to offer buy-back of excess leave to prevent pressure to use up leave in 22/23

Healthcare Transformation Fund Requirements	**11,052**	
Manx Care HCTF Requirements	5,736	
Transformation Programme HCTF Requirements (future BCs)	5,316	
Transformation Programme HCTF Requirements (current BCs)	tbc	

manx care Kiarail Vannin **SUMMARY REPORT**	**Meeting Date:**	**1 September 2022**
	Agenda Item:	

Meeting:	**Manx Care Board Meeting**		
Report Title:	**Financial Balance & Sustainability**		
Authors:	Jackie Lawless		
Accountable Director:	Jackie Lawless		
Other meetings presented to or previously agreed at:	**Committee**	**Date Reviewed**	**Key Points/Recommendation from that Committee**

Summary of key points in report

The purpose of this paper is to address the current forecast overspend of £8.6m in 22/23 and answer 3 key questions:

- What is causing it?
- What is our plan to address it?
- What is our longer term plan for financial sustainability?

Background

Manx Care's first year of existence in 21/22 has been described as 'year of discovery' and has uncovered many issues and deficiencies that need to be addressed in order to fully meet the ambitions of the Island Plan where residents have "access to a comprehensive, high quality and fully integrated health and social care system"

The Sir Jonathan Michael Report clearly laid out the plan to improve the system - all 23 of his Recommendations were accepted by Tynwald and their implementation is fully supported by Manx Care and the DHSC. In a recent review of progress, Sir Jonathan noted that the challenges faced by Manx Care are far greater than he anticipated in his initial report. This has certainly been borne out by experience over the past 18 months.

He notes that "costs will continue to be higher than necessary (due to historic inefficiency, poor practice and poorly negotiated contracts with off-island providers) unless and until these issues are addressed" Whilst there is no doubt that inefficiencies exist in the system, many of them are deeply embedded and will take time, effort and investment to eliminate.

It's clear that historically spend has always exceeded the budget allocated in the Health & Social Care system. The system has also struggled to deliver a high quality service. This represents particularly poor value for money for the Manx Taxpayer.

Sir Jonathan outlined in his report the funding formula that would be required year on year to sustain the system:

Growth + CPI – CIP

No other government department benefits from such an agreed formula, which provides for growth and inflation which is not ordinarily provided for in funding allocations. It also provides a level of certainty when planning for future years' expenditure.

Growth was determined to be 3% pa and is intended to cover the unavoidable growth in costs inherent in the system, regardless of its efficiency. Over time, increased efficiency would allow the system to absorb some of the increased

demand by releasing extra capacity rather than saving money. This would eventually allow for some investment in services to keep up with growing demand.

Whilst growth funding was awarded for 22/23, adequate allowance was not made for the historic growth and inflation prior to that. Starting with base spend in 2018/19 and applying the formula (including inflation) up to 2022/23, additional funding of £75m was anticipated. However, to date, additional recurrent funding of just £31m has been made available. This creates a funding gap of £44m. Clearly, if this funding was already available, then the current spend forecast would not exceed the budget allocation. In fact, it would be showing a surplus of over £35m.

Over the past year, Manx Care has worked hard to clearly identify and quantify the areas of the system that require improvement and investment and have identified fundamental shortcomings in terms of patient safety, compliance, governance, and quality. These will need significant investment that outstrip what growth funding alone can support.

This is in addition to the investment required to deliver the Transformation programme. It's currently estimated that the ongoing cost to Manx Care of Transformation initiatives will be approx. £5m pa. Excluding inflation, and after CIP the net amount of growth funding in 22/23 was £3.7m. This funding was used to address the historic overspend on Drugs costs which meant that no funding remained to deal with the expected in-year growth in costs.

What's Causing the Overspend?

Intense pressure around **Employee Costs** is the single biggest cost pressure, with both pay inflation and high agency spend creating an expected overspend of £7.9m. Pay awards have been above inflation in 21/22 and again in 23/24 in an effort to secure the current workforce and avert industrial action. Further pressure is expected due to the current cost of living crisis which is affecting our staff. There is no capacity to offer further pay increases this year.

Vacancy rates of approx. 20% creates significant spend on Agency workers to ensure essential services are maintained. This is further exacerbated by fierce competition for medical and nursing staff, not just in the UK but across the globe. Some of this cost is offset by unfilled and uncovered vacancies in other areas but as recruitment efforts increase, this offset will reduce

The next biggest cost pressure is in **Tertiary Care**. With an expected overspend of £3.4m. The Tertiary budget has not been uplifted since 2019 but activity has continued to grow since then. Activity slowed down during Covid but has now returned to pre-Covid levels. Extra activity is also expected due to restoration and recovery activity in the UK.

Related to this is spend on **High Cost Patients**. So far, £1.5m in cost has been identified, as well as two high cost off-island secure mental health placements costing in excess of £600k. The DHSC have agreed to cover this spend from the DHSC Reserve Fund. Social Care are experienced increased demand for complex placements which is also increasing spend in this area.

The continued closure of the **Private Patients' Unit** is resulting in lost income of £860k. The Unit continues to be used to support the Phase 1 Restoration & Recovery activity being funded from Treasury. If funding is forthcoming for Phase 2, then the Unit will be in use for the remainder of this financial year. It's expected that this pressure will be funded from the DHSC Reserve Fund.

What is our Plan to address the Overspend?

Given the significant gaps identified, the fact that funding has not kept up with growth and the difficulties in releasing efficiencies and cash savings quickly, the challenge to achieve financial balance in 22/23 is significant. However, Manx Care are committed to delivering against the key Strategic Objective of Delivering Financial Balance. So, a comprehensive Back to Balance Plan has been devised as follows:

- **Use of the DHSC Reserve**

Treasury provided £6.5m to DHSC as a Reserve Fund to allow the DHSC to mitigate unexpected funding pressures and fund 'Invest to Save' initiatives. Funds will only be given to Manx Care on a non-recurrent basis.

  - Manx Care will claim £2.6m from this Fund for High Cost Patients and loss of PPU income. This will reduce the overspend to £6.1m

- The remaining Reserve is likely to be consumed by funding pressures not currently in the forecast of approx. £2m e.g. employee settlements, further inflationary pressures etc. If not, then it will be used to offset the overspend.

- If any additional, unexpected funding pressures emerge then there will not be sufficient funds in the Reserve to meet those requirements.

- **Additional Cost Savings**
  - A CIP savings target of £4.3m is included in our budget and delivery against this target is on track. £2.2m in savings have already been secured.

  - However, a further £6m is needed in order to achieve financial balance. The existing CIP Plan has identified almost £8m of potential savings so these could be further accelerated to bring delivery forward into 22/23.

  - Further mitigations totalling approx. £5m have been identified, approved by the Manx Care Board and will now be added into the CIP Plan which will now aim to deliver £10m in savings. Some of these measures will involve reductions in service delivery and capacity and are likely to be unpopular and carry risks in the medium to longer term both clinically and financially.

Comprehensive governance, reporting, and monitoring structures are in place to support this delivery but the single biggest risk is the limited capacity of Manx Care staff to drive CIP delivery as they focus on operational delivery. For that reason, the DHSC have committed to providing additional support to drive that delivery. This is likely to be achieved by pausing some Transformation workstreams and diverting resource to supporting CIP delivery.

- **Spend re-prioritisation**

Spend will be reprioritised to focus on core compliance and safety requirements. This may affect delivery against the current 22/23 mandate objectives. A significant number of these do not have sufficient funding attached to them. Whilst these are not contributing to the current overspend, it's estimated that the cost of delivery could be approx. £6.5m.

- **Improved Financial Control**

All of the current financial governance structures are also being reviewed to make sure that all spend is appropriately controlled and monitored, including additional controls on workforce spend.

- **Healthcare Transformation Fund**

We will seek funding of approx. £2m from the Healthcare Transformation Fund to invest in current requirements that cannot be met from within the existing funding envelope e.g. Safeguarding, CAMHS. These are not included in the forecast so funding won't affect the overspend but will help to address some key safety concerns.

<u>What is our longer term plan for Financial Sustainability?</u>

Achieving Financial Sustainability in the longer term will require a combination of robust financial controls and planning, prioritisation of spending, continued drive towards efficiencies and savings and additional investment to address historic inherited pressures and risks.

The Funding Bid paper for 23/24 identified additional funding requirements of £48m for next year which is £17m above the amount that the agreed funding formula suggests. This additional investment would address the historic pressures and non compliance and put the system on a stable basis from which to further develop and grow into the high quality system envisaged in the Island Plan and expected by Isle of Man residents. Furthermore, it would allow for future growth funding to be used to address actual growth rather than historic gaps.

However, we must acknowledge the reality of the wider economic position that IOMG faces with increased pressures around inflation, cost of living and significant overspends in other Departments. This means that additional investment may not be forthcoming. In that context, we must re-align service delivery to match the funding available.

Accountable Director:

Given the deficiencies identified in Manx Care's baseline delivery capability, we will need to continue to prioritise spend on the 'basics' to ensure financial balance. It's important to note that this may affect the quality and service delivery standards achievable and Manx Care must be clear about these risks. The key measures to achieve balance will be as follows:

- If Manx Care achieves financial balance in 22/23 then it will be in a good position to continue to deliver good financial performance in 23/24 and beyond. Most of the cost savings identified will result in permanent reduction in spend, but some will only be temporary measures.

- A service by service review of demand and capacity is underway and will establish what services can be provided within the funding envelope. This is likely to identify significant unmet need but will allow Manx Care to prioritise services across the system. This may include curtailing the range of services, stopping some provision altogether, introducing eligibility criteria for some services or limiting delivery capacity.

- This re-prioritisation is also likely to mean an adjustment to the mandate objectives as no new developments will be sustainable unless additional funding is provided.

- Transformation work will need to continue in order to secure the longer term service delivery improvements improvements. However, we need to recognise that these initiatives are unlikely to release cash savings in the medium to long term and will in fact represent a financial burden to Manx Care.

- Continued focus on CIP delivery is key to driving out savings as many of the inefficiencies are structural and will take some time to deliver. Much of the work to deliver the CIP savings in this year will reap substantial rewards in 23/24 and beyond. Approx £900k of this year's CIP delivery is a direct result of work during 21/22. So, whilst the plan will focus on in-year 'cash out' savings, it will also continue to identify and secure a solid pipeline of future savings. It's likely that Manx care will need to continue to deliver CIP savings in excess of its agreed target under the funding formula.

- Improved information and data is now emerging to link financial and operational performance which will allow us to further identify and drive efficiencies, as well as maintain better control over spending.

Summary

The financial outlook for Manx Care remains challenging but this should be no surprise given the historic overspending on Health & Social Care, the investment requirements identified and the continued growth in demand for services.

Much of this overspend is due to historic funding issues and firmly entrenched systemic inefficiencies. Whilst it has been acknowledged that addressing these issues will take some time, Manx Care needs to deliver cost savings immediately in order to achieve financial balance in this, it's second year of operation. This is possible and the Back to Balance Plan aims to achieve this. However, that may well be at the expense of service delivery standards.

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