

The Lodge, Nobles Campus, Braddan.

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

AGENDA

Minute number	GOVERNANCE	Lead	Page	Time
111.22	Welcome & apologies Barbara Scott	Chair	Verbal	1:30
112.22	Declarations of Interest	Chair	3	
113.22	Minutes of the meeting held in public <i>5 April 2022</i>	Chair	7	
114.22	Matters arising/Review of Action Log	Chair	18	
115.22	Notification of any other items of business	Chair	Verbal	
116.22	Governance developments Board assurance framework for '22-'23 (If printed, use A3 paper)	Interim Dir of Corp Affairs	19	
UPDATES				
117.22	Chair's report	Chair	Verbal	1.45
118.22	Chief Executive's report and horizon scan	CEO	29	
119.22	Committee Chairs' Exception Reports - Audit - 20.5.22 (AG) - Digital & Informatics - 12.5.22 (KK) - QSE - 17.5.22 (SP) - FPC - 20.5.22 (NW) - People - 9.5.22 (SP) - Mental Health Act Legislation Committee 19.5.22 (AG)	Comm Chairs	34	2.00
PRIORITY ONE – PATIENT SAFETY				
120.22	Integrated Performance Report & Executive Overview Lead by Director of Operations & Director of Social Care	Execs	41	2.05
121.22	Restoration and Recovery Update - Update on waiting times - Theatres & Anaesthetics	Dir of Operations	92	2.15
PRIORITY TWO - CREATING A POSITIVE WORKING CULTURE				
122.22	Workforce & Culture Update for '21-22 and '22-23	Dir of HR	Verbal	2.25

PRIORITY THREE – SUSTAINABLE FINANCE				
123.22	Finance Report: March 2022 Management Accounts	Director of Finance	94	2.40
ANY OTHER BUSINESS				
124.22	With prior agreement of the Chair	Chair		2.50
FORMAL MEETING CLOSING AT 12.30 - QUESTIONS FROM THE PUBLIC				
The Board will respond to questions from the public		All		
MEETING EVALUATION				
Board review – feedback on the meeting: effectiveness and any new risks and assurances		Chair	Verbal	
DATE OF NEXT MEETING TO BE HELD IN PUBLIC: 26 July 2022				

Additional papers included for information:

Register of Directors' Interest

19 May 2022



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

	Name:	Position within, or relationship with Manx Care:	Type of Interest	Description of Interest (including for indirect interests, details of the relationship with the person who has the interest)	Date interest relates		Is the interest direct or indirect?		
					From	To	Direct	Indirect	
	Dr Sree Andole	Medical Director	Professional	Specialist Advisor, Care Quality Commission UK	2012	-	X		
	Dr Sree Andole	Medical Director	Financial	Governing Body member, Southend on Sea CCG, UK	2019	-	X		
	Dr Sree Andole	Medical Director	Non-Financial/Professional	Expert Advisor, National Institute of Clinical Excellence (NICE) UK	2019	-	X		
	Dr Sree Andole	Medical Director	Non-Financial/Professional	Physician assessor for MBRRACE-UK Confidential Enquiry into Maternal Deaths, Royal college of Physicians, UK	2019	-	X		
	Dr Sree Andole	Medical Director	Non-Financial/Professional	Clinical Reference Group for Neurosciences – NHSE, UK	2019	-	X		
	Dr Sree Andole	Medical Director	Non-Financial/Professional	Honorary Consultant in Stroke, Liverpool University Hospital's NHS Foundation Trust	2022		X		
	Sally Shaw	Director of Social Care	Direct Non Financial Professional Interest	A member of Unison the Trade Union	2019	-	X		
	Sally Shaw	Director of Social Care	Direct Non Financial Professional Interest	Board member of a third sector organisation in Aberdeen - Inspire	2018	2021	X		
	Paul Moore	Director of Nursing & Clinical Governance	Financial	Director & Shareholder of PM Governance Limited providing Risk Management and Governance Consultancy in UK & Europe	2013	-	X		
	Paul Moore	Director of Nursing & Clinical Governance	Financial	Wife is a Director & Shareholder of PM Governance Limited providing Risk Management and Governance Consultancy in UK & Europe	2013	-		X	
	Paul Moore	Director of Nursing & Clinical Governance	Direct Non Financial Professional Interest	Justice of the Peace, Greater Manchester Bench, UK	2008	2018	X		
	Paul Moore	Director of Nursing & Clinical Governance	Non-Financial/Professional	Specialist Advisor, Care Quality Commission UK	2015	-	n/a		
	Barbara Scott	Director of Infrastructure	Direct Professional	Accepted the role as CEO, Elder Care effective on retirement from Manx Care	June-22		n/a		
	Oliver Radford	Director of Operations	Nothing to declare	Nothing to declare	n/a		n/a		
	Teresa Cope	Chief Executive	Indirect interest	Husband was employed by Manx Care as a bank porter	2021	2021			
	Teresa Cope	Chief Executive	Direct Non Financial Professional Interest	Trustee of Cornerhouse Yorkshire	TBC		x		
	Jackie Lawless	Finance Director	Non-Financial/Professional	Employed by Treasury Department's Financial Advisory Service - Assigned to Manx Care	n/a		n/a		
	Anne Corkill	Director of HR Business	Non-Financial/Professional	Member of Prospect Trade Union	1989	-	X		
	Anne Corkill	Director of HR Business	Non-Financial/Professional	HR Director of Business for Office of Human Resources	May-21	-	X		
	Richard Wild	Chief Information Officer	Direct Non Financial Professional Interest	Shareholder in Ethos Ltd, a company providing expertise in the regulatory and compliance field for software for healthcare in the UK	2014	-	X		
	Richard Wild	Chief Information Officer	Non-Financial/Professional	Chair of the Treasury ICT Governance Board	Apr-21	-	X		
	Andy Chittenden	Interim Director of Corporate Affairs	Non-financial	Co-opted Member of the Audit Committee Liverpool School of Tropical Medicine	Oct 16	-	x		

Andy Chittenden	Interim Director of Corporate Affairs	Non-financial	Sefton Carers Centre Ltd, NED and Trustee	Sept 19	-	x	
Andy Chittenden	Interim Director of Corporate Affairs	Non-financial	Worldwide Radiology, NED and trustee	Oct 19	-	x	
Andy Chittenden	Interim Director of Corporate Affairs	Non-financial	Tarporley War Memorial Hospital, NED and trustee	Aug 20	-	x	
Andy Chittenden	Interim Director of Corporate Affairs	Financial	Governance Health Ltd, director and shareholder	Jan 14	-	x	
Andy Chittenden	Interim Director of Corporate Affairs	Financial	Acuity Heritage Properties Ltd, director and shareholder	Jul 14	-	x	
Andy Chittenden	Interim Director of Corporate Affairs	Financial	Jasmine Commercial & Residential Property Ltd, director and shareholder	Jun 18	-	x	
Andy Chittenden	Interim Director of Corporate Affairs	Financial	Cormorant Developments Ltd, director and shareholder	May 20	-	x	
Dr Oliver Ellis	Executive Director, Primary Care	Financial	Partner, Peel Group Practice	Jan 21		X	
Dr Oliver Ellis	Executive Director, Primary Care	Financial	Partner, Laxey Village Practice	Sept 18	Dec 20	X	
Dr Oliver Ellis	Executive Director, Primary Care	Financial	Zero Hours Contractor, MEDS	Aug 18		X	
Dr Oliver Ellis	Executive Director, Primary Care	Non-Financial	Chair, Isle of Man Primary Care Network ('PCN'). The PCN received funding from Manx Care for its ongoing operation.	Nov 20		X	
Dr Oliver Ellis	Executive Director, Primary Care	Non-Financial	Wife is a physiotherapist employed by Manx Care and a CSP trade union representative				
Elaine Quine	Board Secretary	Nothing to declare	Nothing to declare				

Present:

Non-Executive Directors

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

Executive Directors Voting

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

Executive Directors Non-Voting

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

In Attendance:

Dr Marina Hudson (MH)	Consultant Psychiatrist and deputy for Dr Sree Andole
Elaine Quine (EQ)	Deputy Board Secretary and Minute Secretary

Apologies

Katie Kapernaros (KK)	Non-executive Director
Dr Sree Andole (SA)	Medical Director
Barbara Scott (BS)	Director of Infrastructure

GOVERNANCE

Item

Action

38.22 Welcome and apologies

AF welcomed everyone to the meeting. Apologies had been received from Katie Kapernaros, Dr Sree Andole and Barbara Scott.

39.22 Declarations of Interest

There were no declarations of interest relevant to the meeting.

41.22 Minutes of the Board meetings held on 22 January 2022 (public)

The minutes of the meetings held on 22 January 2022 (public) were accepted as an accurate record.

42.22 Matters Arising and Review of Action Log

There was one matter on the action log which had been completed.

43.22 Notification of any other items of business

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

44.22 Governance Developments

Quality Governance Development Roadmap ('QGDR') - 10 Point Plan Update

PM reminded the meeting that the QGDR was a ten point plan to improve quality control and clinical governance arrangements to ensure the best outcome for service users. The governance support unit had been established and was functioning well. Improvements in risk management were progressing and the Transformation team were supportive of the recruitment of a risk manager role which would be advertised imminently. Good progress was being made with the quality dashboard which was providing important insight into the provision of Manx Care services and this would continue to be embedded throughout the organisation. A 12 month work programme had been developed for the Operational Governance Group to focus on matters relating to the CQC regulations. This would also provide assurance to the QSE Committee. He highlighted some areas of concern which were the lack of accurate data regarding mandatory workforce training and the ongoing instability of the workforce due to high levels of sickness absence and recruitment challenges. The Office of Human Resources ('OHR') were focussing on the transformation of mandatory training however training information contained in the software solutions used to record training, PiP and eLearn Vannin, was inconsistent and required review to correct the inconsistencies. PM outlined the difference between mandatory and role specific training. TC emphasised the importance of this ongoing reporting being reflected in the shared services agreements with OHR.

OR

Risk Management Policy

The risk management policy had been drafted in accordance with British Standard Code of Practice on Risk Management which was a recognised international standard. The policy would enable Manx Care to identify and deal with risk and embed risk into all areas of Manx Care. PM would hold risk 'master classes' to socialise the policy amongst colleagues and would encourage all exec team members to become risk experts. AG highlighted a concern that the policy was too UK focussed and required further work to make specific and applicable to Manx Care. TC stated that the policy had been reviewed and scrutinised by the executive management team who were supportive. It was agreed that the policy be approved subject to any comments being fed back to PM within two weeks at which point the final draft would be circulated.

Risk Management Committee – Terms of Reference ('TOR')

The draft TOR was noted. PM stated that establishment of the Committee would promote and stimulate risk management process throughout the entire organisation. The TOR had been approved by the Executive team. ACH confirmed that the Committee would maintain a moderating role and he would review the TOR to ensure that this was made clear and also how the Committee would related to the QSE and Audit committee's. It was noted that 'the Trust' was referenced several times within the TOR and that should be replaced by 'Manx Care'. Subject to the above, the TOR was approved.

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

The main focus of the BAF was to address the factors that could lead to failure of achieving the organisation's strategic objectives whilst remaining sighted on the 21/22 BAF and current operational risk. There were six overarching risks relating to the 22/23 mandate objectives which would populate the BF for 22/23. This would be developed further and presented to the next public Board meeting. TC added that the executive team would work with Internal Audit to refresh the risk registers so they presented the actual risk landscape. Accordingly the BAF and CRR were approved.

UPDATES

45.22 Chair's Report

The Chair's report was noted. AF stated that he and his fellow non-executive directors had visited some social care sites the previous day and met with residents and colleagues. Interviews had been undertaken for the new non-executive director role and a preferred candidate had been identified and had accepted the role. Work would commence to on-board the new director.

46.22 Strategy Update

TC stated that for the first two years of Manx Care it had been agreed that a one year operating plan would be devised however from 2023 a three year strategy would be required. A methodology had been agreed and would be launched at the executive Committee at the end of the week. This would be discussed at one or more Board development sessions to ensure the appropriate input from the Board. It would be presented to the Board for approval at the end of the year. It was queried whether there would be a three year budget to accompany the strategy. TC replied there was an ongoing discussion on the matter with DHSC and Treasury. It was agreed that a three year budget would be extremely helpful as it would allow finance to develop rolling forecasts to adapt to the constantly changing environment.

47.22 Chief Executive's Report and Horizon Scan

Covid 19

TC stated that there were currently 28 patients in hospital with covid 19 and whilst Manx Care was supportive of the Government's approach to managing the virus as endemic, the current patient figures combined with staff absence rates were now impacting on operational activity including planned surgeries. The current staff absence rate was 15%. Visiting had been suspended for a two week period to curtail the spread of infection.

Vaccination Update

The spring booster and anti-viral treatment programmes had been launched. A vaccine roll out to children aged 5-11 would commence in April

TT Planning

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

Quality & Safety

Radiation services had been inspected by the UK Health Security Agency (UKHSA) during March. Verbal feedback from the Inspection team identified no areas of significant concern and overall Manx Care was reported to have demonstrated good progress in its implementation and compliance. A written report from the Health and Safety Inspectorate will be provided to Manx Care within the next 2-3 weeks

Registered Nurse Recruitment

The recruitment of nurses remained a priority. The G-tech programme was being expanded to secure an additional 100 nurses from overseas.

Horizon Scan

The virtual vanguard to respond to orthopaedic wait lists was progressing and Synaptik had

been engaged to deliver the additional capacity on-Island. The recovery college would be launched in conjunction with UCIOM which would be instrumental in assisting with early intervention and mental health recovery.

48.22 Committee Chair Reports

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

Quality Safety and Engagement Committee Update (re meeting on 15.03.22)

SP made the following observations:

- There had been no data made available from the Primary Care Network for input into the serious incident log which was a cause for concern.
- There continued to be partial or complete non-compliance with certain Ockenden recommendations. The Committee concurred that the recommendations should be re-framed to identify what could be achieved, what would require significant investment, which would then need thorough investigation to take forward for a business case, or note. The risk tolerance would also require adjustment. There had been a further report on the Ockenden recommendations issued in the past few days and it would be necessary to undertake a further exercise to measure maternity service against the report to gain assurance around the standards of practice. This would be brought back to the Board in due course.
- A presentation had been received from Dr Rowe regarding the work being done to assist people living with long term conditions which was inspirational.

Finance, Planning and Commissioning Committee Update (re meeting on 22.03.22)

NW made the following observations:

- The timing of the meetings would be extended so as to ensure all items on the agenda were covered.
- There would be increases in supply chain costs that had not be within inflation estimates within Manx Care's agreed funding envelope. Rising gas and oil prices were also a concern. It was likely that the cost of commissioning would also rise due to inflationary pressures.
- The Committee were supportive of strengthening relations with stakeholders, particularly Treasury and DHSC so as to facilitate a greater understanding of the risks within Manx Care and to enable decisions to be taken more quickly which would greatly assist Manx Care in achieving its objectives.
- The MCPT had rejected the pay award. If industrial action were to result there could be an adverse impact to the provision of services.
- The Restoration and Recovery programme was progressing well. Improved governance around performance management would translate into numbers in due

course.

People Committee Update (re meeting on 07.03.22)

SP made the following observations:

- The rejection of the pay award and its implications had been discussed and were of concern to the Committee.

Data and Informatics Committee Update (re meeting on 08.03.22)

RW made the following observations:

- The Information Governance Advisory Board had reviewed the report prepared by KPMG to achieve compliance. The report indicated that funding would be required to support the 'surge' resource required to bring information governance into compliance however there was ambiguity as to where the funding would be received from.
- The Manx Care Record Advisory Board had reviewed the 'Options Appraisal' carried out by KMPG. The options that were being progressed were 4 and 5 however Option 5 excluded General Practice from the replacement system and as such had been rejected by the clinical workforce who were unanimous in their opinion that the current disconnect between primary and secondary care information was a fundamental risk. Transformation had also confirmed that the Manx Care record would not be delivered until March 2023 which was problematic as some legacy systems would expire prior to that date and contracts would require renewal.

It was noted that Cheshire and Merseyside Partnership, who were the key clinical partners of Manx Care, had chosen to implement a software solution and it was suggested that if Manx Care were to choose the same software to implement the Manx Care record, it could facilitate integration. RW replied that the procurement process would have to be undertaken in line with agreed practice and that Manx Care were unable to choose a provider purely for the reasons outlined above. TC observed that any solution that did not align primary and secondary care would be unsatisfactory and the Transformation Board would be made aware of this view. The responsibility for procuring the Manx Care record sat with transformation and would be transferred to Manx Care following implementation. It was essential that Transformation and Manx Care were firmly aligned on the process.

Audit Committee (re meeting on 22.03.22)

AG made the following observations:

- ~~The integration of primary care was being hampered by the inability to satisfy the ICO of the robustness of data sharing agreements that had been drafted by subject matter experts. The ICO was also making clinical judgements regarding the level of information that clinicians could access. Such delays could pose a threat to the Transformation programme.~~

(Post Meeting Note – A Correction)

At the board meeting of Manx Care held in public on 24 May 2022 the minutes of the board meeting held on 5 April 2022 were approved. It was subsequently brought to the attention of the Chairman by the Information Commissioner that the minutes contained wording which was factually inaccurate.

During an update given by Mr Andrew Guy at agenda item 48.22 (above in strikethrough) the minutes state that 'The integration of primary care was being hampered by the inability to satisfy the ICO of the robustness of data sharing agreements that had been drafted by subject matter experts. The ICO was also making clinical judgements regarding the level of information that clinicians could access. Such delays could pose a threat to the Transformation programme'.

The statement that 'The ICO was also making clinical judgements regarding the level of information that clinicians could access' was not made by Mr Guy or any other participant at the meeting. This statement is simply inaccurate. The Information Commissioner did not make any clinical judgements whatsoever.

The reference to 'data sharing agreements' is also inaccurate. The reference was to data sharing in general.

The full transcript of the discussion is detailed in full below:

48.22 Committee Chair Reports

Audit Committee (recording time 1.05.14 – 1.07.40)

Andy Guy

"There is only one thing to basically raise which is, what you have already heard from two separate pieces is about data sharing and at Audit Committee we effectively heard that trying to satisfy the Data Commissioner about the robustness of our arrangements is actually hampering and is likely to hamper progress particularly in the Integrated Care space which is absolutely dead in our sights for our requirements for this year. We have to make progress and therefore that's the only thing we can see particularly would be a very, very large obstacle to get over and we need to get over it quickly. I'm not quite sure what approach we should take but I guess it's reasonable to have a few other ideas."

Teresa Cope

"I think we've got a meeting scheduled with the ICO in the next two or three weeks and they are sat on our Advisory Board so we do have their expertise and advice into the Advisory Board. What we need to try and convey is a level of co-operation so they understand the context in which we are working but then we work with them. They would rather know things in advance and work with us through that journey. I think we do start on the back foot a little bit but I am hoping that the meeting we have in the next couple of weeks where we share a wider set of plans and a route to compliance, which we will discuss at the Advisory Board tomorrow will start to reshape that relationship with the ICO. I do acknowledge it's incredibly challenging and has all the potential of stopping us really proceeding with the level of integration that we all hope and aspire to, and the reason Manx Care was fundamentally established, but I am confident we can work through that."

Andy Guy

"Would you be happy if we just brought that back to the Audit Committee in a couple of months just to check to make sure we are making adequate progress?"

Teresa Cope

“Yes, absolutely, I think that whole journey to information governance, compliance and data sharing is one of our key risks and our key priorities to resolve in the next few weeks.”

Andy Guy

“Thank you”

49.22 Integrated Performance Report (IPR)

The report was noted. AF stated that it remained unsatisfactory for reporting from January being brought to the meeting. OR confirmed that more up to date data would be available for the next meeting

Director of Operations Update

The Director of Operations reported by exception. Following positive negotiations with NHS dental contractors an additional 2000 NHS dental places would be made available.

Director of Social Care Update

There was a change in assessment method of adult social care and following the hub model there was only one single assessment across all agencies however Rio was unable to capture the data. Work was ongoing to correct this. There was a discussion regarding the availability of respite care as it had been suggested that there was very limited availability for respite care. SS stated that there were respite facilities available around the Island whilst acknowledging the provision could be improved upon.

50.22 Required Outcomes Framework Update ('ROF')

The mandate assurance report as presented to the DHSC had been circulated in the pack. A Q4 update on the ROF would be presented to the next Board meeting. The report responded to the 12 mandate objectives describing progress and citing the key risks and challenges and the plan to progress each objective. The DHSC were keen to progress the Primary Care at Scale but were cognisant of the challenges presented by the current capacity to data share amongst primary and secondary care providers which had been discussed earlier in the meeting. Finance and delivery of the CIP were rated as red and TC reminded the Committee of the reasons for this which was also detailed in the appendix to the report. It was queried why MCALs and Complaints Handling were rated as amber given the significant progress that had been made in both areas. PM acknowledged that significant progress had been made however both areas could improve further.

TC

51.22 Restoration and Recovery Update

Endoscopy

The In-house endoscopy Recovery & Restoration elective work stream was progressing well with 458 procedures having been delivered over the weekends.

Cataracts

A total of 330 Pre Assessment Clinic attendances have been undertaken by the Synaptik team during February. A business case was being submitted to Treasury to commission a further 2400 procedures and it was hoped that the wait list would be clear by October 2023. The provision of the cataract service would be reviewed as Synaptik could not be a permanent solution.

Outpatients

The intention of the business case is to deliver this cohort of consultations via a virtual hospital model. Phase 1 is anticipated to deliver 3,118 new and 2,415 follow-up virtual outpatients across Cardiology, Respiratory, Gastroenterology, ENT, & Dermatology in March 2022. Orthopaedics and Pain Services will follow in phase 2.

Mental Health Patient Backlog

Minds Matter had been engaged to address the Mental Health patient backlog. A treatment programme of 12 month duration for 157 patients would be provided. Patients are being invited to consent to have Minds Matter clinical management.

Hip and Knee Activity

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

OR confirmed that the reduction in waiting list was on track and in accordance with the projections that had been presented to Tynwald earlier in the year. TC added that where possible services would be kept on Island as it was better for patients not to have to travel to the UK to receive treatment. It was positive that capacity had been brought to the Island and that local clinicians were being used where possible. It was noted that where the contract and commissioning team had received cost challenges from suppliers, they had identified alternative solutions which had resulted in the best outcome for patients and represented value for money. It was agreed that regular reporting on waiting times would remain a standing agenda item under restoration and recovery. AF, on behalf of the Board, thanked the executive team for their continued efforts in addressing waiting lists. It was noted that in England the expectation was that waiting lists would continue to increase for at least another two years.

OR

52.22 Workforce and Culture Update

A two year Workforce and Culture milestone plan had been agreed with Treasury. A recent BMA cultural survey had been undertaken and the results had been disappointing however they would provide a baseline for improvement. This would be progressed via the People Committee and an update would be presented to the next Board meeting.

PRIORITY THREE – IMPROVING FINANCIAL HEALTH

53.22 Finance Update

The January management accounts were noted.

There had been a negative movement of £2m due to the pay award and increased salary costs caused by agency and bank staff covering for high levels of sickness absence. The Q4 21/22 business and Q1 22/23 business case for covid costs had been submitted. The Q4 case had been approved and the Q1 case would likely be approved subject to some adjustments. Ongoing covid spend included sickness absence, LFT's, swabbing and provision of the 111 service. Currently community transmission was declining but would likely increase when people returned from Easter break. The initial February figures indicated no major movements

The forecast CIP achievement for the full year has been reduced from £2.7m to £1.7m, which was due to blockages and delays across a number of the CIP Work streams. It was likely that the target would be achieved.

54.22 Supplementary Vote

The supplementary vote for an additional £10m of funding had been approved by Tynwald. An exercise would be undertaken to pull together all the funding streams to align costs to the appropriate fund claim to produce the year-end total position of spend against budget. It was anticipated that the budget would be in balance at year end whilst caveating with the continued risk posed by the uncertainty surrounding the pay award.

55.22 Any Other Business with Prior Agreement of the Chair

There being no further business the meeting closed.

The Chair invited questions from the public observers. Those that had been received in writing prior to the meeting were addressed first.

Q. As the police have recently indicated their loss of working hours through mental illness/stress could Manx Care please provide the same details with a breakdown between hospital and primary health care services?

A. Manx Care lost 2,671 days to work related stress and 6,384 days to personal stress in the 9 months to 31 December 2021'

Reason	Days Lost	% Time Lost
Mental Health – Anxiety Depression	2460.5	6.64
Mental health - Other	107	0.29
Stress Personal	6384	17.22
Stress Work Related	2671.4	7.21
	11,622.9	31.36%

Q. Could Manx Care please provide an up to date progress report on the modernisation/renewal/refit of the Nobles Accident and Emergency Department including confirmation that it is fully funded and also whether the public can expect any element of it to have been paid for by private donation and/or substantive contribution from individuals or entities associated with the gambling industry. [Barbara Scott](#)

A. We have now been advised that we are to submit a business case to Treasury for funding for the ED refurbishment following the normal Capital process. The design is complete and the Business case is currently being developed for agreement with the DHSC and onward to Treasury by September for funding in April 2023.

Is all the funding Treasury capital or is there any donation funding contributing

Q. Could Manx Care please provide an up to date progress report on the replacement/renewal/modernisation of the current GP surgery in Ramsey with a modern state of the art medical centre together with a timeline for the provision of same. [Barbara Scott](#)

A. The Ramsey GP surgery is privately owned by the GP's in Ramsey, there has been no approach to Manx Care to provide an alternative surgery. Ramsey GP's also use the GP surgery at Jurby

Q. Could Manx Care please confirm whether they have applied for funding for the replacement /renewal/modernisation of the current GP surgery in Ramsey with a modern state of the art medical centre and/or whether they have made any efforts to raise the necessary funding from public subscription?

A. No, there has not been an application for funding for any changes to Ramsey GP surgery.

Q. Could Manx Care please confirm the current (April 2022) waiting times for operations in all main areas of expertise and what additional funding has been sought from Treasury to alleviate the suffering of patients waiting on the lists

A. Waiting times are detailed in the table below:

Specialty	Day Case Average Wait (days)	Inpatient Admission Average Wait (days)
ENT	257	231
General Surgery	284	280
Gynae	373	227
Oral Surgery	283	181
Plastics	315	62
Orthopaedics	145	367
Urology	219	180
Ophthalmology	413	

So far £2.84m has been secured from Treasury to commission additional activity within areas such as endoscopy, ophthalmology (cataracts), orthopaedics, neurology, cardiology, ENT and respiratory. This work has commenced from February 2022 and will run through to March 2023

Q. Could Manx Care please confirm the total number of GP appointments lost across the Island for each of the GP training days taken during 2021/2022 (to date)

A. It is not possible to provide the number of appointments lost during each of the training days without taking into account the additional appointments which are provided by Practices before and after the education sessions, both in the week itself and the weeks before and after. Routine appointments are not offered on these half day sessions, however, emergency appointments are available with the on-call GP for those patients who need urgent medical care

Q. As the questioner has just taken in excess of 10 days to achieve a repeat prescription could Manx Care please indicate whether GPs can be given discretion to prescribe more than one month's supply of medication where the mental wellbeing of the patient is not in question and where the medication prescribed is of a long term/permanent nature?

A. Most definitely yes, the policy already exists and already many patients benefit from 2 monthly prescriptions.

Q. Could Manx Care please indicate who is the new primary health care individual dictating the recommended level of thyroxine to GP surgeries and thus removing the discretion of GPs to prescribe as they wish? Could Manx Care also confirm whether the recommended dosages currently being used are those recommended purely by that one individual, by the UK or by an entity further afield.

A. Any prescriptions that come to Manx Care specialities within their domain of practice will be optimised accordingly. The Endocrinology Consultant follows guidance by professional bodies in management and treatment of all his patients including patients with thyroid disorder. GPs will have communication regarding the reason/s behind change of medication or dosage.

Q. Given the current high level of Covid transmission, will Manx Care explain why these cases are not being isolated away from the main body of Nobles Hospital in Ward 20 or Ramsey Cottage Hospital thus avoiding compromising the operational capacity of the Islands main hospital?

A. Treatment of patients with Covid has to take place within the main hospital building as this is the location of medical and nursing teams, diagnostic equipment etc. – managing acutely unwell patients outside of the main hospital building would result in a reduced level of coverage particularly by medical teams and a requirement for transport of patients to the main building should they require an imaging procedure, surgical procedure etc.

Q. Would Manx Care please explain how it intends to provide a proper level of hospital operational capacity during the TT period and if it has the ability to bring in extra staff and consultants during this period why it has not done so routinely over the last year to reduce the waiting lists? Could Manx Care please confirm how Treasury has approached the matter i.e. is Manx Care funded for the extra staff for TT and not if it wishes to provide those extra staff during the remainder of the year. *Oliver Radford*

A. Cancellations of elective orthopaedics during the TT fortnight has been commonplace for over a decade to ensure sufficient capacity for orthopaedic operations, as is the hiring of locum staff within orthopaedics and other specialties to ensure there is sufficient staffing for TT. Prior to Manx Care, DHSC did not recoup expenditure for the additional costs incurred during TT however this year Manx Care will look for recompense from Treasury. We cannot provide the additional staffing levels for the rest of the year as this would be above our funded staffing levels.

Q. With the current covid demand and lack of hospital resources will Manx Care confirm that it has sufficient capacity to meet the demand of the TT and what contingency plan is in place if capacity cannot be met?

A. Manx Care cannot predict the level of Covid demand that will be faced by the hospital during the TT fortnight – if it is clear that the hospital will struggle to cope with the additional pressure of TT this will be fed through to the National Motorsport Committee for a cross-government approach around mitigation.

Q. Will Manx Care please confirm whether the North West Air Ambulance service has yet been used on the Island for a patient transfer and what the overall cost of the service is to the Manx tax payer per patient or per operational year. How will it operate in adverse weather conditions and what contingency is there if weather conditions are too bad for it to fly to the Island.

A. The Helicopter Emergency Medical Service has not transferred any patients to date. The costs associated with HEMS are commercially sensitive and therefore confidential. If the helicopter cannot operate due to weather or time of day, the existing fixed-wing Air Ambulance arrangements remain in place. If the aircraft can't fly, then use of alternative sea routes is made where appropriate.

Q. Given that a referral to the pain relief clinic denotes a patient in considerable long term pain and given that leaving an animal in pain for an excessive period of time would be regarded as causing unnecessary suffering (i.e. cruelty and a criminal offence), on what basis are current routine referrals to the pain clinic being delayed for months and patients being told that it may take as long as a year for access to an appointment. Would Manx Care please take immediate steps to introduce a programme of interim measures/additional clinics/priority medication to ensure that patients are not left in pain whilst waiting excessive periods of time for access to the pain relief clinic?

At the present time, a referral to the pain relief clinic is a referral for continued pain and suffering for months and surely this situation has to be rectified as a matter of extreme urgency particularly as immediate access to a private pain relief clinic is being offered on the Island.

A. Pain Management is one of the specialties that will be supported by the Medefer virtual outpatient's project – we have indicatively purchased 218 new outpatient appointments with Pain Management specialists working within Medefer. There are currently 222 patients waiting to be booked their first appointment within Pain Management. We anticipate that the Medefer Pain Management clinics will start in June/July.

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

Manx Care Board - Action Log

completed	update required	not yet due	overdue/ delayed

Board Minute Ref No./Month	Action	Lead	Target Closure Date	Due date or revised date	Update	Date Closed
44.22 April	The recording of mandatory training to be reflected in the shared services agreement with OHR	OR	24.05.22		This has been raised this at the recent SSA Meeting with HR – I don't believe this is immediately possible using the HR systems available yet. E Learn Vannin is able to record mandatory training but cannot be queried to produce an exceptions report that highlights to managers where there are gaps within a team. PIP does have a training module however there isn't a timeframe for this to be switched on. Current recommendation is that individual departments and services need to maintain their own mandatory training spreadsheets in the absence of a centralised system	
54.22 April	Present a Q4 update on the ROF to the next board meeting	TC	03.05.22		Complete	
51.22 April	Reporting on waiting times to remain a standing agenda item under restoration and recovery	OR			Agenda item 121.22	

 SUMMARY REPORT	Meeting Date: 24 May 2022	
	Enclosure Number:	116

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

Summary of key points in report

The Board approved the recognition of six strategic risks to populate the BAF for 2022-23 at its meeting on 5 April 2022. Those risks are as follows:

1. A failure to provide safe health and social care (split here into 1a healthcare and 1b social care)
2. Overwhelming demand.
3. Competition for staff leading to critical shortages.
4. Major incident.
5. Loss of stakeholder support and confidence.
6. Failure to achieve financial sustainability.

The Board is invited to confirm that this paper sets out the main controls, and gaps therein, together with the principal sources of assurance and gaps therein and that as a result, the paper makes strategic risk visible to the Board.

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

1. Preamble

The purpose of this paper is to make the aggregated risks of failure to achieve Manx Care's objectives visible to the Board in the form of strategic risks. It triangulates with other papers in the Board pack including updates provided within the CEO's report and horizon scan identifying progress being made to improve services; full year management accounts for the first year of Manx Care's operation; the integrated performance report and updates on workforce and culture.

The Board assurance framework ('BAF') for 2022-23 was previously discussed by the Board on 5 April 2022. At that time the BAF captured seven risks of failure to achieve the objectives for the current year. The objectives and the risks of failure to achieve them related to the three priorities set out in the required outcome framework. That framework sets out how Manx Care plans to respond to the Mandate issued by the Department of Health & Social Care ('DHSC').

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

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

2. How the BAF will be used.

Each of the '22-23 BAF risks has had an allocated Executive Lead. Specified Board Committees with a role in seeking and scrutinising assurances as to the effective operation of control systems take a lead in evaluating the prudent control of strategic risk, as set out in the figure below. These Committees review progress made in developing controls and providing assurance against delegated risks monthly or bi-monthly. The Audit Committee has an interest in the whole process and collectively these Committees provide assurance to the Board through escalation reports.

Figure 1 A summary of the seven Board assurance framework risks as at 24 May 2022.

#	Descriptor	Lead	Committee scrutiny	Current score (5 x 5 matrix)	Target score (5 x 5 matrix)
1a	Failure to provide safe healthcare or social care.	Director of Nursing	QSE Committee	20	6
1b	Failure to provide safe social care.	Director of Social Care	QSE Committee	16	9
2	Overwhelming demand.	Director of Operations	People Committee	9	6
3	Competition for staff leading to critical shortages.	Director of HR	FP & C Committee	25	6
4	Major incident.	Director of Operations	D & I Committee	16	6
5	Loss of stakeholder support & confidence.	CEO	Board	16	6
6	Failure to achieve financial sustainability.	Director of Finance	FP & C Committee	25	9

The risk scores set out in the Figure 1 above have been generated based on the framework for assessing risk consequence and likelihood, provided for within the Manx Care Risk Management Policy. This is shown at Figure 2 below.

Figure 2 Risk scoring matrix taken from the Manx Care Risk Management Policy.

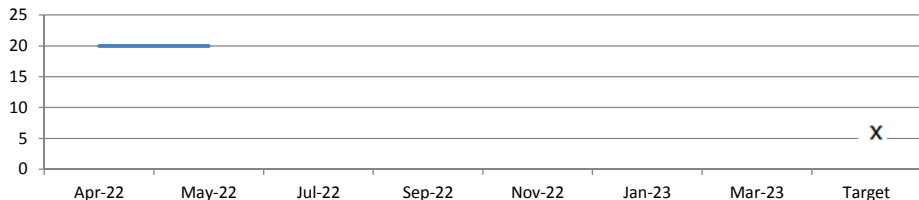
SEVERITY INDEX		LIKELIHOOD INDEX	
5	Multiple deaths caused by an event; ≥£5m loss; May result in Special Administration or Suspension of CQC Registration; Hospital closure; Total loss of public confidence	5	Very Likely No effective control ≥80% chance
4	Severe permanent harm or death caused by an event;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

3. Summary

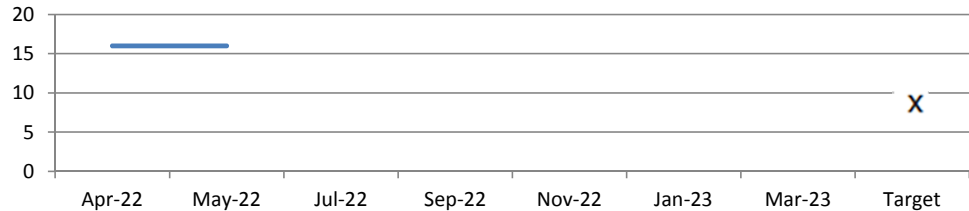
The Board is invited to confirm that this paper sets out the main controls, and gaps therein, together with the principal sources of assurance and gaps therein and that as a result, the paper makes strategic risk visible to the Board.

The Board is also invited to determine if the degree to which these strategic risks are currently mitigated, and the plans to further control them, meets with the Board's appetite for prudent control.

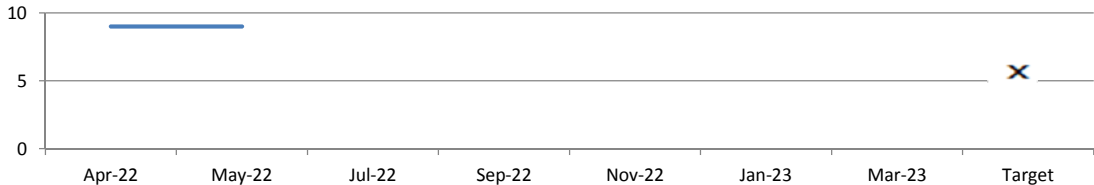
Where the consensus is that insufficient control is being brought to bear, the Board may wish to allocate greater resources to the mitigation, or to lobby relevant oversight and funding bodies to do so.

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK									
1a	Failure to provide safe health care.				Overall risk owner:	<div>Residual Risk score</div> 	Amendment date:	May-22	
					Paul Moore		Committee scrutiny:	QSE Committee	
					Which of the 2022-23 objectives may be impacted:		TARGET: L x I	3 x 2 = 6	
					1 Covid-19 response. x		7 Reducing waiting times. x	May '22: L x I	5 x 4 = 20
					2 Service user feedback drives improvement. x		8 Continuous improvement. x	June '22: L x I	
					3 Transforming health & social care delivery. x		9 Workforce engagement and development. x	Aug '22: L x I	
					4 Corporate, clinical and social care governance. x		10 Primary Care at scale. x	Oct '22: L x I	
5 Transform urgent and emergency care. x	11 Early interventions. x	Dec '22: L x I							
6 Financial balance.	12 Environmental sustainability contribution.			Feb '23: L x I					
Related operational risks:		Main Controls 1-3		Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	Assurance RAG	
A widespread loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction.		1. Clinical safety controls Clinical service structures, accountability & quality governance arrangements at MC, CG & service levels including: - Monthly meeting of Operational Clinical Governance Group (OCGG) with work programme aligned to CQC registration regulations Monthly meeting of Quality & Safety Committee (QSC) with escalation from (OCGG) - Implementation of the 'Road map - 10 point Improvement Programme'. 10 high-impact work streams aligned to CQC regulatory compliance. - Nursing and Midwifery and AHP Business meeting - Implementation of Clinical guidelines, pathways, supporting documentation & IT systems - Clinical audit programme & monitoring arrangements - Developing Clinical staff recruitment, induction, mandatory training, registration & re-validation - Defined safe medical & nurse staffing levels for all wards & departments (Nursing safeguards monitored by Chief Nurse) - Ward assurance/ metrics & accreditation programme - Nursing & Midwifery Strategy - AHP Strategy - Scoping and sign-off process for incidents and SIs PLANS TO IMPROVE CONTROLS: - Standardising Manx Care policies and development a single repository for Policies/SOPs/Guidelines - Staffing - Workforce profiling, establishment reviews twice yearly initially but look towards more frequent, Health Roster implementation, Leave Management, International recruitment pland and trajectory via GTEC, - Implementation of the 'Road map - 10 point Improvement Programme' WS1 - Establish Manx Care Integrated Clinical Governance & Patient Safety Support Unit WS2 - Develop Effective Manx Care wide Risk Management Framework WS3 - Work-Stream 3 - Develop Manx Care Quality & Safety Dashboard WS4 - Develop and Implement Operational Clinical Governance Group WS5 - Develop & Implement Improved Complaints Management systems WS6 - Patient/Service User Experience WS7(a) - Workforce Safeguards (Staff Training & Competencies) WS7(b) - (WF Planning & Nursing Rota Management) WS8 - Review Clinical Policies WS9 - Mortality Reviews WS10 - CQC Readiness		Paul Moore	Management: - OCGG monthly assurance report to QSC monthly - Learning from deaths Report to OCGG, QSC and Board - Quarterly Strategic Priority Report and to Board - Senior leadership walk around – 15 steps assurance report to QSC Jul - Senior Leadership Walkarounds weekly; - CG Risk Reports to RC 6-monthly; - EoLC Annual Report to OCGG, QSC and Board - Safeguarding Annual Report to OCGG, QSC and Board Compliance: Quality Dashboard to OCGG & QSC Monthly (Board Quarterly); SI & Duty of Candour report to OCGG Significant Risk Report to RC monthly Independent assurance: Internal Audit Medicines Optimisation Report to OCGG	- Multiple repositories for Policies and Guideline - Policies and Guidelines out of date - Staff recruitment is not meeting needs (more leavers than joiners and vacancy factor high) - Regular short-falls in available staff to meet optimum/safe staffing standards in response to acuity and demand. - Lagging and inaccurate performance data - Incomplete and low quality patient records due to mixed electronic and paper based record competing. - Electronic patient record is cumbersome and difficult for staff to use - No clinical coding used in patient care & treatment making it impossible to effectively monitor quality of patient care; patient outcomes; and identify where there may be concerns relating to standards of care and patient safety - No effective mandatory training systems and assurances - Absence of clear boundaries and scope of practice for advance nurse practitioners and advanced clinical practitioners - Inadequate response to safety-critical CAS Alerts	- Manx Care response to single oversight framework. - Performance Data for patient/service user experience is limited in scope - Ineffective systems supporting mandatory & role-specific training are not integrated and do not reflect operational reality. - lack of systems providing independent assurances	R	
		2. Clinical effectiveness Each of the organisation's Care Groups have been asked by the Medical Director to identify three clinical effectiveness quality markets against which to measure performance and improvement. These need not be identical across the Care Groups. When selected, performance against the markers will be measured and audited to confirm data quality; identify learning and embed improvement. Care Group Quality meetings will then provide the forum for monitoring the effectiveness of the controls. Examples from amongst which to choose quality markers in a clinical seeting include incidence of venous thromboembolism ('VTE'); incidence of medication errors; incidence of delayed ransfer of care ('DToC'). PLANS TO IMPROVE CONTROLS Currently advertising for three new Associate Medical Directors to build capacity for governance of patient safety and clinical effectiveness; with respective responsibilities for quality & safety; mortality review (Medical Examiner) and appraisal systems. Further work underway to identify and mitigate risk and to deliver a system of clinical effectiveness.		Sree Andole	Integrated data sets.	The Care Groups have yet to coalesce around this governance development and have been asked to prioritise. Short staffing and poor data quality undermine mamagement efforts to futher develop governance - however a new Performance Manager together with appointments of some new Clinical Drectors will further strengthen management resources to make progress.	Within the Island health and care system, no specific audits are mandated and as a result, few were undertaken in 21-22. There is no current Clinical Effectiveness Strategy; the Clinical Strategy is limited to the ambitions described within the Required Outcomes Framework ('ROF'). There is no Clinical Audit Policy.	R.	
		3 Patient/Service User experience controls, including learning from complaints - patient/service user experience data collated at organisational level through Manx Care Advice & Liaison Service (MCALS) - Patient safety walks coordinated by the patient/service user experience Officer include 'patient/service user experience questions' - CG level patient/service user experience surveys undertaken on ad-hoc basis - Complaints team support CG in responding to complaints PLANS TO IMPROVE CONTROLS - Implementation of standard methodology for surveying patient/service user experience - Implementation of instant reply sums messaging based on UK FFT fro patient/service users (include outpatients and community based clients and services users) - Implementation of the 'Road map - 10 point Improvement Programme' Work streams: WS5 - Develop & Implement Improved Complaints Management systems WS6 - Patient/Service User Experience		Paul Moore	- MCALS report OCGG and distributed to CGs - quality Dashboard contains metrics on MCALS contacts - complaints report to OCGG/QSC/Board - quality Dashboard contains metrics of complaints performance - performance reporting of patient/service user experience data and feedback is limited to ward/service level - there is No evidence to demonstrate that patient/service user experience feedback results in operational changes in service delivery - there is No evidence to demonstrate that patient/service user experience feedback is considered within service developments	- There is No standard methodology for surveying patient/service user experience across MC making it difficult to identify thematic learning - Patients attending outpatient clinics are not routinely surveyed - No facility in place for gaining instant patient/service user feedback i.e. sums satisfaction instant reply messaging - Responsiveness to complaints not yet at levels that satisfy the Board	- There is No evidence to demonstrate that patient/service user experience feedback results in operational changes in service delivery - There is No evidence to demonstrate that patient/service user experience feedback is considered within service development	R.	
If MC does not work effectively with patients and local communities in the planning and delivery of care, services may not meet the needs of local communities.									

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

1b	Failure to provide safe social care.	Overall risk owner:			<div>Residual Risk score</div> 	Amendment date:	May-22
		Sally Shaw				Committee scrutiny:	QSE Committee
Which of the 2022-23 objectives may be impacted:						TARGET: L X I	3 x 3 = 9
1 Covid-19 response.	x	7 Reducing waiting times.	x			May '22: L x I	4 x 4 = 16
2 Service user feedback drives improvement.	x	8 Continuous improvement.	x			June '22: L x I	
3 Transforming health & social care delivery.	x	9 Workforce engagement and development.				Aug '22: L x I	
4 Corporate, clinical and social care governance.	x	10 Primary Care at scale.				Oct '22: L x I	
5 Transform urgent and emergency care.	x	11 Early interventions.	x			Dec '22: L x I	
6 Financial balance.	x	12 Environmental sustainability contribution.	x			Feb '23: L x I	
Related operational risks:		Main Controls 1-6	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	Assurance RAG
CF1 Fostering Service placement sufficiency. CF2 Residential placements sufficiency. CF3 Family placement service. CS1 Information governance - children and families data breaches. Information governance - lack of expertise and resource to improve compliance. Gaps between legislative requirements and developments in professional practice. Inadequate sufficiency of placement opportunities. Criminal exploitation of young people. Compliance with the Regulation of Care Act 2013 re provider of last resort.		1. Policy governance	Sally Shaw	The review and completion of the suite of policies governing social care is a current project in 2022-23. There are clear plans on the work to be done and the process to be used. Policies are ratified by the Operational Care Quality Group ('OCQG') and its deliberations are reported by exception to the Executive Management Committee ('EMC') monthly. The end of a care episode all service users are invited to provide feedback on their experience. Together with complaints and compliments intelligence, these are used as prompts for further improvement in the design of controls.	Whilst the policy suite remains incomplete, it does not cover the wide range of areas required nor can it be consistently applied. A mechanism remains in development with DHSC to reliably identify the numbers of individuals requiring support - which impacts upon the design of policy.	Manx Care has contracted with external partners (Tri-X) to assist in the design of the policy suite but completion remains to be achieved. Carer's Strategy under development. The safeguarding Board has contracted external support to review and develop safeguarding policy and practice.	A.
		2. Mandatory training	Sally Shaw	Assurance is currently weak and dependent upon manual systems.	The curriculum for mandatory training is under review by Social Care with input from OHR (via records held) but not yet agreed. The application of mandatory training frameworks is not consistently applied.	We are not yet able to demonstrate a quarterly improvement in mandatory training performance.	A.
		3. Design and launch the multi-agency safeguarding hub (MASH)	Sally Shaw	The introduction of the MASH will be the focussed approach to safeguarding children and vulnerable adults. Police, Health and Social Work colleagues are to be co-located to enhance communication, including daily meetings and connecting routinely with colleagues in other departments where involved. The DPOs of each participating organisation has been consulted re data sharing conventions.	The MASH is planned to be fully operational by June 2023.	Progress in developing and implementing an agreed plan will be reported to the QSE. Manx Care and the Constabulary will review the arrangements as they progress and report during 2022.	A.
		4. Functional design, consistent application and effective operation of the Scheme of Delegation	Sally Shaw	Review of existing Schemes of Delegation will commence during 2022, alongside introduction of Schemes where there are currently gaps.	Some high cost packages of care for individuals have been approved via unclear and inconsistent authorisation processes.	We lack assurance that the scheme of delegation is appropriately designed - though the scheme currently is consistently applied.	A.
		5. Complete, communicate and consistently apply a suite of standard operating procedures across adult social care.	Sally Shaw	Effective controls by the deployment of a suite of procedures are being developed through partnership with Tri.X (external contactors).	Until all procedures have been ratified by a group of appropriate subject matter experts, there remain gaps in control effectiveness.		A.
		6 Adding resilience and capacity to the <i>provider of last resort</i> facilities and capabilities within Manx Care.	Sally Shaw	Social Care team meet regularly with management in externally commissioned partners; care homes are subject to inspection; CQC will include an advisory inspection in its scope of work in 2022 (except day care). The Regulation & Quality Improvement Authority ('RQIA') will visit, review and report on Children's Services during 2022.	Currently very challenging to place a sibling group in care. Manx Care has little / no current resource to bridge any capacity gap created by the withdrawal of any private sector or charitable provider.		A.

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

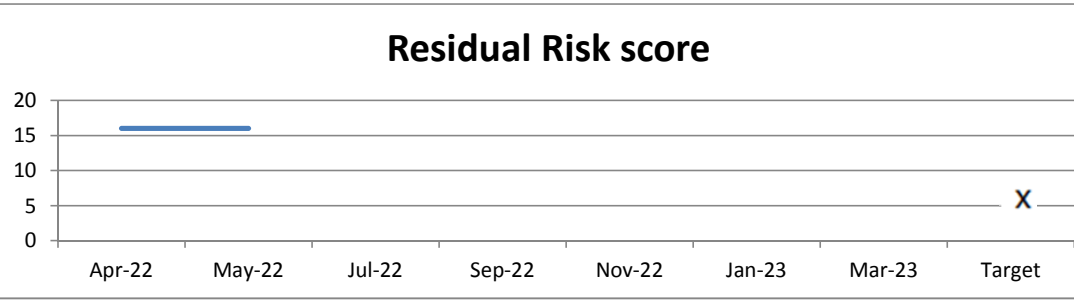
2	Overwhelming demand.	Overall risk owner: Oliver Radford	Residual Risk score					Amendment date:	May-22	
Which of the 2022-23 objectives may be impacted:								Committee scrutiny:	FPC Committee	
1	Covid-19 response.	x	7	Reducing waiting times.	x	TARGET: L X I			6	
2	Service user feedback drives improvement.	x	8	Continuous improvement.	x	May '22: L x I			9	
3	Transforming health & social care delivery.	x	9	Workforce engagement and development.	x	June '22: L x I				
4	Corporate, clinical and social care governance.		10	Primary Care at scale.	x	Aug '22: L x I				
5	Transform urgent and emergency care.	x	11	Early interventions.		Oct '22: L x I				
6	Financial balance.		12	Environmental sustainability contribution.		Dec '22: L x I				
						Feb '23: L x I				
Related operational risks:		Main Controls 1-4	Lead	Assurance re: effective control		Gaps in control		Gaps in assurance		Assurance RAG
#281 CCU demand may exceed capacity. #242 Covid 19 impact upon cohort of renal patients. #289 Insufficient staff to deliver renal replacement therapy to ventilated renal patients. Nursing vacancy rate is 20%. Anaesthetist vacancy rate close to 40%.		1 Covid 19 adaptation, vigilance and vaccination campaigns	Oliver Radford	Island vaccination programme reduced mortality and morbidity, allowing a much reduced demand on hospital services from people who are Covid positive. Island vaccination rates in the target groups are 87% for one dose; 82% for two doses. From April 2022, Manx Care CEO will chair the Monthly Vaccine Board, which includes representation from Manx Care, DHSC and Public Health. The Manx Care internal escalation plan has been shown to be effective with clear allocation of well understood resources when response to infection has to be ramped up. This is overseen by the Performance & Delivery Group which reports by exception to the EMC.		The resources for Covid vigilance and vaccination are currently funded only for the 22-23 year.		The systematic capture of timely, high quality date on health and social care remains to be achieved.		G.
		2 General escalation planning	Oliver Radford	The Operational Pressure Escalation Levels ('OPEL') framework is in place and embedded. It is in a constant state of review by the Access and Capacity Team and has been shown to be an effective tool in managing and escalating operational pressure. OPEL reporting is a constant item of review for the Performance and Delivery Group which reports by exception to the EMC.				The systematic capture of timely, high quality date on health and social care remains to be achieved.		G.
		3 Service transformation of urgent and emergency care	Transformation team	Clear project aims established to divert appropriate patients into community pathways (i.e. Intermediate Care) allowing for a reconfiguration of ED services and non-elective pathways. Led by the Transformation resources within Cabinet Office and reported into the Transformation Oversight Group. Internally, Manx Care project leaders (M Cox , S Taylor) report progress to Executives. Manx Care CEO is a member of the Transformation Programme Officer Board and the Manx Care Chair is a member of the Transformation Political Board.				Sir Jonathan Michael review of progress made to date in transforming urgent care (Nov 21) identified a lack of progress due to a lack of clinical and managerial staff to resource the project. The systematic capture of timely, high quality date on health and social care remains to be achieved.		A.
		4 Capacity and demand planning	Oliver Radford	Continuously improving methodology for 'make or buy' decision making for clinical services which have low throughput or very high costs to deliver, and where off island provision is safer or even more cost effective. Improved Air Bridge arrangements. Manx Care has successfully engaged with Cheshire and Mersey Cancer Network and the other tertiary providers in Liverpool to ensure access to off-Island services. Further strengthening of strategic relationships with Cheshire & Mersey providers ongoing. Synaptic contract delivering additional orthopedic and cataract capacity. Additional Restoration & Recovery business case under consideration to extend Synaptik programme to cover remainder of the orthopaedic and cataract waiting list and also to encompass general surgery. Capacity & demand Planning team report to the Performance and delivery Group routinely and P & G reports by exception to EMC.		The Capacity & Demand Team is a new one, with it's purview limited in scope to date to services falling within the Restoration & Recovery Business case at the moment, however this will expand to encompass all specialties, including mental health. The was not a substantive Performance manager post within Manx care on establishment, but a new post has been created and recruitment has been successful (appointee due to start June 22).		The systematic capture of timely, high quality date on health and social care remains to be achieved.		A.

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

3	Competition for staff leading to critical shortages.				Overall risk owner: Anne Corkill		<p>Residual Risk score</p> <p>The chart displays the residual risk score over time. The y-axis represents the risk score from 0 to 30. The x-axis shows dates from April 2022 to March 2023, with a 'Target' marker. A blue horizontal line indicates a score of 25 in May 2022. A blue 'X' marks the target score of approximately 10 in March 2023.</p>	Amendment date: May-22	
								Committee scrutiny: People Comm.	
	Which of the 2022-23 objectives may be impacted:							TARGET: L X I 9	
	1	Covid-19 response.	x	7	Reducing waiting times.	x		May '22: L x I 25	
	2	Service user feedback drives improvement.	x	8	Continuous improvement.	x		June '22: L x I	
	3	Transforming health & social care delivery.	x	9	Workforce engagement and development.	x		Aug '22: L x I	
	4	Corporate, clinical and social care governance.		10	Primary Care at scale.			Oct '22: L x I	
	5	Transform urgent and emergency care.	x	11	Early interventions.			Dec '22: L x I	
	6	Financial balance.		12	Environmental sustainability contribution.			Feb '23: L x I	

Related operational risks:	Main Controls 1-6	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	Assurance RAG
#417 ED establishment is under-resourced. #306 Recruitment and retention of ICU staff. Shortage of theatre & anaesthetics staff. Diagnostic breast service - lack of clinical capacity. Endoscopy capacity. Ramsay Theatres admin support. Insufficient access to attractive accommodation for lower paid staff.	Development of a Recruitment and Retention Strategy	Anne Corkill	Manx Care values have been included in evaluation criteria for recruitment. Manx Care provides mandatory and other training for colleagues to ensure that they have the required skills and knowledge to perform effectively. Manx Care has a policy project plan governing the review of all policies and procedures relating to recruitment, including that governing the acquisition and scrutiny of DBS checks. A 'People Dashboard' with relevant key performance indicators relating to staff churn is being developed and reported to the People Committee. Pulse surveys of staff attitudes are being deployed to take the 'cultural temperature' amongst the staff. new Induction Programme is in place for Manx Care. A CARE Award scheme has been introduced., based on CARE values. The approach to and methodology for workforce planning has been agreed by the Transformation Team. The approach will be tailored by Care Group.	Vacancy rate of circa 20% across the organisation. Exit interviews rarely undertaken, thereby losing the opportunity to learn or in some cases, dissuade. The Mandatory Training portal E-Learn Vannin has a reporting mode for mandatory training which is not currently enabled. Demand and capacity planning are at low levels of maturity which hamper the collation of input data into workforce planning. 'Make or buy' decision making for on/off island services remain a current project following a review of surgical services and the outcomes will impact upon workforce planning.	Recruitment & Retention Strategy is planned to be shared with the People Committee. Time window between advert and start date is not decreasing. Staff leavers not historically participating in <i>Exit Interviews</i> , thereby losing Manx Care the opportunity to learn causes of resignation. The quality of the data in the 'People Dashboard' is not assured with high dependence upon manual systems of collation. Managers depend on local spreadsheets to track mandatory training compliance. Transformation Team plans to develop a Workforce Model in line with Sir Jonathan Michael's recommendation No 25 are at an early stage.	A.
	Development of the Equality, Diversity and Inclusion programme	Workforce & Culture team	work has indicated that a supportive workplace in relation to EDI aids retention and will also improve recruitment of those in minority groups. Phase one research has commenced in preparation for creating an EDI forum for Manx Care, reviewing the availability of data, mapping the Diversity profile and seeking to improve the quality of the data captured. The project team have linked in to wider	EDI forum yet to be established. An assessment to be made of EDI data and performance indicators required. EDI consultancy in process of procurement - quotes received, funding agreed and provider in process of drafting terms.	Early indication is that the quality of EDI data which is available is poor, however focus groups have been beneficial to understand the scale of the work and has helped to inform the initial approach.	A.
	Development of a systemic change management programme	Workforce & Culture team	The CARE values have been reviewed with engagement from Manx Care staff and as a result the values have been redesigned. The Transformation project team will relaunch the values in July 2022. Leadership Academy Programme launched. Manx Care is developing its approach to Communications & Engagement (Board review May 22). 'Have your Say' survey results have been analysed by the project team with recommendations for	Change Management Course modules provided by LEaD will be reviewed with a view to informing the gap between those available and required. Approach to change management needs to be determined in order to feed into continuous improvement. Development of methods for systems thinking in Manx Care.	Chief Minister to launch a review of HR following <i>Ronson V DHSC</i> judgement.	A.
	Development of a programme to support psychological safety in the workplace.	Workforce & Culture team	Significant research has been undertaken in order to design a bespoke workshop for Manx Care to develop a psychologically safe workplace. First workshops to be piloted in June 2022 with the Executive Team and Change Coaches. Wellbeing resources have been reviewed. Staff	Cascade approach to training across the organisation will take some time to reach all employees. Expectation is that the workshops will be facilitated by Managers and Change Coaches, supported by online training - intended to be rolled out during 22-23.		A.
	Targeted sickness absence management programme	Anne Corkill	Analysis has been undertaken on data available on absences. This will inform absence management initiatives, including taking into account continuing impact of Covid on absence patterns.	Options are being explored to introduce control designs that have been shown to have a beneficial impact elsewhere and decisions are pending.		A.
	Roll out of the new appraisal system	Workforce & Culture team	A review of the current appraisal system for clinical and non clinical colleagues has been undertaken and the findings used to inform a proposal on a new appraisal system to be rolled out by Manx Care in 22-23.	There is a need to review the MPTC pilot appraisal documentation in the Autumn.	Roll out has a dependency on the launch of the CARE values and the success of the initiatives to embed the values.	A.

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

4	Major incident		Overall risk owner:		<div>Residual Risk score</div> 							Amendment date:	May-22
			Oliver Radford									Committee scrutiny:	FPC Comm
	Which of the 2022-23 objectives may be impacted:					TARGET: L X I							6
	1 Covid-19 response.	x	7 Reducing waiting times.	x	May '22: L x I							16	
	2 Service user feedback drives improvement.	x	8 Continuous improvement.		June '22: L x I								
	3 Transforming health & social care delivery.		9 Workforce engagement and development.	x	Aug '22: L x I								
	4 Corporate, clinical and social care governance.		10 Primary Care at scale.	x	Oct '22: L x I								
	5 Transform urgent and emergency care.	x	11 Early interventions.		Dec '22: L x I								
6 Financial balance.		12 Environmental sustainability contribution.		Feb '23: L x I									
Related operational risks:		Main Controls 1-3		Lead	Assurance re: effective control		Gaps in control		Gaps in assurance		Assurance RAG		
#172 Ambulance staffing. #174 Lack of specialist ambulance personnel. Business continuity plans across all Manx Care locations are not accessible electronically from a central intranet resource.		1 Incident planning and control governance structure		Oliver Radford	Manx Care has a Major Incident Plan. Governance and response arrangements are designed, reviewed and tested under the auspices of the Emergency Planning Committee. This committee is chaired by GD who is a direct report of the Manx Care Medical Director. Issues are escalated to the EMC. Manx Care has just appointed an Emergency Planning Manager who will commence in May 2022 and will take an operational and tactical lead on MI planning IoM also has a government wide approach to emergency planning, chaired by DHA's Dan Davies. The Manx Care Director of Operations is a member.				Some of these governance arrangements have been developed in recently (21/22) and have not been demonstrated to be fit for purpose through contemporaneous incidents.		A.		
		2 Safety management arrangements in collaboration with Manx TT		Oliver Radford	IoM has a National Motorsport Committee on which Manx Care CEO and Director of Operations sit. Learning has been demonstrated from experience of incidents. Race management has accessed advice from the Auto Cycle Union in UK and sought independent views of the efficacy of incident planning arrangements, to which racing authorities and the promoter (Dept for Enterprise) have respponded. The TT promotor has sponsored development of the safety management system which will be used during TT2022 for the first time. Manx Care will have a written plan for TT2022, approved by Exec Team and the Board, which will outline proactive actions implemented during the event to help cope with increased demand as well as actions required by clinical and managerial teams in the case of a significant increase in demand						A.		
		3. Business continuity planning		Oliver Radford	Governance and response arrangements are designed, reviewed and tested under the auspices of the Emergency Planning Committee. Manx Care has employed an Emergency Planning Manager effective May 2022. This is a first time appointment. The job holder will review current governance arrangements, contrast with best practice guidance from the Emergency Planning College and recommend further improvements. The arrangements were tested deeply during Covid and the secondary care systems and processes withstood the demand for care for Covid patients.		Current scope of the business continuity arrangements are limited to the Nobles campus. A central repository of all business continuity plans for services and locations acorss Manx care is yet to be established.		The governance arrangements need to be developed to include care homes and community services. There has been no independent review of the effectiveness of the arrangements. During Covid, many patients on non-Covid pathways failed to present, presented late or were deferred for treatment, thereby delaying treatment and care - the full impact of which is not yet known.		A.		

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

5	Loss of stakeholder support & confidence			Overall risk owner: Teresa Cope	<div>Residual Risk score</div>	Amendment date:	May-22
				Committee scrutiny:		Board	
	Which of the 2022-23 objectives may be impacted:			TARGET: L X I		3 x 2 = 6	
	1 Covid-19 response.	x	7 Reducing waiting times.	x		May '22: L x I	4 x 4 = 16
	2 Service user feedback drives improvement.	x	8 Continuous improvement.	x		June '22: L x I	
	3 Transforming health & social care delivery.	x	9 Workforce engagement and development.			Aug '22: L x I	
	4 Corporate, clinical and social care governance	x	10 Primary Care at scale.	x		Oct '22: L x I	
	5 Transform urgent and emergency care.	x	11 Early interventions.			Dec '22: L x I	
	6 Financial balance.		12 Environmental sustainability contribution.	x		Feb '23: L x I	
Related operational risks:		Main Controls 1-7	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	Assurance RAG
Public perceptions of Manx Care affected by four charges of manslaughter being laid against four anaesthetists. Inability to effectively deliver mental health services across the Island due to recruitment challenges. DHSC electronic systems lack communication inter-operability to the depth sought and required for effective care. Staff vacancy rates impact on operational throughput which impacts waiting times for consultation, diagnosis and intervention. Recruitment and retention of GPs and other clinicians and care workers. Prison healthcare staffing challenges. Clinically sound 'make or buy' decisions may not be understood by service users and carers and other stakeholders, leading to perceptions of an intention to run down Manx Care services on island in favour of normalising off island treatment. Non-compliance with CQC regulatory framework which Manx care seeks		1. Proactive engagement with the Minister and DHSC leadership.	Andrew Foster & Teresa Cope	Required Outcomes Framework (22/23) approved by Board 03/05/22. Chair meets regularly with the Minister. CEO meets regularly with DHSC CEO. The four Principals meet together monthly. Joint Oversight Group includes leadership from DHSC and Manx Care at which greatest mutual risks discussed, including safety; reputational; financial (monthly) Mandate assurance meetings (quarterly). Health & Care Partnership Board (quarterly). Board to Board meetings. Positive poliitcal engagement in NED recruitment process. Performance & Accountability Framework agreed and aligned to Single Oversight Framework.		DHSC Oversight group: Terms of reference and approved minutes to be shared with the FPC Committee. Health & Care Partnership Board terms of reference and approved minutes to routinely be shared with QSE Committee. A paper on compliance with the guidance 'Working with Elected Members' to be provided to the People Committee.	G.
		2 Proactive engagement with other government officials and departments with a regulatory oversight role including Attorney General; Coroner; Health & Safety at Work Inspectorate; Information Commissioner ('ICO').	Teresa Cope	CEO engaging positively with the H & S at Work Inspectorate re. ionising radiation compliance. CEO engaging constructively with the Island Constabulary; DHA and DHSC. Information governance arrangements are beginning to be strengthened via the Non Clinical Quality group with oversight of the Digital & Informatics Committee of the Board.	Medical Director formalising engagement with the Coroner calendar (Q2 calendar '22). CEO and Chief Constable formalising an MoU on parallel investigations (Q2 calendar '22). Manx Care has not yet demonstrated compliance with the DSTP Toolkit, which would contribute to assuring the ICO, but has am aim for compliance by May '23 (as stated IGAB on 04/05/55).	Manx Care CEO is not a formal member of the Island's Chief Officers Group, involvement limited to attendance for specific items by invitation. Manx Care continues to be subject to significant enforcement action by the ICO. Approved minutes of the Multi-Agency safeguarding Hub to be shared with the QSE Committee routinely. The QSE Committee to be provided with a paper setting out the proposed engagement activity with the IoM Coroner. When finalised, the MoU on parallel investigations with IoM Constabulary to be provided to QSE Committee. Pay awards with all staff for '21/'22 yet to be concluded - arbitration initiated.	A.
		3 Proactive engagement with Manx government shared support and technology services including GTS; HR; Transformation; Infrastructure, Treasury; Dept for Education; Internal Audit.	Teresa Cope	Chair & CEO meet Principals in Transformation to discuss governance and progress. Developing constructive working relationships with education providers including University College IoM and training establishments to increase placement opportunities and numbers. Executive Team members have additional portfolio based links ensuring Manx Care oversight of respective formal contracts with shared service agreements in place, coordinated by the Contracting Team; with alignment to Board Committees for review.	Insufficient numbers of rotational training opportunities results in students in training not being exposed to manx opportunities for subsequent employment. Transformation programme management approach still underplays the potential benefits of Manx Care views of the most effective ways to transform. Transformation leadership not yet routinely reporting in person to the Manx Care Board.	Manx Care CEO is not a formal member of the Island's <i>Chief Officers Group</i> , involvement limited to attendance for specific items by invitation. Board Committees yet to normalise reviews of shared service governance effectiveness (D&I being the exception).	A.
		4 Proactive engagement with all staff; including clinical staff and social care staff.	Teresa Cope	Induction includes an introduction by an Exec Team member. Bi-monthly open sessions for the CEO & Medical Director to listen to consultant body. Monthly <i>Let's Connect</i> . Weekly <i>all staff</i> bulletins. Regular reports on workforce and culture provided to the People Committee with a developing dashboard of metrics.	Action plans being developed but not yet finalised, at Care group level to address cultural gaps identified in BMA survey. A Communications & Engagement Plan is due to be reviewed and approved by the Board May 2022.	BMA survey of Manx Care consultants (Feb '22: respondents = 49) indicated a low baseline for cultural engagement. Monthly <i>'Let's connect'</i> online presentations / pod casts yet to reach desired depth of audience. People Committee to be provided with assurance of improvement in cultural 'temperature' amongst consultant body (autumn '22). Data quality of human resource dashboard metrics requires further refinement.	A.
		5 Proactive engagement with providers of tertiary and specialist care in England.	Teresa Cope	Proactive engagement with the Chief Finance Officer and Director of Strategy at Liverpool University Hospitals NHS FT. CEO is an engaged member of the Cheshire & Mersey Cancer Alliance. Working towards a strengthened strategic partnership approach. IoM representation into specialty networks such as Major Trauma Network; Critical Care Network; Paediatric Network being formalised.	Notes of tertiary provider and network meetings yet to feed into Manx Care governance processes.		G.
		6 Proactive engagement with Island media including radio, newsprint; social media.	Teresa Cope	Manx Care Head of Comms maintains close contact with opinion formers and journalists at principal Island outlets. Manx Care has a planned calendar of engagement activity.	Media channels cannot be controlled - Manx Care aims only to ensure our voice is represented accurately and heard.	Communications and Engagement Strategy is under development - draft to be shared with Board in calendar Q2 '22.	G.
		7 Proactive engagement with the Island's voluntary and charity sector.	Teresa Cope	CEO has a seat on the Council of Voluntary Organisations ('CVO') Board and meets frequently with the CVO Chair. Manx Care works in a structured way with <i>Hospice IoM</i> . CEO engages with <i>Crossroads</i> charity, <i>putting carers first</i> .		A paper on Manx Care engagement with coluntary and charity sector to be provided to QSE Committee Q2 calendar '22.	G.

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK														
6	Failure to achieve financial sustainability.					Overall risk owner:		Residual Risk score				Amendment date:		May-22
						Jackie Lawless						Committee scrutiny:		FPC Comm
Which of the 2022-23 objectives may be impacted:												TARGET: L X I		9
1	Covid-19 response.	x	7	Reducing waiting times.	x	May '22: L x I						25		
2	Service user feedback drives improvement.		8	Continuous improvement.	x	June '22: L x I						25		
3	Transforming health & social care delivery.	x	9	Workforce engagement and development.	x	Aug '22: L x I								
4	Corporate, clinical and social care governance.	x	10	Primary Care at scale.		Oct '22: L x I								
5	Transform urgent and emergency care.	x	11	Early interventions.		Dec '22: L x I								
6	Financial balance.	x	12	Environmental sustainability contribution.	x	Feb '23: L x I								
Related operational risks:		Main Controls 1-6		Lead	Assurance re: effective control			Gaps in control		Gaps in assurance		Assurance RAG		
#1 Significant cost and operational pressures risk overspend against budget - particularly Agency spend to cover high vacancy rate and Tertiary spend		1. Tools to establish financially sustainable staffing are poorly designed and available data is of low quality or is not available to managers, planners and leaders to support effective decision making.		Anne Corkill & Jackie Lawless	Work is scoped and planned for 22-23 to improve the provision of management information to budget holders and recruiting managers which adequately connects budgets to HR system PIP numbers; to identified workers, including those who are on limited term appointments; permanent contracts, flexible working contracts and agency staff. Resources are being committed from the CIP programme to progress control design improvements. One additional FTE has been recruited in the Finance reporting / analysis function to focus. Financial scrutiny occurs at quarterly Performance and Accountability Reviews of the Care Groups. Improvements to activity are included within the scope of the CIP Programme Board. Plans to acquire internal audit review of improved systems and processes in 23-24.			High vacancy rates do not always produce underspends - they produce overspends as temporary / flexible workers are retained at premium rates (20%-70% premiums) which reflect the fluid markets in which the workers are contracted. These circumstances support a forecast overspend on staffing of circa £3.5M in 22-23 compared to the budgeted establishment for these overspent departments / services. There are likely to be instances where managers have recruited above their budgeted establishment which is not always clearly visible There are opportunities to improve forecasting techniques and reporting		Connecting budget holders with budgets, aligned to accurate HR system PIP numbers; to those who are on limited term appointments; permanent contracts, flexible working contracts and agency staff is at an immature level of sophistication. Internal Audit plan for 22-23 does not include financial governance.		R.		
#2 Pay awards remain under negotiation / arbitration.														
#3 Significant investment required to reduce waiting list backlogs														
#4 Transformation projects generating significant future funding pressures														
#5 Future funding not yet agreed - growth has been agreed but no funding for investment / service development														
#6 Inherited widespread non-compliance with Financial Regulations with regard to contracting and procurement														
		2. Improvements in the control systems which link health and care activity delivery with cost of doing so are being made.		Jackie Lawless	The Restoration & Recovery workstream at Manx Care has shown that effective tools can be developed to provide insight into performance and planning.			In most service areas, there is little or no data linking activity delivered with the cost of doing so - making it impossible to assess value for money or inform 'make or buy' decision making.		The Transformation team have undertaken a review of surgical services to more accurately assess activity and cost, but the detail of the review remains reserved.		R.		
		3. Improvements to control design re contracting and procurement		Jackie Lawless	Manx Care has invested in some additional resource in house in the Contracting & Commissioning teams to provide additional expertise and resource to address the inherited non-compliance position. This work is reviewed by the FP&C Committee This often requires Financial Waivers in the first instance to bring existing arrangements into compliance while the need and scope is fully reviewed and examined. A robust system for requesting Financial Waivers exists but further improvements to the process are being developed and will be proposed to Treasury in order to speed it up Manx Care has joined a number of NHS Frameworks to allow access directly to 'pre-approved' providers which avoids the need for full procurement exercises each time a service is required.			Contracting and procurement decision making can be inflexible and lacking in agility - this can result in lost opportunities to take advantage of advantageous pricing; shortened delivery times; or unexpectedly availability of preferred supplier resource.		The Attorney General's (AG) office leads on tendering but has predicted that should a high volume of tender activity be likely in 22-23 as is anticipated), the AG's office may not be resourced sufficiently to meet the demand. Operational areas may also not be sufficiently resourced to carry out the full service / contract reviews necessary		R.		
		4. Improvements to the design of the scheme of delegation		Jackie Lawless	A process of review of financial delegation is planned in 22-23 Dir of Finance sits on a Government wide management group scoping the provision of an electronic 'purchase to pay' system for all of Government Regular and granular scrutiny of spend by each budget holder to ensure appropriate purchasing decisions and authorisations are being made			Across Manx Care, some purchasing is currently undertaken with the use of paper pads in quadruplicate - building in a lack of financial grip without the use of an electronic system. This system potentially provides any colleague with the ostensible authority to make purchases from a supplier whilst in possession of a purchase requisition pad without the necessary authority		The scheme of financial delegation has design weaknesses which do not accurately align delegated powers with appropriate officers. It is not possible for the Finance Shared Service team to ensure full compliance with Delegations before making payments due to the process being paper based.		R.		
		5. Closing the gap between Transformation and Manx Care		Jackie Lawless	Transformation Oversight Group with representatives from Manx Care and the Transformation team has been formed to monitor and drive progress of the Transformation programme.			There are delays in completing and implementing transformation projects - with delayed benefits realisation and can result in cost pressures as near obsolete or obsolete systems maintained at high cost.		Understanding Manx Care's baseline cost for delivering planned service levels remains uncertain - undermining any discussion about establishment funding. Without longer term financial planning, Manx Care		R.		
		6. Addressing future funding requirements		Jackie Lawless	The principle of growth funding has been agreed with Treasury and is included in the projected increase in budget over the next 3 years. Transformation New Funding Arrangements project investigating options for government to fund health and social care in future e.g. taxation changes. Transformation have also produced a paper detailing potential mechanisms for agreeing the funding allocation to Manx Care proposing a blended approach to cover 'baseline' and additional 'activity components'. This will require a zero based budgeting exercise to establish the correct funding baseline for Manx Care's core activities			Whilst future funding has been indicated in the Pink Book it is not guaranteed and does not allow for significant service investment, rather underlying growth. The view of Treasury has been that this funding should cover all future requirements of the system and this position needs to be tested The budget setting and mandate setting cycles are misaligned with budgets for future years being set before mandate has been agreed		Understanding Manx Care's baseline cost for delivering planned service levels remains uncertain - undermining any discussion about establishment funding. Without longer term financial planning, Manx Care cannot adequately plan to grow services or plan other investment decisions. The implementation of the recommendations of Transformation are likely to take some time - a number of years		R.		
		7. Improving internal financial governance mechanisms		Jackie Lawless	Regular meetings between Finance Business Partners and Budget Holders to review financials and address any anomalies / overspends and to improve financial forecasting Training provided to budget holders regarding their responsibilities and access to reporting has been trialled and will be rolled out across Manx Care Investment has been made in additional resource in Finance Team to aid with financial reporting and analysis Weekly Financial Assurance Group meetings between Manx Care & DHSC to address finances / financial planning. Monthly Management Accounts produced that show current and predicted performance and highlighting areas of risk / pressure Monthly FP&C Committee meeting to review and address financial, performance and commissioning issues. Monthly CIP Programme Board meeting to oversee delivery against target of the CIP programme and address any blockages / significant risks Business Case Review Group established to provide effective review and challenge of business cases before approving for funding Monthly Performance and Accountability Reviews with Care Groups that include scrutiny of financial performance / pressures Quarterly reporting to COMIN to discuss forecast position, financial pressures, risks and mitigations			CIP programme requires additional operational resource to drive performance - this is currently provided by external resource but work is underway to recruit a CIP Programme Manager Further improvements to financial reporting can be made to provide more meaningful and timely information to a range of stakeholders Improved formal review and scrutiny planned of spend in operational areas that sit outside of Care Groups e.g. Tertiary, Corporate, Operations		Service level reviews continue to highlight deficiencies in service provision which often require additional investment, which is unforeseen. The outcome of CQC inspections is likely to generate significant funding pressures not already identified Further education and deepening relationships with finance are required to ensure adequate visibility of risks		R.		

Section 1: Purpose and Introduction

Background

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

The report is accompanied by the **CEO Horizon Scan** which provide a summary of key activities in each of the Manx Care Operational Care Groups, Corporate Departments. The Horizon Scan is prepared monthly led by the CEO and forms part of the communication cascade across the organisation.

Section 2: Covid -19 and Vaccination Programme Update

2.1 Covid -19

The Isle of Man moved to an Endemic Approach to Covid-19 from 1st April in accordance with its '**Moving to an Endemic Approach**' Plan. The number of covid positive patients in hospital has continued to reduce during May and as at 19th May, there were 4 patients in hospital and the organisation was operating at level 1 of the Covid Escalation Plan, having been able to close the dedicated Covid Ward in mid May.

2.2 Vaccination Programme

The Covid-19 Vaccine Programme continues to deliver the spring booster programme in parallel with the 5-11 vaccine programme as well as offering the jab to anyone who requires a 1st/2nd/booster dose – currently the service is delivering around 950 vaccines per week from Chester St with a maximum capacity of 1000. In addition to Hub delivery, the community team are continuing to deliver the spring booster programme to housebound individuals plus care home residents.

The Vaccine Programme does not yet have confirmation of the cohorts within the Autumn Booster Programme from the JCVI however wherever possible this will be delivered alongside the seasonal flu vaccination to help maintain the high levels of flu vaccination that were seen in 2021.

2.3 ME/CFS/Long Covid Service Development Project

Following the securing of £450k of recurrent funding as part of the 22/23 budget settlement, a Service Development Lead has been secured who is dedicated to the development of the ME/CFS/Long Covid service. In addition a dedicated therapist has also been resourced to take a lead on the clinical aspects of service development (i.e. clinical pathway development, patient literature etc) for a limited period until the service is launched. This will allow the development of the service to be achieved at pace. A project governance structure has been developed and the first cycle of

project board/project delivery group and the sub groups have taken place and a first draft of the project plan has been formulated with a proposed launch date of the adult service of the third week in September.

Dr Vikki McKeever, Specialist GP in ME/CFS within the Leeds Partnership NHS Trust ME/CFS service is delivering a 1.5h GP education session in June alongside Dr Helen Greig, who is the recently appointed Clinical Domain Lead for ME/CFS/Long Covid within the Isle of Man Primary Care Network.

Section 3: Required Outcomes Framework and Annual Performance Review

3.1 Required Outcomes Framework 22/23

Following approval of the Required Outcomes Framework for 22/23 at the Manx Care Board on May 3rd, the documents has been shared with the staff, partners and placed on the Manx Care website. The document has also been shared with DHSC and will be laid before Tynwald in June 2022.

Annual Performance Review

I am pleased to share our first Annual Performance Update, which provides a summary of our performance against the commitments outlined within the 2021/22 Required Outcomes Framework (ROF).

We set ourselves some ambitious targets, and aimed to make substantial progress during the first year operating as an independent organisation at arm's length from the DHSC, whilst also recognising and accepting that it will take a longer period of time to fully deliver and embed all of the recommendations from Sir Jonathan Michael's independent review into the provision of health and social care on the Isle of Man.

During 2021/22 we aligned our activity against three strategic priorities

- Improving Patient Safety
- Creating a positive Working Culture
- Improving Financial Health

The service improvements that have been made have been delivered during what proved to be an extremely difficult and challenging period, as we continued to respond to the demands of the global Covid-19 pandemic, working alongside the Island's community and the wider Government to ensure the safety of our residents.

This performance update is not designed to be exhaustive, but provides a summary of the progress made and full details will be provided in our Annual Report which will be published later in the year.

The Annual Performance Review Summary is at Appendix 1.

Section 4: Planning for the TT Event

- 4.1 System wide preparations for the TT have been ongoing for several months, particularly within those services that are most impacted by the event such as Ambulance Services, Emergency Department, Orthopaedics, Theatres etc. Staffing gaps, due to either increased vacancies or increase in demand (or both) have been identified and requests for additional staff have been requested – all of these gaps have now been filled with the exception of Radiology, however this gap in radiography cover has now been resolved internally. The remainder of the gaps have been filled either through agency requests or, in the case of the Ambulance Service, through a request for mutual aid which has been filled by the Welsh Ambulance Service (5 paramedics) and the Guernsey Ambulance Service (1 paramedic). As such staffing resilience across all services is now showing 'green' on the RAG status.

All impacted services have now undertaken at least one emergency planning exercise to stress the system should a mass casualty incident occur – these scenarios have included incidents outside of racing (where Manx Care is responsible for end to end provision of medical services) and during racing conditions (where Manx Roadracing Medical Services are responsible for track side medical care, handing over to Manx Care staff in the Emergency Dept). As a result of these exercises, operational arrangements have been amended and additional equipment ordered.

A new command structure will apply to this year's event which has been possible thanks to the introduction of an exec level on call rota within Manx Care – the exec on call will act as the Gold Commander during the event, with the Senior Manager on Call for Noble's Hospital acting as Silver and the Senior Nurse on duty acting as Bronze.

Although there will be Gold/Silver/Bronze commander on duty 24h during the event, they will be physically on site at Noble's from 8am – 8:30pm which will cover all racing periods. Any chronic capacity/demand issues within Noble's will be fed into the Event Gold and Silver groups (attended by the exec on call) however should any acute issue arise within the hospital, such as a significant increase in demand on ED prior to commencement of racing, Manx Care has the ability to request commencement of racing be delayed in order for the hospital to regain a state of readiness.

All departments have produced a discrete plan covering their operational arrangements during the event – this has been aggregated into a Manx Care wide plan which has been signed off by the Executive Team and will be socialised to all internal and external stakeholders prior to the event.

Teresa Cope,
Chief Executive
19th May 2022

Horizon Scan MAY 2022

Medicine, Urgent Care and Ambulance Service

- Recruitment of Consultants, Doctors, Nurses, HCAs and Paramedics continues; recruitment remains the Care Group's number one priority. These initiatives are beginning to be realised with new staff arriving and taking up their posts.
- The Care Group is 'relaunching' the governance framework for the Medicine Triumvirate Leadership Group to allow focus on:
 - Recruitment, Temporary Staffing and Workforce Resilience
 - Patient Safety and Quality
 - Corporate Governance (Finance, Information Governance, Risk & Issue Management etc.)

Medicine, Urgent Care and Ambulance Service Cont'd/2...

- ED Safe Staffing business case submitted and approved by BCRG and EMC; budgetary approval for 50% of funding in-year.
- CIP business case in relation to Frailty Unit provision submitted and approved by BCRG and EMC; budgetary approval for 50% of funding in-year.
- UEIC 'strategic overview' business case submitted to BCRG and approved with some requests for greater detail on the financial impact. It will now go to Transformation Programme Officer and Political Boards for consideration and funding approval. SDEC and Intermediate Care to be removed and taken forwards more quickly as CIP projects with funding sought retrospectively from transformation.
- Work on going with the Service Development team to address Waiting lists in medical specialities with the assistance of Manx Care staff and Medefor.
- Work ongoing with the Service Development Manager to identify and articulate Tertiary Provider contracts and services and ensure appropriate agreements are in place.
- Work ongoing to reconfigure staffing to appropriate cost centre codes to ensure costs are reflected accurately for each service area.
- Transformation Programme have agreed to the inclusion of the requirements of the Ambulance Service Digital Strategy as part of the overarching Manx Care Record project within the TP's portfolio.
- The Care Group's operational model and plan in readiness for TT fortnight 2022 is now complete.

Integrated Women & Children and Family Services

- The Ockenden Working Group are meeting regularly to agree the action plan associated with the final Ockenden Maternity Review report. The final Ockenden report was published in April 2022.
- Business Case to develop a multiagency safeguarding hub model has been devised and to be presented at the Business Case Review Group. The MASH model will allow an integrated approach to safeguarding across the Isle of Man.
- Financial Waiver for upgrade and expansion of Lilie within Sexual Health Services has been approved. This is integral to the integration of Sexual Health Services and therefore a positive outcome that will drive the project forward.
- The 0-19 Public Health Nursing Service vision and transformation plan which is to align it to the 'Best Start in Life' is progressing with the reconfiguration and development of the workforce.
- Financial Waiver for the upgrade of Compuscope has been approved and a PO raised. Once implemented this will reduce a significant risk identified on our risk register.
- Cancer Pathways for Gynae workshops have commenced.
- Ongoing work with the Transformation team around the Children and Young People with Complex Needs Business Case. The Business Case has now been devised.
- As of April 2022 the Workforce and Culture Team are contributing to the IWC&F monthly newsletter.

Integrated Cancer and Diagnostics Services

- Cancer Services – Macmillan Matron funding and administration support has been approved from Macmillan Cancer Support
- Cancer Services – Cancer Performance Day 29/4/22 is a cancer governance day whereby all cancer tumour site teams and support services will present their activity, challenges, successes and vision as part of the Cancer Clinical Lead's Bi-Annual Programme. Guest Speakers include:
 - Jon Hayes, Managing Director of Cheshire & Merseyside Cancer Alliance
 - Ms Karen Shepherd, Consultant Orthopaedic & Sarcoma Surgeon, The Robert Jones & Agnes Hunt Orthopaedic Hospital
 - Dr Joe Sacco, Consultant Oncologist, Clatterbridge Cancer Centre
- Cancer Services – Cancer Transformation Programme continues, with weekly update meetings. Dermatology, Lower GI and Upper GI business cases have been drafted. Workshops and 121s are continuing at pace
- Pharmacy – Medicines Information / Medicines Safety Pharmacist progress to advertisement in May 2022
- Pharmacy – Rotational Pharmacists (2.0 WTE) and assistants (3.0 WTE) are currently progressing through the job evaluation process
- Pharmacy – An initiative supporting Covid antivirals for vulnerable patients in Primary Care has been established
- Pathology – Consultant Histopathology advert unfortunately attracted no candidates
- Pathology – LIMS high level design underway, though there are staff resource implications
- Pathology – Business Case for digital pathology is in progress
- Pathology – RCPATH review scheduled for May 2022

Surgery, Theatres, Critical Care and Anaesthetics

- General Surgery Virtual Vanguard agreed for weekends and 10 sessions 1/5 weeks.
- Patient Information Service will start calling patients within 72 hours of appointment to help reduce DNS's and help reutilise unused appointments
- From June invites to attend the hospital for outpatient appointments will only be sent out 6 weeks prior to appointment reducing multiple communications to patients
- Orthopaedic Virtual Vanguard starting 20th April utilising ring fenced inpatient capacity in PPU supported by Synaptic .
- Planning for creation of Elective Admissions Lounge in DPS has commenced with aim of improving start times and theatre efficiency

Integrated Primary Care & Community Services

- Long Covid/CFS/ME – Project lead appointed, expression of interest for clinician sent out to relevant teams
- AAC (assistive technology for communication) project underway with involvement from Speech and language therapy and Occupational Therapy for both children and adults
- Continued involvement in relevant transformation pathways
- Acceptance and Commitment Training (ACT) being organised for Community Adults Team and potentially others
- CQC sessions now planned over the last month with dentists and dental nurses ahead of inspections taking place
- Senior Nurses Anna Quirk & Bree Tomlinson presenting District Nursing activity at the Cancer Performance Day
- Tissue Viability Specialist Nurse Lisa Kelly and Edwina Harrocks launched the Manx Care wide Pressure Ulcer policy
- The tissue viability service is very excited and pleased to be able to offer training and development opportunities for leg ulcer management Via remote learning with Huddersfield University, commencing September 2023

Integrated Mental Health Services

- Recovery College initial prospectus delivered in collaboration with UCM goes live in April.
- Successful recruitment of Social Workers within the CMHSA, Nursing colleagues within the Acute Pathway and Clinical Psychologists within CAMHS.
- X 2 SD doctors responded to recent advert.
- Tavistock and Portman National I Thrive Team commissioned to deliver THRIVE stakeholder event in June.
- Minds matter commence delivery of psychological therapies for children and young people.
- Waiting time for Psychological therapies at both steps 2 and 3 continues to reduce.
- Transformation - Continuing contribution to the Urgent and Emergency Care and Primary Care at Scale transformation programmes.
- Funding confirmed to support implementation of CAMHS and DAT shared care agreements.

Integrated Social Care Services

- Bus case submitted to extend Wellbeing hubs into east of the Island, BRG requested further statistics
 - Reviewing task force set up to look at placements/care and support packages both on and off Island
 - Prep continues for CQC inspecting broader ASC services from April 2022, pilot audit of one dementia unit received good report and positive feedback from CQC and service
- RECRUITMENT:**
- Expression of Interest out for interim 6 month PSW
 - C&F Asst Dir Julie Gibney was appointed into this role; Group Managers Corporate Parenting and Children with Disabilities and in Care Management interviews to take place 17 May for a number of candidates Leads for Adoption Practise and Fostering Team; interviews to take place on 28th April Supervising Social Workers; shortages in Family Placement being progressed
 - C&F experiencing critically low levels of available placements, being addressed via fostering recruitment strategy, potential to re-open small children's home for placement sufficiency

CEO Horizon Scan – MAY 2022

Appointment of Board Secretary – Elaine Quine, effective 01 June

Interviews of Director of Infrastructure - 13th May

Staff Annual Appraisal time

Friends of Nobles Hospital AGM – 4th May

Meeting with the Information Commissioner – 6th May

Strategic Partnership and Collaboration Meeting with Liverpool University Hospital Foundation Trust – 6th May

Care Group Performance and Accountability Review Meetings – Covering Care Group Governance Frameworks, BMA Cultural Survey, Q4 Achievements, Key Risks. 10th May and 17th May

Manx Care Induction Programme – 18th May

National Strategic Motorsport Group – TT orientation drive.

DIGITAL AND INFORMATICS COMMITTEE CHAIR'S REPORT TO BOARD

12 May 2022

MS Teams

10.00AM – 12.00PM



COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee:	DIGITAL AND INFORMATICS COMMITTEE
Meeting Date:	12 MAY 2022
Chair/Report Author:	KATIE KAPERNAROS

KEY ITEMS DISCUSSED AT THE MEETING

Your Committee received comprehensive papers covering:

1. Manx Care Record Advisory Board
2. Manx Care Record
3. Clinical Coding
4. Integrated Performance Report
5. Information Governance

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

Issue	Committee concern	Action required	Timescale
Manx Care Record Advisory Board	There was a concern that the correct representatives from Manx Care were not invited to participate to the meetings.	The stakeholder representation from Manx Care would be reviewed to ensure all areas were represented.	

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

Issue	Assurance Received	Action	Timescale
Manx Care Record	Demonstrations of potential software solutions had been received in April.		

Clinical Coding	All patient episodes were now being coded. As soon as there was sufficient information to benchmark a provider would be selected.		
Integrated Performance Report	Two contractors had been recruited for a 12 month period to focus on establishing the core data sets and resolve data quality issues.		
Information Governance	Approval for 2 IG managers had been obtained which would clear current backlogs and upskill the existing team. A successful meeting had been held with the Information Commissioner		
The following existing risks were identified during the meeting: (if none please state "none") None	Risk:	CRR/BAF N°:	Risk Score: L x C =
	Risk:	CRR/BAF N°:	Risk Score: L x C =
	Risk:	CRR/BAF N°:	Risk Score: L x C =

COMMITTEE CHAIRS'S REPORT TO BOARD

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee:	Quality, Safety & Engagement Committee
Meeting Date:	17 May 2022
Chair/Report Author:	Sarah Pinch

KEY ITEMS DISCUSSED AT THE MEETING

Your Committee received updates on the following matters:

- Quality Dashboard
- Serious Incident Updates
- Theatre Improvement Plan
- Inspection by UK Health Security Agency
- Operational Clinical Quality Group – Summary Reports
- Infection, Prevention and Control
- Mortality

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

Issue	Committee concern	Action required	Timescale
Quality Dashboard	Compliance with antimicrobial stewardship standards was lower than would be expected.	The CEO, Medical Director and Director of Nursing would discuss.	24 May 2022

Covid Review	Manx Care would work with the DHSC and Department for Public Health to undertake a review of covid deaths.		
ASSURE (Detail here any areas of assurance that the Committee has received)			
Issue	Assurance Received	Action	Timescale
Quality Dashboard	The quality dashboard continued to improve with quality indicators from the previous 13 months now being reported on.		
Theatres Improvement Plan	The implementation of the AfPP audit recommendations had been delayed due to a change in management structure. However work was now underway to deliver the recommendations and progress is being made in all areas. It is anticipated that the follow up audit for accreditation will be planned for June 2022.		
Inspection by UK Health Security Agency	2 inspectors from the UK had visited Nobles Hospital and carried out an audit of the radiology department. The outcome of the audit had been positive with several areas of good practice being identified.		
Mortality	Mortality reporting continued to improve.		

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

PEOPLE COMMITTEE CHAIR'S REPORT TO BOARD

9 MAY 2022

MS Teams

2.00PM – 4.00PM

**COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD**

Committee:	PEOPLE COMMITTEE
Meeting Date:	9 May 2022
Chair/Report Author:	Sarah Pinch

KEY ITEMS DISCUSSED AT THE MEETING

The Committee received a very positive staff story from a care group manager, reviewed the KPI dashboard and had the opportunity to hear from the analyst that prepared the dashboard, and received an update on the pay award. There were discussions regarding clinical engagement, the results of BMA salary survey, OHR processes surrounding recruitment and the use of PIP and trends for colleagues leaving Manx Care within 3 years.

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

Issue	Committee concern	Action required	Timescale
Clinical Engagement	There were a number of topics discussed, including the BMA survey results and improvements to job planning where there had been some dis-satisfaction amongst clinicians.	To be discussed at the Board.	24 May 2022

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

Issue	Assurance Received	Action	Timescale
BMA Survey Results	The results of the BMA survey had been disappointing but had provided a baseline for improvements to be made. An action plan was being devised in conjunction with workforce and culture.		

Pay Award Update	A meeting to commence the conciliation process had been set for 16 May. Anecdotal evidence had suggested that the payment of the 4% award backdated to April 2021 had been well received.		
Recruitment processes and use of PIP	The Committee received evidence that there was difficulty working within the control framework for recruitment. The process to link role profiles to jobs, funding and PiP numbers was cumbersome.	Secretariat would feedback to OHR to see where improvements could be made. OHR would arrange for an independent review of the recruitment control framework and the issues regarding PiP to be undertaken.	
Reasons for leaving	The workforce and culture team would conduct exit interviews to capture reasons for leaving so that trends could be identified.	A report would be made to the meeting in July.	
The following existing risks were identified during the meeting: (if none please state "none")	Risk:	CRR/BAF N°:	Risk Score: L x C =
	Risk:	CRR/BAF N°:	Risk Score: L x C =
	Risk:	CRR/BAF N°:	Risk Score: L x C =



INTEGRATED PERFORMANCE REPORT

March 2022

MANX CARE KPI REPORTING

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Manx Care KPI Reporting

Surgery, Theatres, Critical Care and Anaesthetics



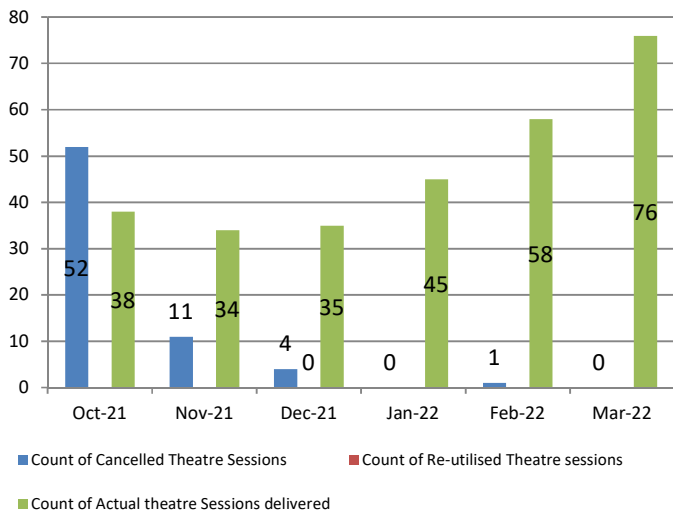
Care Group Reporting (March 2022)

Contents:

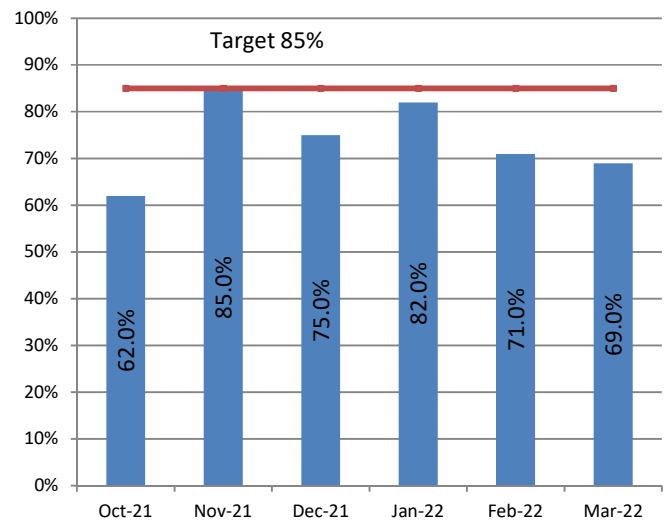
Theatre's KPI Dataset
Planned Care KPI Dataset

MAIN THEATRE INFORMATION - 2021-22

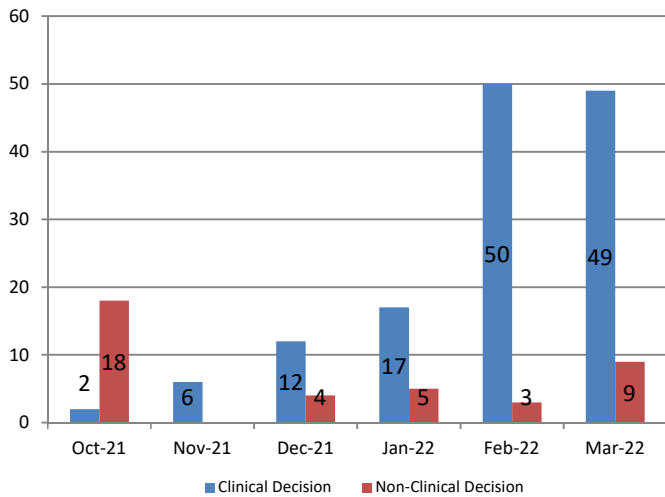
THEATRE SESSIONS
(EXCLUDES WEEKEND TRAUMA)



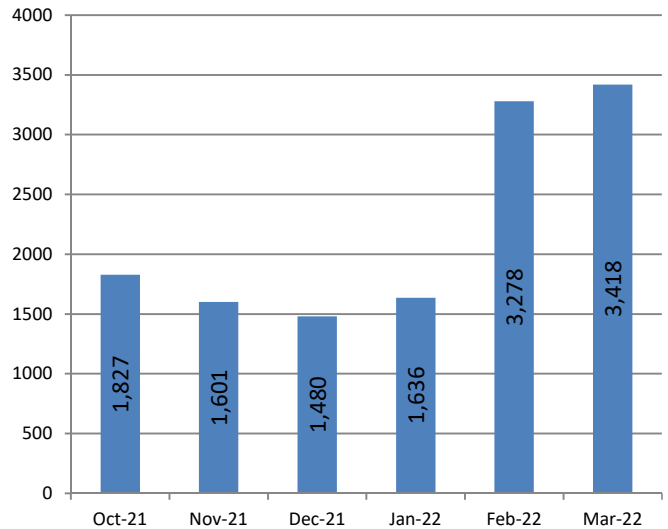
% UTILISATION
(EXCLUDES WEEKEND TRAUMA)



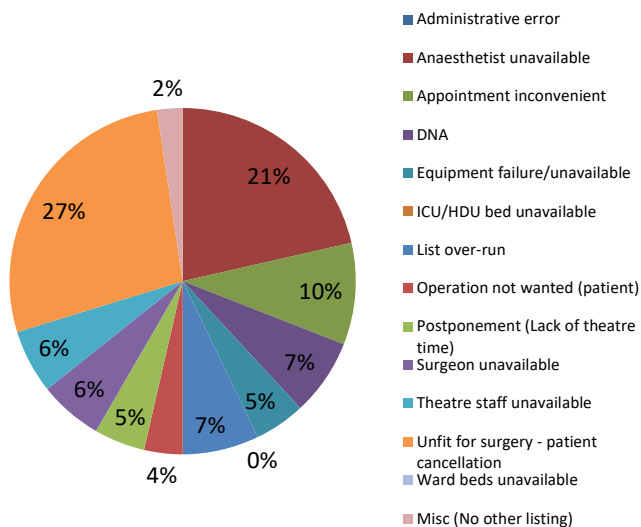
THEATRE CANCELLATIONS ON DAY
(EXCLUDES WEEKENDS)



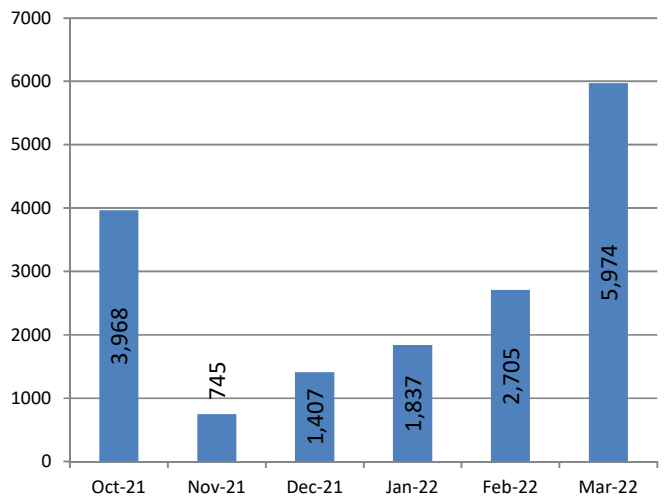
LATE STARTS IN MINUTES
(EXCLUDES WEEKEND TRAUMA)



NON-CLINICAL CANCELLATIONS ON DAY
(EXCLUDES WEEKENDS)

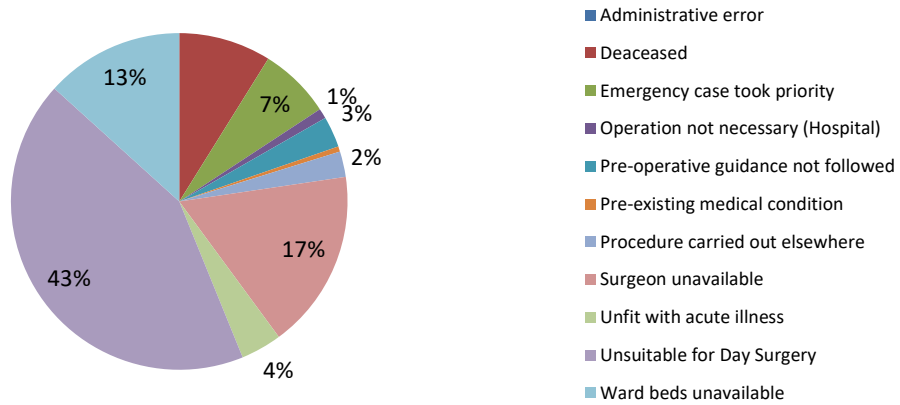


EARLY FINISHES IN MINUTES
(EXCLUDES WEEKEND TRAUMA)

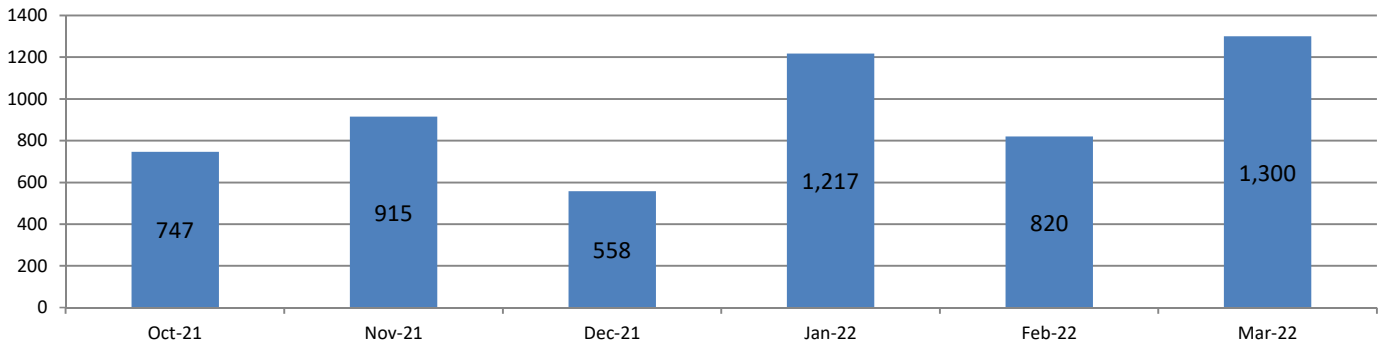


MAIN THEATRE INFORMATION - 2021-22

CLINICAL CANCELLATIONS ON DAY
(EXCLUDES WEEKENDS)



LATE FINISHES IN MINUTES
(EXCLUDES WEEKEND TRAUMA)



Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Theatre Services	836	714	(123)	(17%)

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Theatre Services	7,886	8,564	679	8%

MAIN THEATRE INFORMATION - 2021-22

Theatres Narrative - March 2022

Theatre Sessions:

Theatre continues to deliver 3 – 4 full day sessions of activity, 16 theatre sessions were cancelled in March in response to the unavailability of anaesthetists to support the operating, this combined with theatre staff sickness (COVID-19 related) and vacancies have limited the return to full theatre capacity.

However an additional 26 sessions were performed from Monday 14th March through to Saturday 26th March which was supported by the Synaptik Team who undertook ophthalmic Phacoemulsification waiting list initiative which resulted in 150 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 increase activity in theatres from mid-April and onwards. 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 20 occasions which was attributed to the closure of ward 12 and a high percentage of the remaining bed base being occupied by medical patients. On 8 occasions due to emergency and trauma taking precedence over scheduled listed patients. The remaining cancellations were attributed to patients being unfit for surgery & pre-existing medical conditions; preoperative guidance not followed and list over-run.

Non- Clinical cancellation on the day of surgery:

Non clinical cancellations were attributed to patients own decision to cancel due to operation not wanted and being unfit for surgery.

Early Finishes and Late Starts

Late starts continue as a theme during the month of March 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

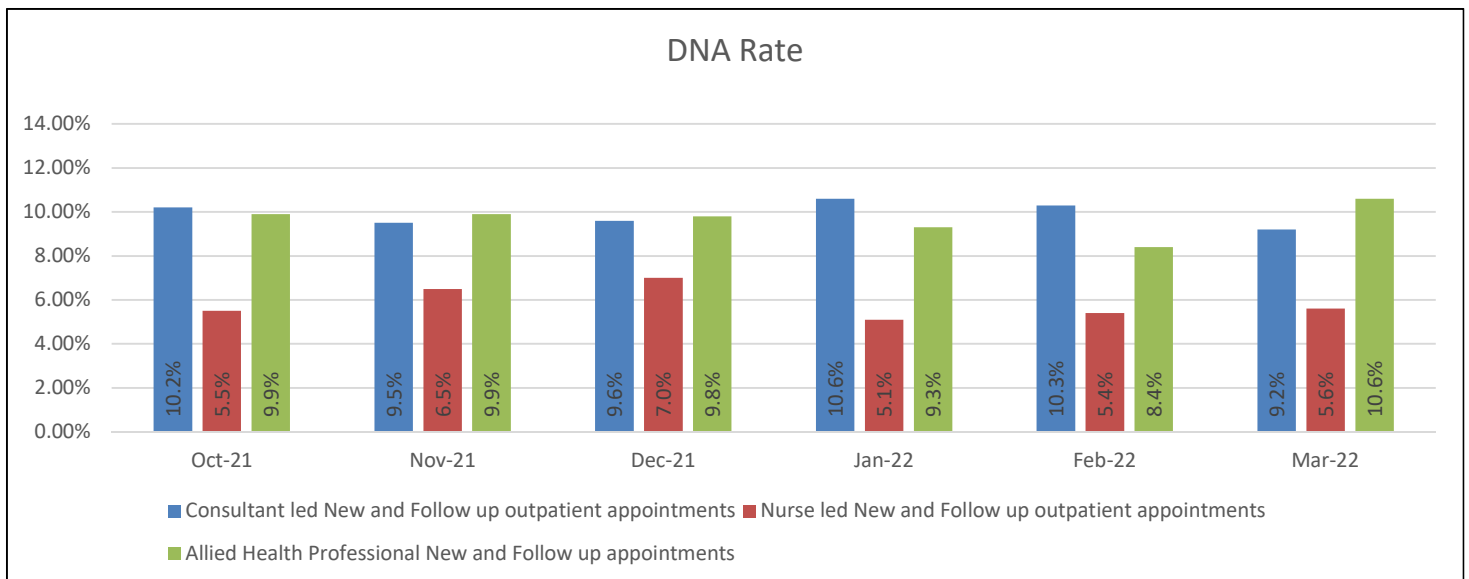
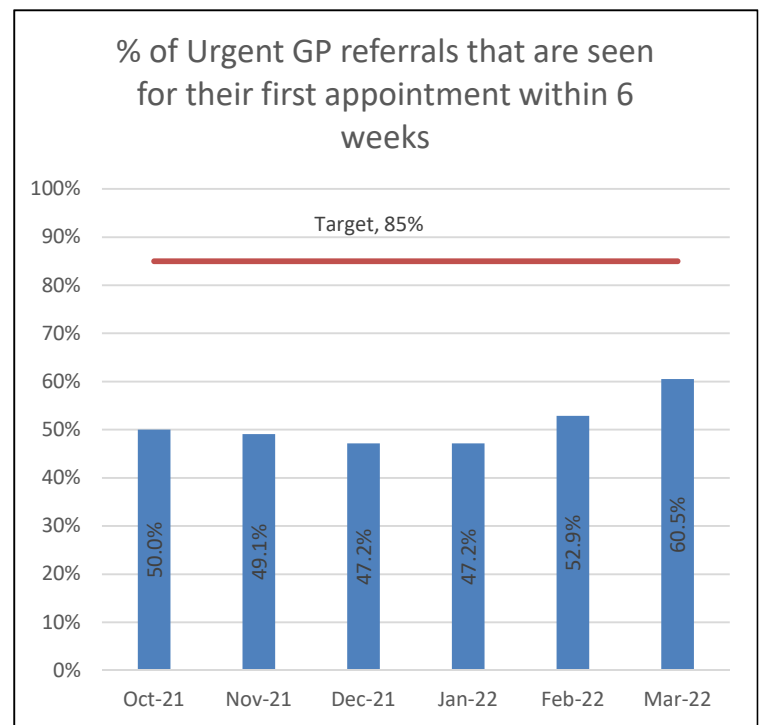
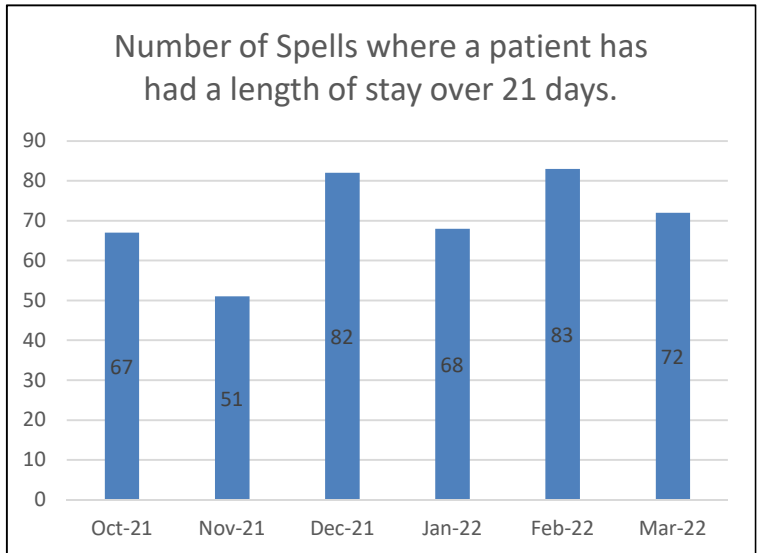
Due to the lack of activity the main theatres spend on non-pay consumables, is lower than budgeted for this year.

Additionally staff retirement and resignation continues and means that theatres have been carrying vacancies which have been covered by agency since October and remain to date. The department is slowly recovering some lost activity in the late stages of Q4. Activity has increased with the introduction of the Synaptik Ophthalmic waiting list initiative which commenced on 14th March 2022 and will further increase with the introduction of the Synaptik Orthopaedic waiting list initiative due to commence 18th April 2022.

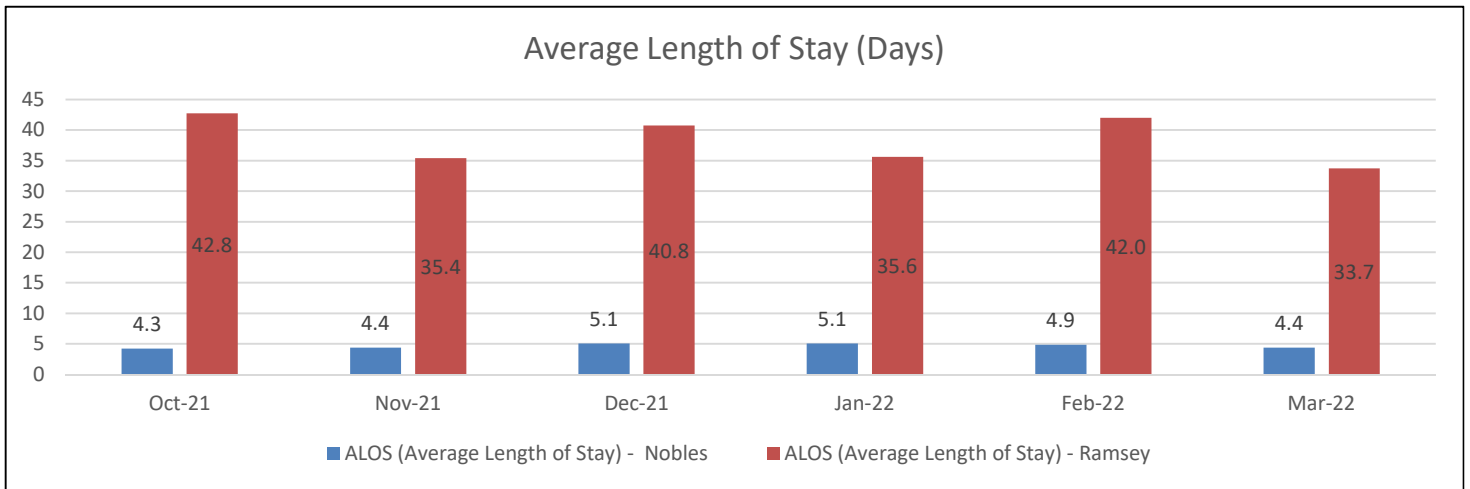
It is acknowledged that greater control is required across the Care Group on financial control, as such integration of finance business partners in to care group governance is in process. In addition to this a training and development plan has been implemented to address the identified skills gap within 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 2021-22



Planned Care 2021-22



Variance on Budget 2020-21

MONTH £'000				
	Actual	Budget	Var (£)	Var (%)
Medicine Services	1,550	1,131	(419)	(37%)

YEAR TO DATE £'000				
	Actual	Budget	Var (£)	Var (%)
Medicine Services	15,096	13,240	(1,857)	(14%)

Planned Care 2021-22

Hospital Planned Care Services - Narrative - March 2022

Number of Patients waiting for First Hospital Appointment

This combined data for both surgical and medical patients.

Due to staff vacancies, annual leave and other absences coupled with difficulties in recruiting locum cover , there has been a reduction in outpatient clinic capacity which has resulted in a slight 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.

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

This combined data for both surgical and medical patients.

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

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

This combined data for both surgical and medical patients.

Due to staff vacancies, annual leave and other absences coupled with difficulties in recruiting locum cover , there has been a reduction in outpatient clinic capacity in some specialties which has resulted in only a increase in the proportion of patients being seen for their first appointment within 6 weeks.

DNA Rate

This combined data for both surgical and medical patients.

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

Average Length of Stay (Days)

This combined data for both surgical and medical patients.

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

Variance on Budget 2020-21

The main reason for the budget overspend in Surgical Services is due to the significant number of roles that need to be filled by locums due to vacant posts and staff absences (sickness – including COVID, annual leave, and unpaid special leave), combined with the need to cross cover on call and other activity using internal bank shifts due to annual leave and other absences. This level of locum and internal bank cover is required to ensure patient safety is not compromised.



Manx Care KPI Reporting

Medicine, Urgent Care & Ambulance Service





























Care Group Reporting (March 2022)

Contents:

Urgent & Emergency Care KPI Dataset
Ambulance Service KPI Dataset

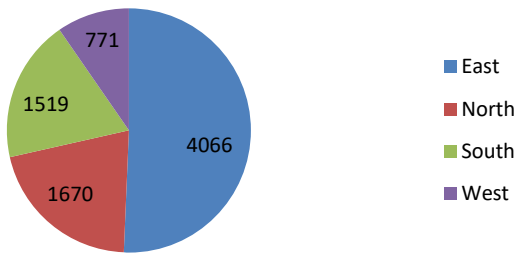
Medicine, Urgent Care & Ambulance Service

Urgent and Emergency Care

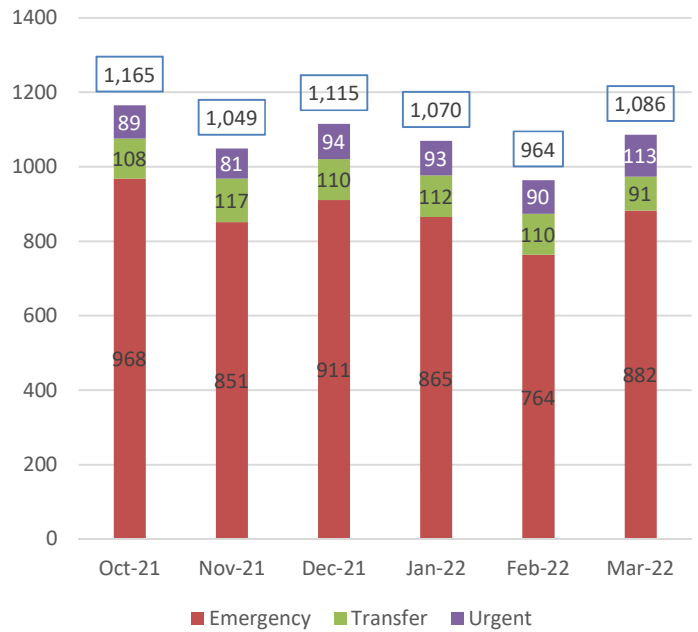
CQC Standard	Indicator	Target		Last Month	Last Year	Trend (Last 53 Weeks)
	Time to Clinical Assessment					
	Average Number of Minutes between Arrival and Triage at Nobles ED	15 Minutes		23	23	
	Average Number of Minutes between Arrival to Clinical Assessment at Nobles ED	60 Minutes		59	53	
	Average Number of Minutes between Arrival to Clinical Assessment at Ramsey MIU	60 Minutes		15	8	
	Time to Emergency Treatment					
	Average Number of Minutes between Arrival to Clinical Assessment for MTS Category 1&2 Patients in Nobles ED	10 Minutes		47	0	
	Average Number of Minutes between Arrival to Clinical Assessment for MTS Category 3 Patients in Nobles ED	60 Minutes		69	0	
	Average Number of Minutes between Arrival to Clinical Assessment for MTS Category 4 Patients in Nobles ED	120 Minutes		68	0	
	Average Number of Minutes between Arrival to Clinical Assessment for MTS Category 5 Patients in Nobles ED	240 Minutes		52	0	
	Total Time in Emergency Department					
	Total Time in Nobles ED (Average)	360 Minutes		304	238	
	Emergency Care Time (Average Number of minutes between arrival and seeing first doctor) in Nobles ED	180 Minutes		229	181	
	Specialty Time (Average Number of Minutes between first speciality request and DTA) in Nobles ED	120 Minutes		110	106	
	Transit Time (Average Number of Minutes Between Decision to Admit and Admission) in Nobles ED	60 Minutes		162	113	
Responsive	Number of patients exceeding 12 hours in Nobles Emergency Department	0 Patients		135	55	
	Total Time in Ramsey MIU	360 Minutes		44	44	

Ambulance Service 2021-22

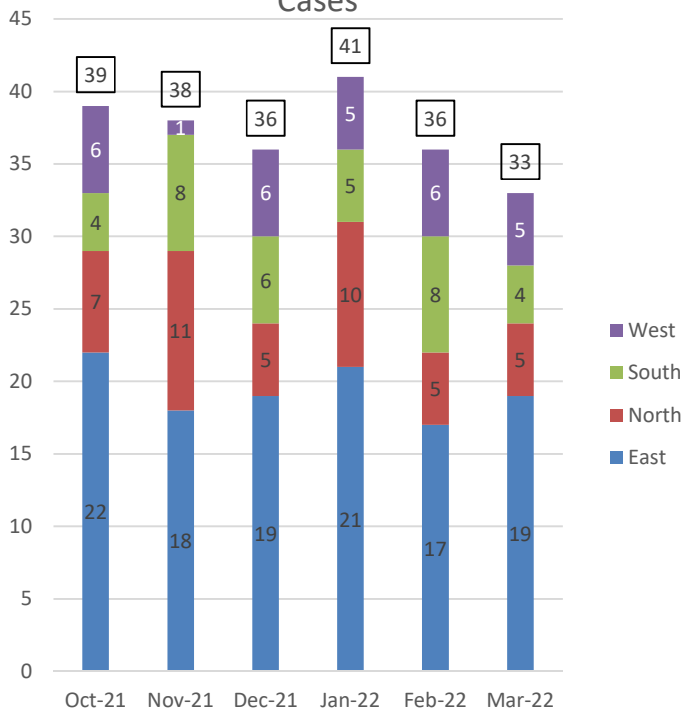
Number of Emergency Calls by Area



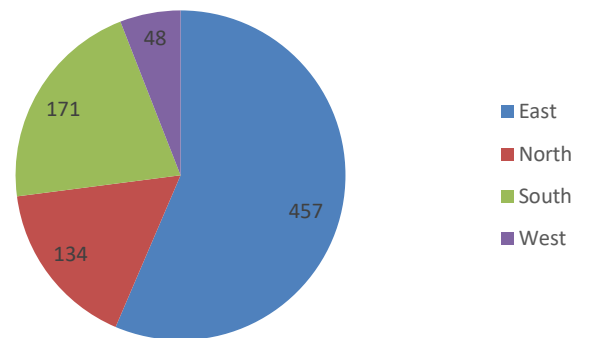
Number of Emergency Calls



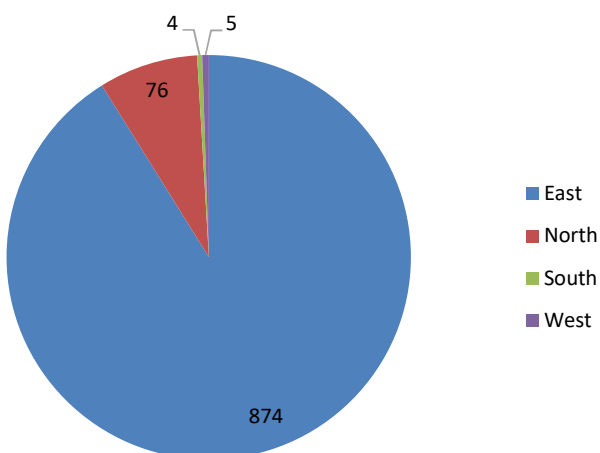
Number of Category 1 Number of Cases



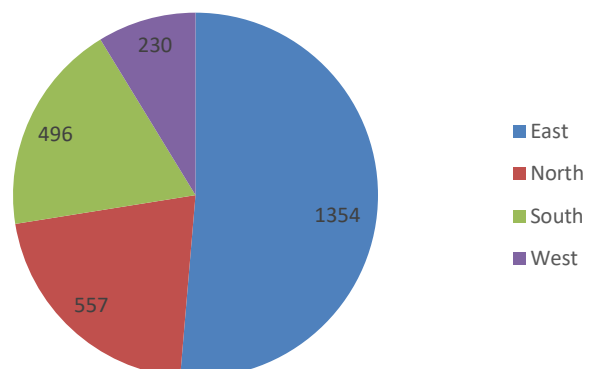
Number of Urgent Calls by Area



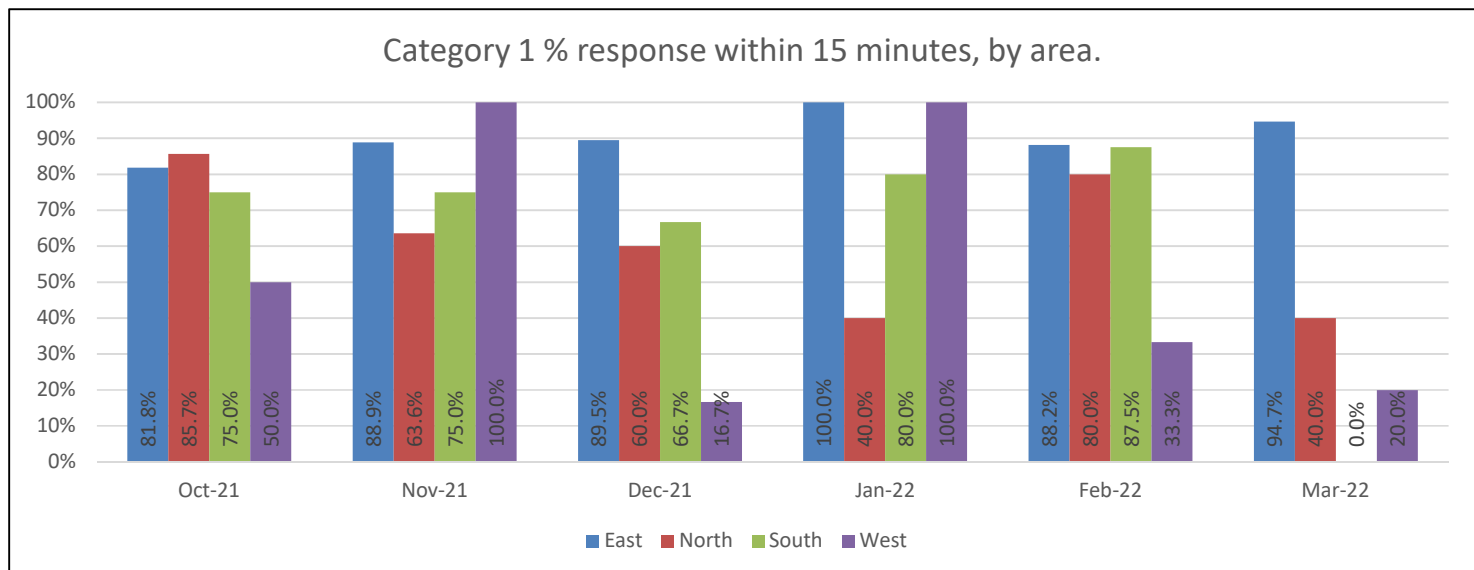
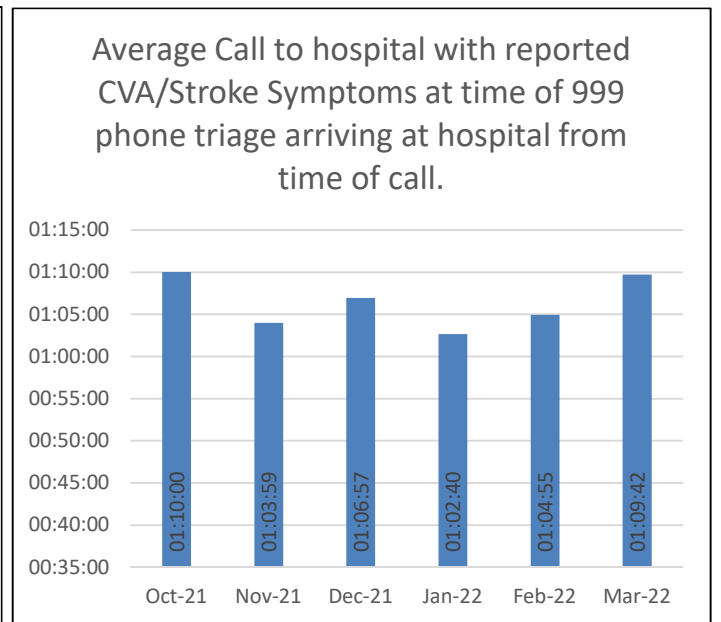
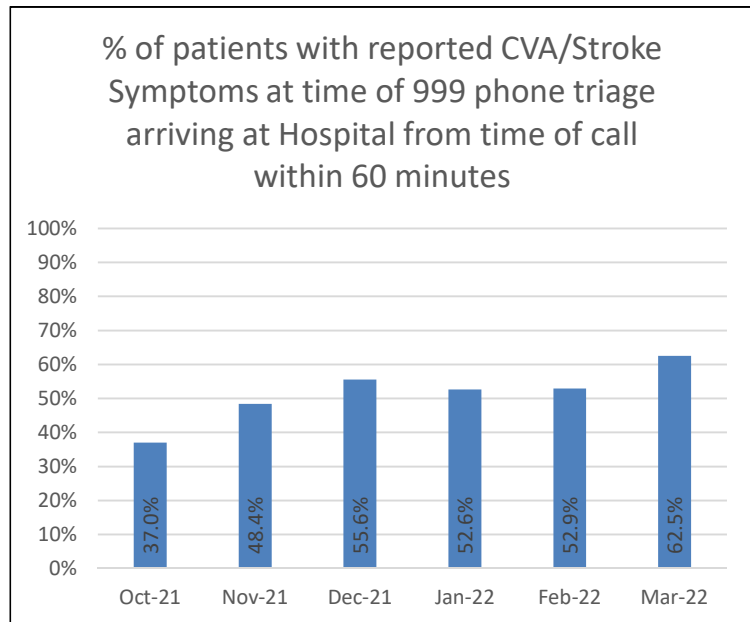
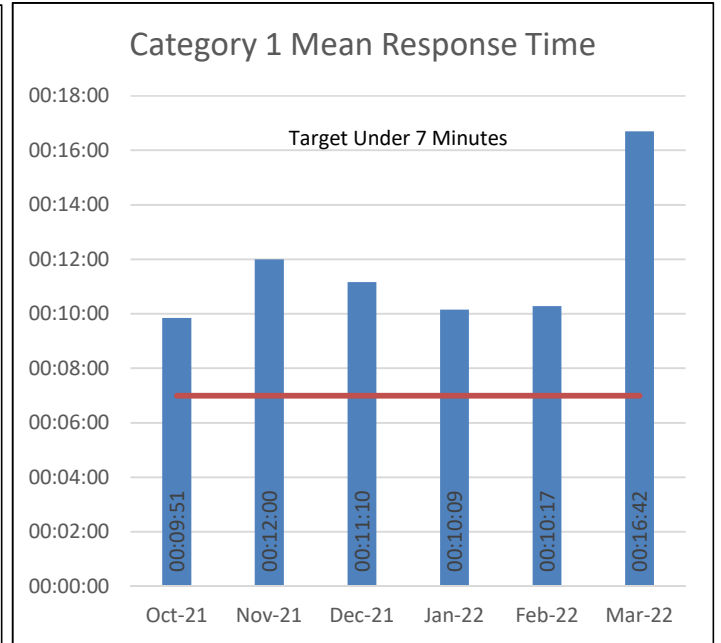
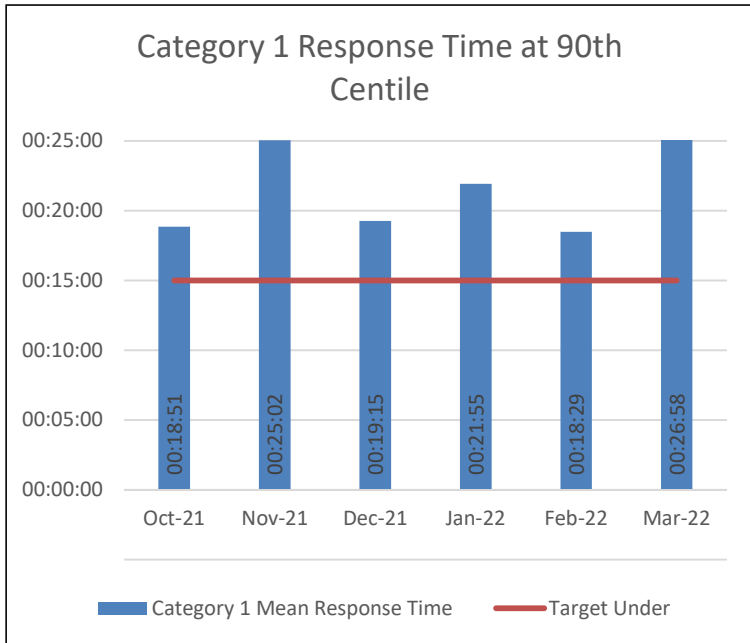
Number of Transfer Calls by Area



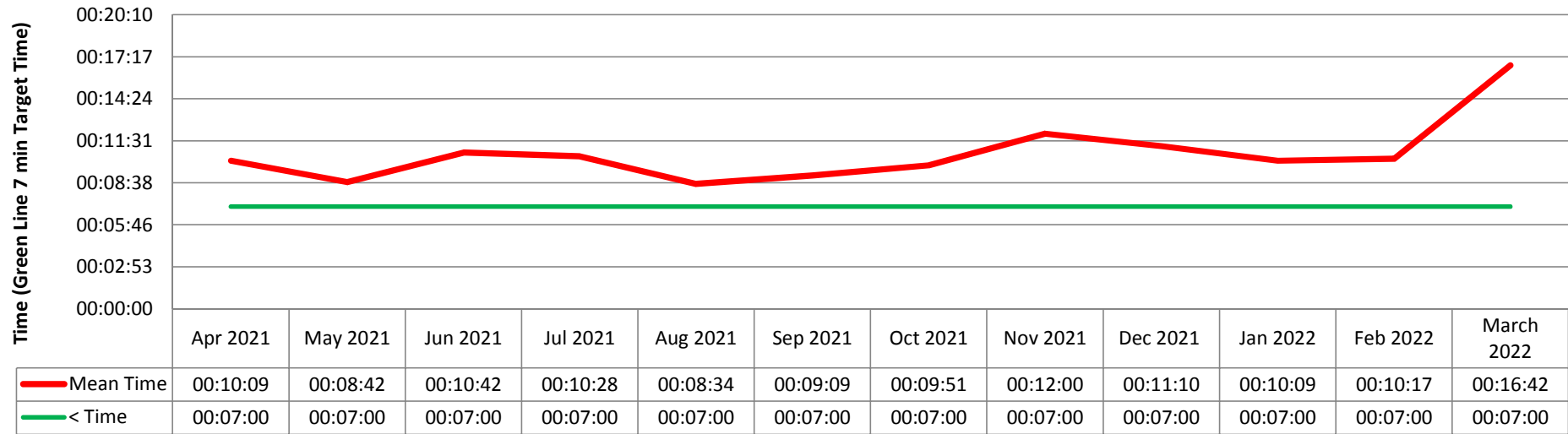
Number of Emergency Non Conveyance by Area



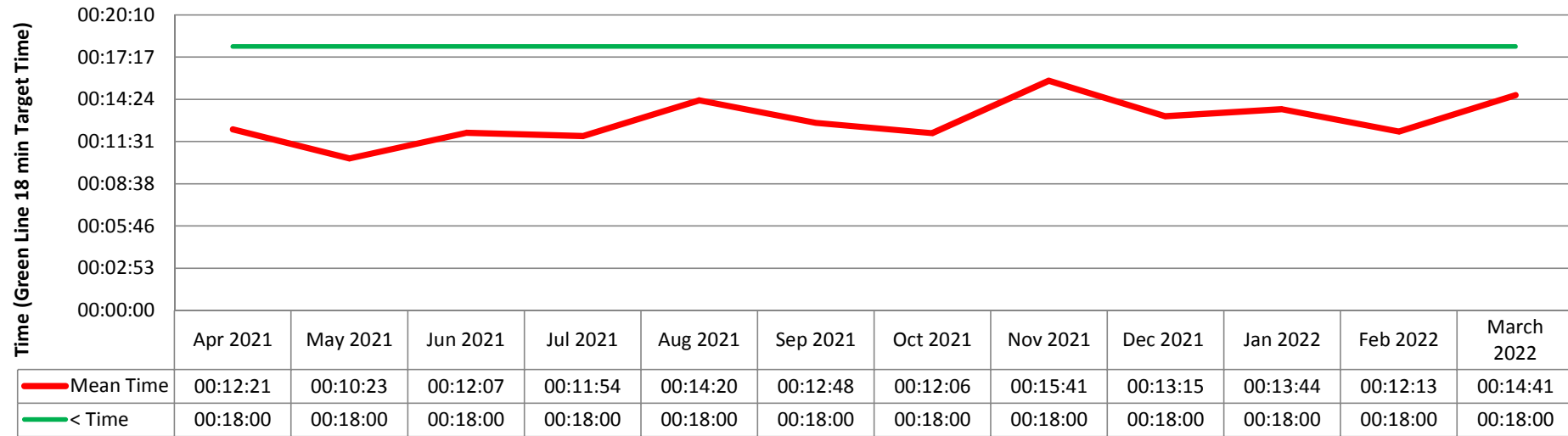
Ambulance Service 2021-22



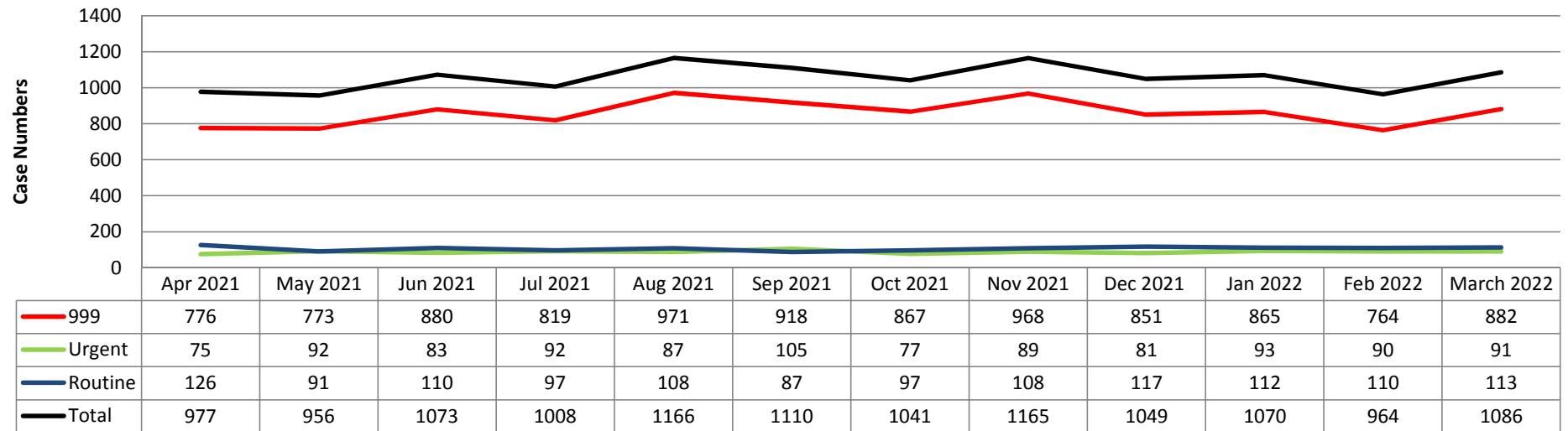
IMAS Category 1 Mean Response



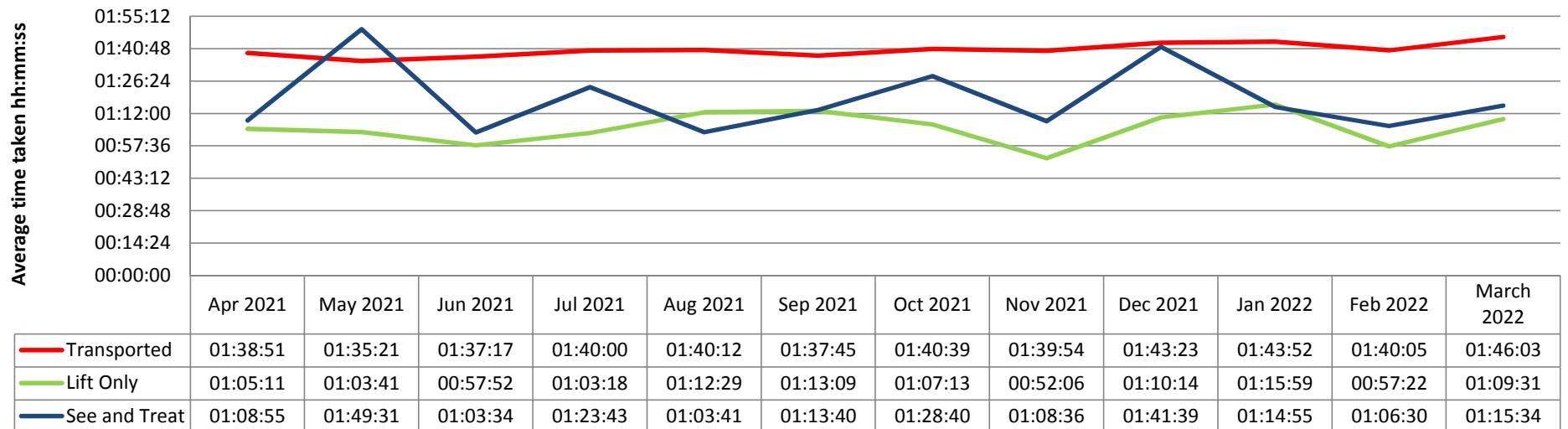
IMAS Category 2 Mean Response



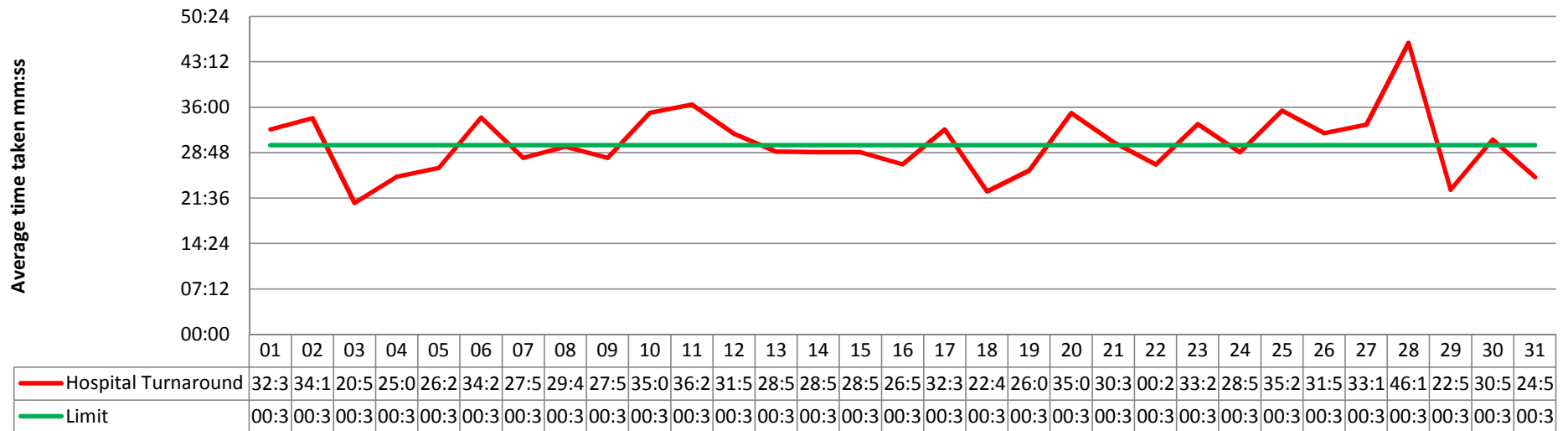
IMAS Call Volume by Type



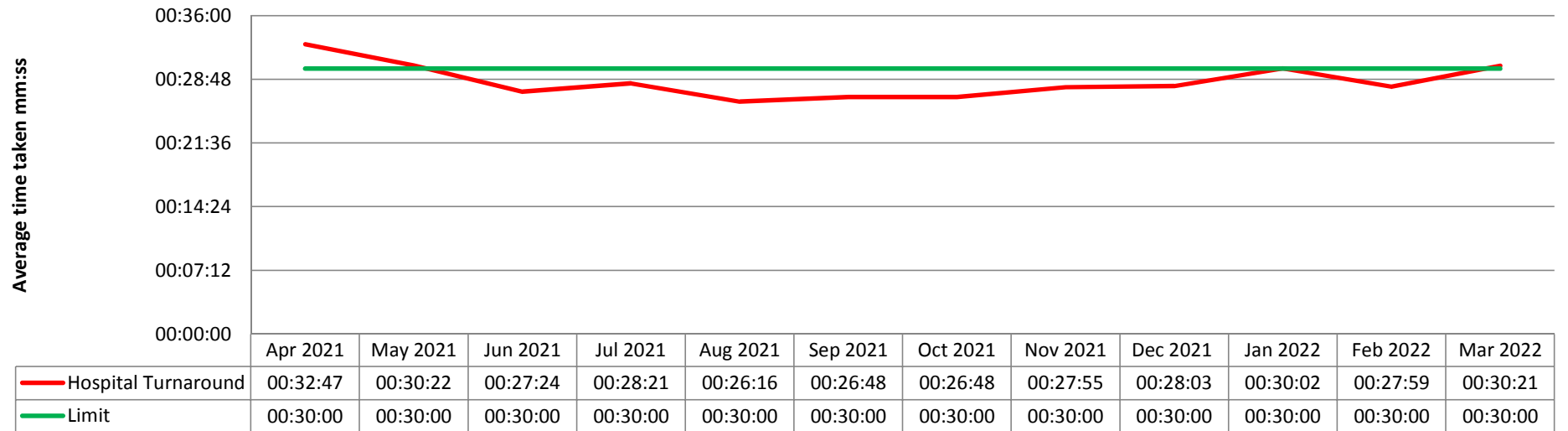
IMAS Case Cycle Average Total Time



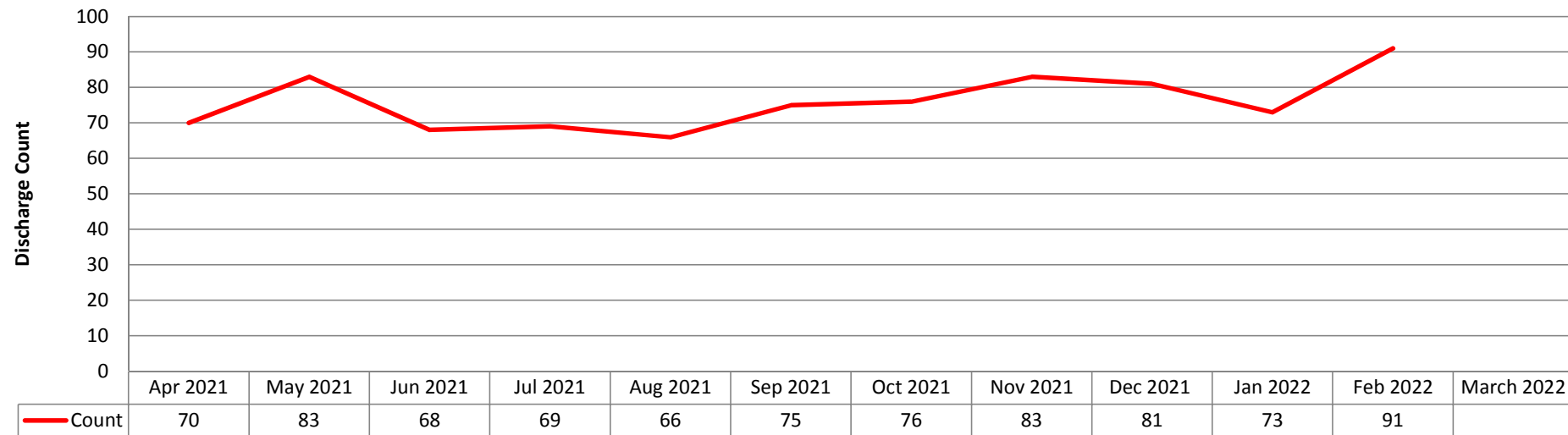
IMAS Case Cycle Average 999 Hosptial Turnaround Time (March 22)



IMAS Case Cycle Average 999 Hosptial Turnaround Time



IMAS Discharge Case Count



Ambulance Service 2021-22

Variance on Budget 2020-21				
MONTH £'000				
	Actual	Budget	Var (£)	Var (%)
Ambulance Service	432	330	(102)	(31%)
YEAR TO DATE £'000				
	Actual	Budget	Var (£)	Var (%)
Ambulance Service	3,978	3,958	(21)	(1%)

Ambulance Service Narrative - March 2022

Activity for March is increased by 122 calls from the previous months. With the largest amount of growth within 999 activity closely followed by Health Care Professional (HCP) conveyance activity. Overall activity to continues to incrementally climb.

The Urgent Journey Activity is propositionally high in the South of the Island and we are currently doing a deep dive into understanding this. Are patients in the community sicker or is accessibility to primary care reduced and opting for conveyance to ED.

Category 1 was significantly adverse showing as 16.minutes 42 seconds. Against a required standard of 7 minutes. Upon review of all C1 calls, we have found two long waiting calls that have been upgraded to C1 calls from a lower category of call. Both calls are based in healthcare based facilities who have asked for the highest category due to a prolonged wait at a lower category. We are undertaking a review of our policies with colleagues within the ESJCR as there appears to be a gap on what we should with upgrading of calls.

We are currently undertaking a review of our category 1 performance within our weekly senior leadership team meeting.

Hospital Handover for March remains reasonable with arrival to clear average at 30 minutes 21 seconds.



Manx Care KPI Reporting

Integrated Diagnostics and Cancer Services



Care Group Reporting (March 2022)

Contents:

Integrated Cancer Services KPI Dataset
Radiology KPI Dataset
Pathology KPI Dataset


Integrated Diagnostics and Cancer Services
Monthly data submission from IDCS – Cancer Services KPIs

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

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

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

For March & April 2022:

Indicator	Target	March 2022	April 2022	Last Year	Trend
Maximum Two Weeks From:					2019 2020 2021 2022
Receipt of urgent referral for suspected cancer to first outpatient attendance	93%	82.9%	69.0%	76.4%	

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

Tumour Group	Performance		
	February 2022	March 2022	April 2022
Breast	87.2%	74.7%	81.0%
Colorectal	79.0%	59.4%	76.2%
Dermatology	88.9%	22.6%	68.6%
Gynaecology	90.6%	86.7%	90.3%
Haematology	75.0%	0%	-
Head & Neck	100.0%	72.7%	80.8%
Lung	50.0%	72.7%	75.0%
Upper GI	93.3%	81.5%	82.4%
Urology	55.0%	94.4%	73.3%

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

Tumour Group	Weekly average number of 2WW		
	February 2022	March 2022	April 2022
Breast	21	14	17
Colorectal	15	15	16
Dermatology	15	16	16
Gynaecology	9	8	7
Haematology	1	1	0
Head & Neck	6	5	8
Lung	2	1	3
Other	0	0	0
Upper GI	8	5	5
Urology	9	8	5
TOTAL	86	73	77

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 77 continues to be higher than the previous 2 year's average. This is impacting on the 2WW performance.

The graphs below summarise the performance and referral rates for March and April 2022:




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

- **Breast** – new clinic design continues to accommodate the 2WW referrals and breast symptomatic referrals. There have been some patient choice breaches that have reduced the performance below 93% target (increased variance with smaller numbers).
- **Colorectal** – Capacity has continued to be reported as issue at PTL meeting due to staff leave and lack of Locum cover impacting on Outpatient capacity and Endoscopy capacity. The performance has started to improve during April.
- **Dermatology** – the previous high number of referrals for Dermatology service has continued to impact on capacity. The number of referrals has exceeded clinic capacity. The Dermatology Consultant has left at the end of January which has significantly impacted on the 2WW performance. A Locum Consultant has been brought in, however this cover has not been consistent as yet.
- **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. The performance has started to improve during March and April.
- **Urology** – Consultant capacity reduced earlier in the year and this has impacted on previous performance. A new Consultant is now in post.

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

For March & April 2022:


Indicator	Target	March 2022	April 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%	54.8%	69.2%	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.

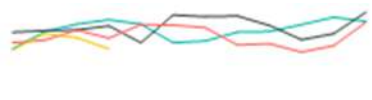

KPI – 28 day target – referral to diagnosis

For March & April 2022:

Indicator	Target	March 2022	April 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%	71.5%	74.6%	56.1%	


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 March and April 2022 was only slightly under the 75% target from the UK.

KPI – 62 day target – referral to treatment target

Indicator	Target	March 2022	April 2022	Last Year	Trend
Maximum 62 days from:					2019 2020 2021 2022
Urgent referral for suspected cancer to first treatment (62-day classic)	85%	50.0%	41.2%	54.1%	
Urgent Referral From Cancer Screening Programme to First Treatment	90%	75.0%	85.7%	100%	

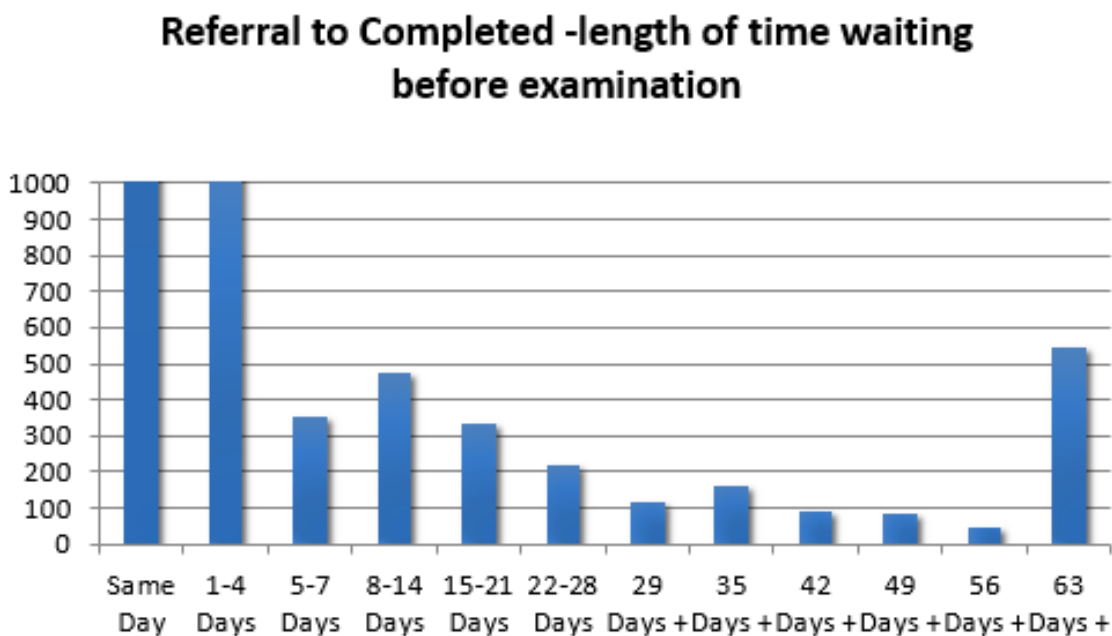
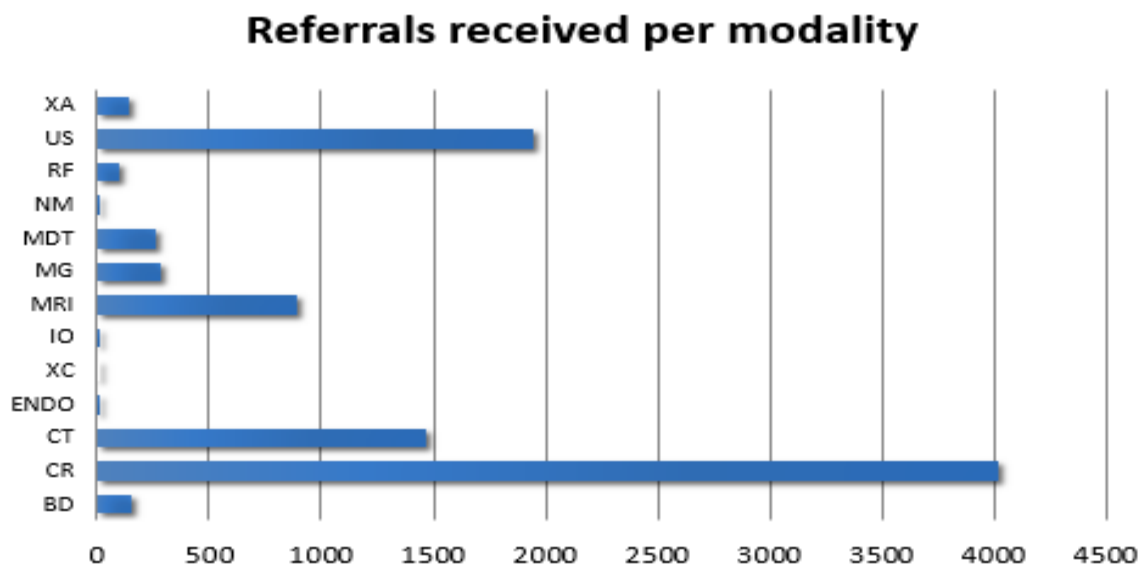
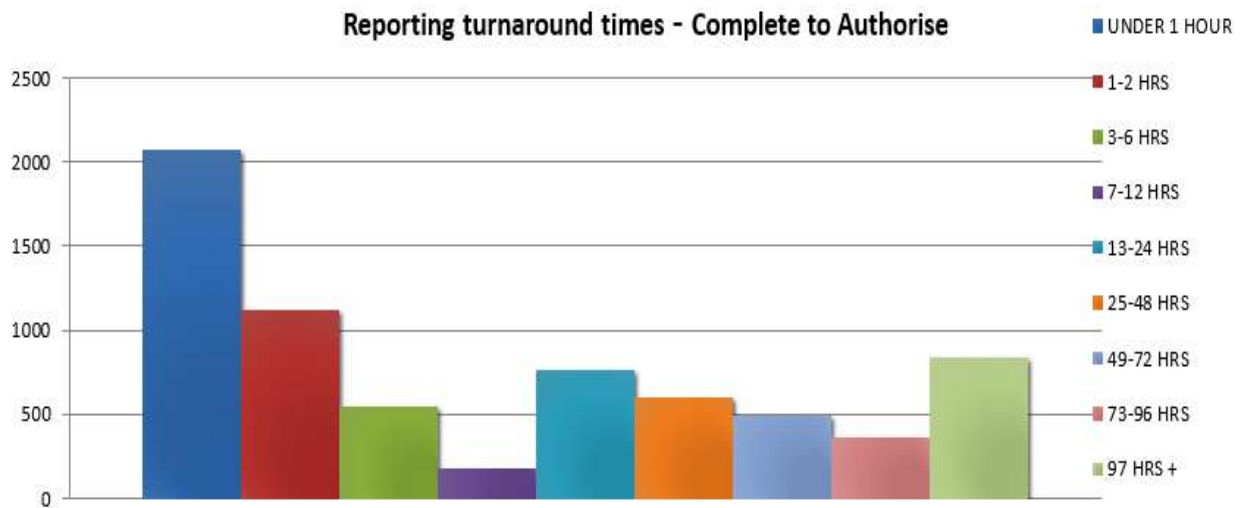
Thank you to the work of the BI team to automate this KPI reporting using data from the Somerset Cancer registry. This target has not been reported on for over 2 years due to the complex nature of manually collating the data. The information will be analysed with the clinical teams using a tumour site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

KPI – 31 day target – decision to treat to treatment

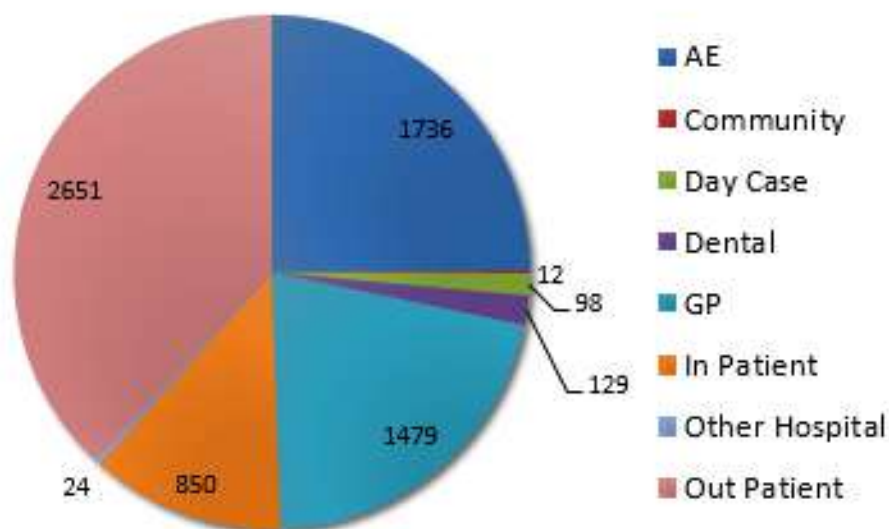
Indicator	Target	March 2022	April 2022	Last Year	Trend
Maximum 31 days from:					2019 2020 2021 2022
Decision to treat to first definitive treatment	96%	88.1%	83.0%	80.8%	

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.

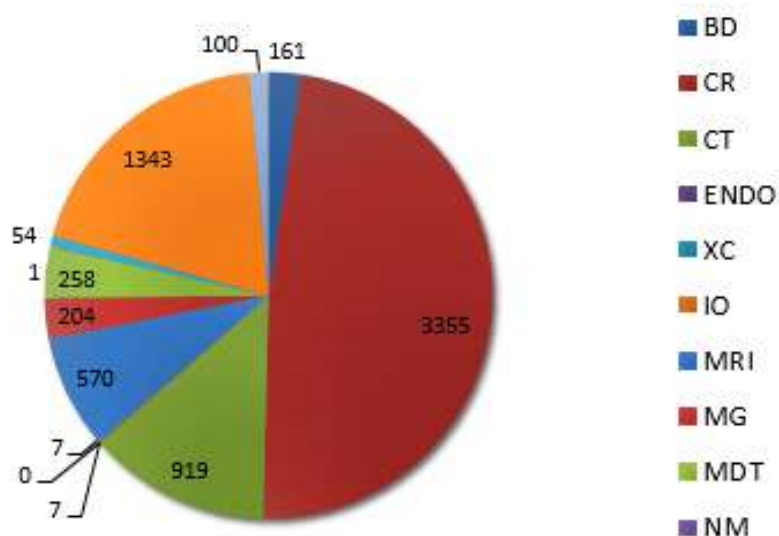
Radiology Monthly Performance Dashboard - March 2022



Referral source



Activity per Modality



Variance on Budget 2020-21

MONTH £'000				
	Actual	Budget	Var (£)	Var (%)
Radiology Services	671	484	(187)	(39%)

YEAR TO DATE £'000				
	Actual	Budget	Var (£)	Var (%)
Radiology Services	6,509	5,807	(701)	(12%)

RADIOLOGY NARRATIVE - MARCH 2022

Reporting turnaround times

46% of exams were reported within 2 hours (26% increase on last month due to reduction in leave by radiologists), 12% have taken 97 hours or more which is a 50% improvement on last month.

Referral to Completed

Of the 6979 exams, just under 50% were turned around on the same day (no significant difference on last month) and, a further 36% in 1- 28 days (similar to last month). These figures include all exams across all modalities including those exams that have been on hold for a variety of reasons (including COVID) -there are projects ongoing to increase capacity to reduce waiting times further. The supplementary tabs on waiting times breaks this down further to show:

All exams currently waiting by exam status (requested, vetted and on hold)

All exams currently waiting by exam status (requested, vetted, on hold and scheduled) by exam priority

All exams currently waiting as a % in terms of less than or greater than 6 weeks but not including scheduled or on hold exams

Referral source

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

Activity

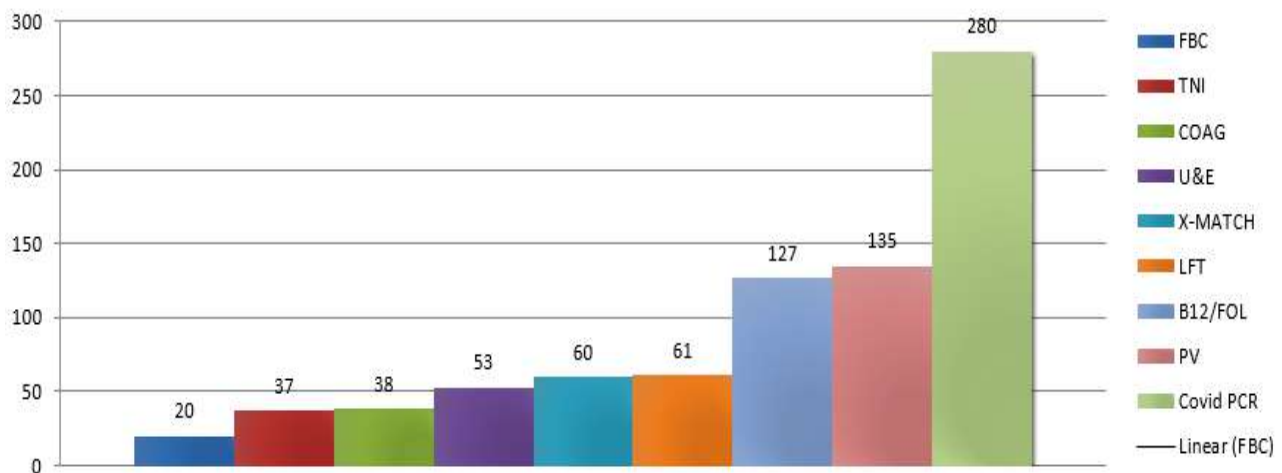
Activity per modality within radiology for March 2022. There has been no significant change in the distribution compared to last month.

Referrals received

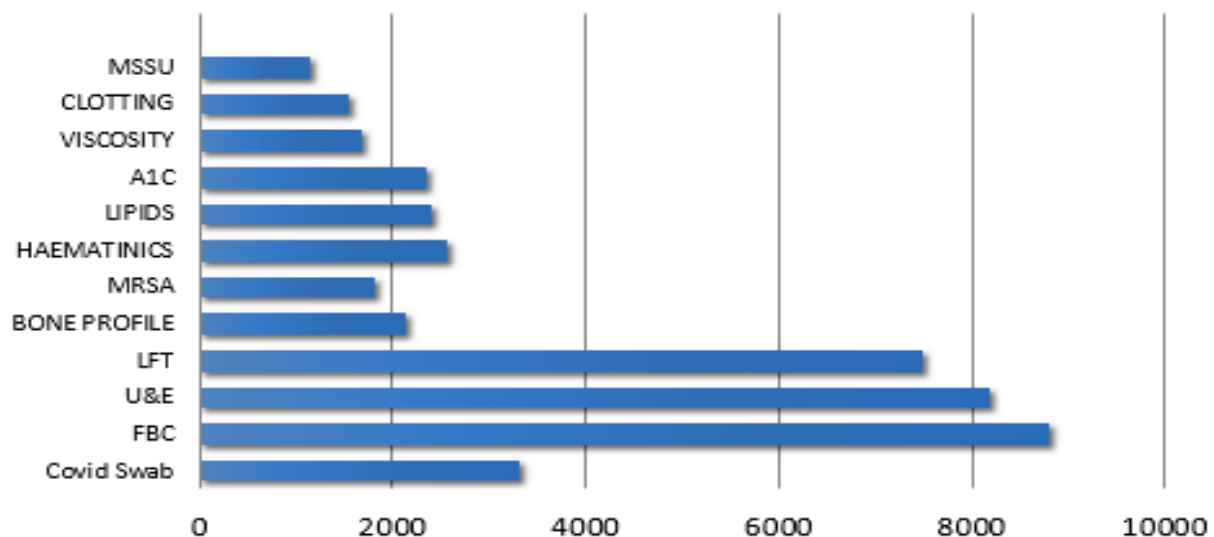
Number of exams requested in March for each radiology modality. Increases are largely due to the increased number of days and clinics in March but the 29% increase in MRI referrals should be noted and the steady increase over the previous months.

Pathology Monthly Performance Dashboard - March 2022

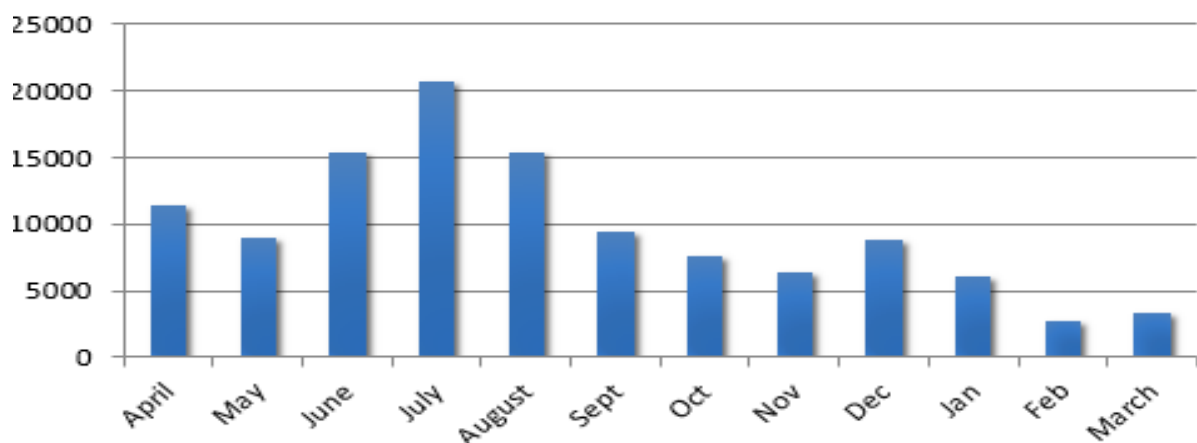
Average Turnaround Times (Minutes)



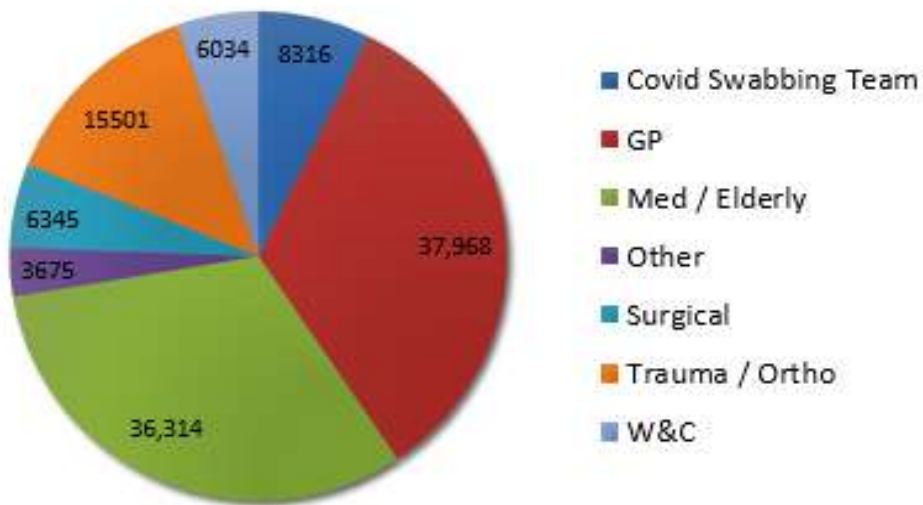
Most Requested Tests in March



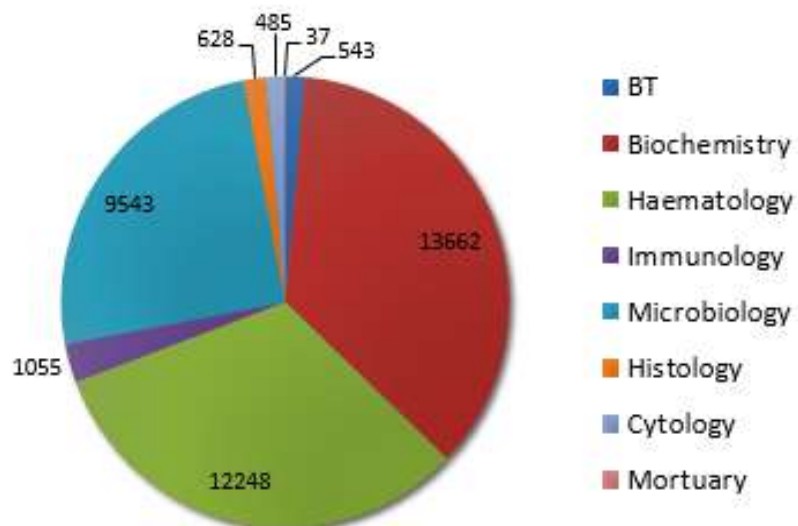
Covid swabs tested in last 12 months



Source of Request (1st Quarter)



Requests per Department (March)



Variance on Budget 2020-21

	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Pathology Services	534	544	10	2%

	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Pathology Services	6,899	6,529	(370)	(6%)

PATHOLOGY NARRATIVE - March 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 PDP.

Compliance with Mandatory training: Fire 74%; Equality and Diversity 86%; Moving and Handling 86%; Infection Control 80%; Safeguarding Children 80%; Safeguarding Adults 90%



Manx Care KPI Reporting

Integrated Women's, Children's and Families Services



Care Group Reporting (March 2022)

Contents:

Women & Childrens Integrated Care KPI Dataset

Women Childrens Integrated Services 2021-22

Variance on Budget 2020-21				
	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Integrated Women, Children & Family Services	1,779	1,300	(479)	(37%)
Management & Support Services	118	83	(35)	(42%)
Women's Services	666	525	(141)	(27%)
Children's Services	730	488	(242)	(50%)
Community Services	266	205	(61)	(30%)
	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Integrated Women, Children & Family Services	16,477	15,519	(958)	(6%)
Management & Support Services	903	993	89	9%
Women's Services	6,750	6,297	(453)	(7%)
Children's Services	6,782	5,846	(936)	(16%)
Community Services	2,042	2,384	342	14%

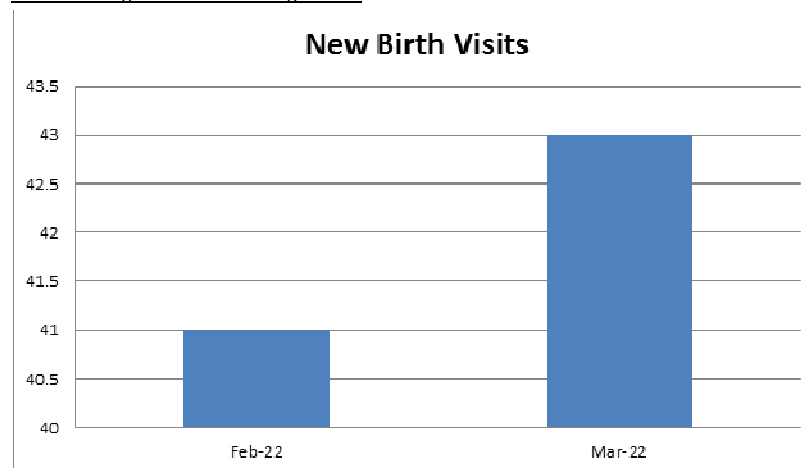
Women & Children's Integrated Services - Narrative - March 2022

Financials

Overall Integrated Women, Children & Families has a 6% variance compared to budget. We forecasted for a £515K overspend by year end, however the actual overspend equates to £958K. Our overspend remains mainly employee costs and the majority of this sits within Children's Services as a consequence of vacancies and agency costs.

A significant amount of work has gone into the 2022/23 pay budget to ensure it reflects our establishment and reduces funding pressures.

Health Visiting and School Nursing Service



In March 2022 we conducted 43 new birth visits, 39 of which were between 10-14 days and 4 between 14-28 days.

Percentage

Within timeframe 90.6%

Including exceptions 95.3%

Exception and Breach Data

2 Infants in SCBU

1 Failed encounter (HCP tried to arrange appointment)

1 Client did not receive the appointment letter and requested a later appointment



Manx Care KPI Reporting

Integrated Primary and Community Care

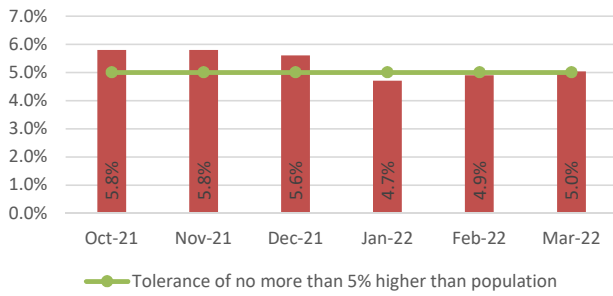
Care Group Reporting (March 2022)

Contents:

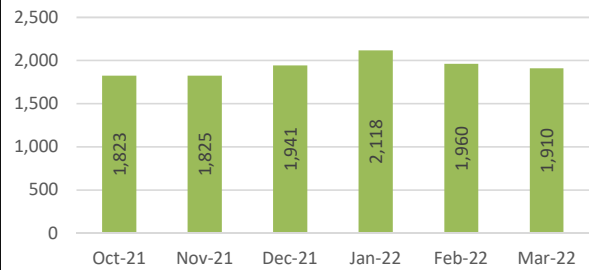
**Integrated Primary & Community Care
KPI Dataset**

Integrated Primary Care & Community Care

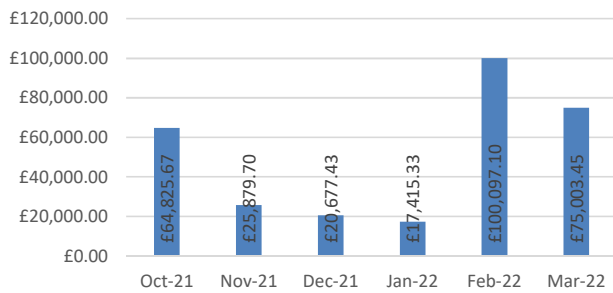
The % of patients registered with a GP
(Permanent Registration)



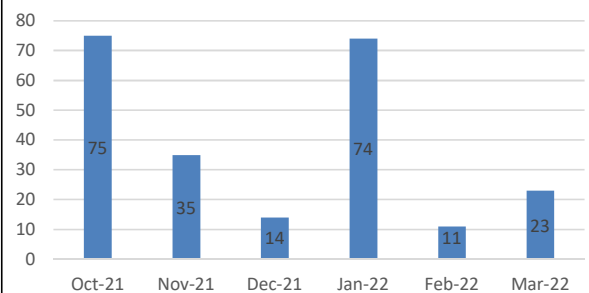
Number of patients waiting for a
Dentist



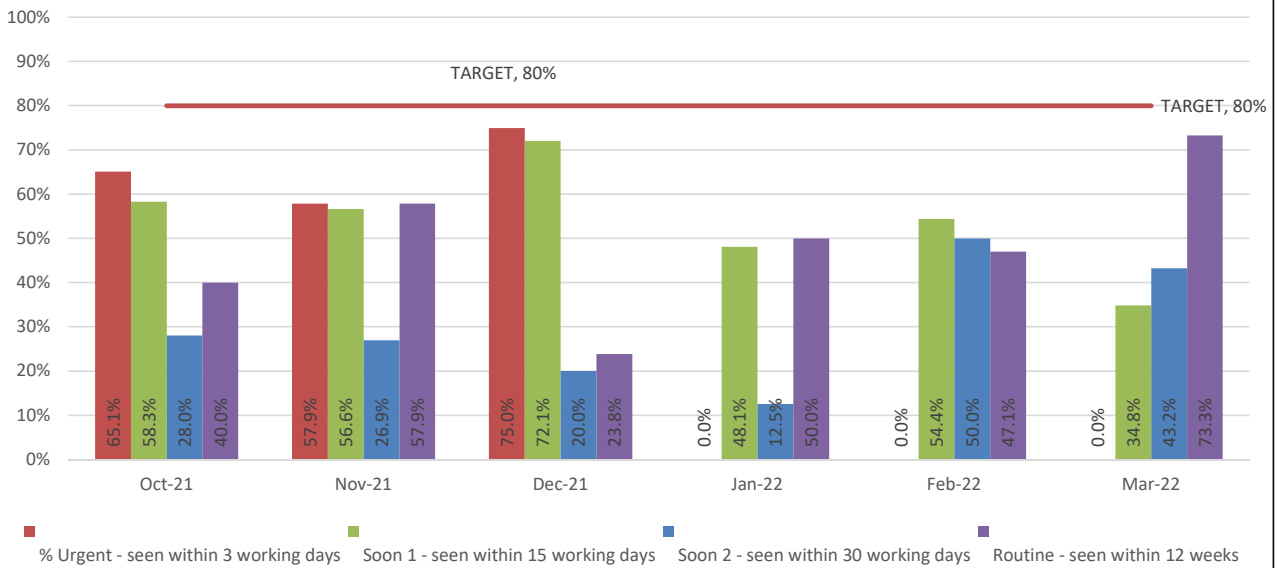
Savings made by Pharmacy Optimisation
Team



Total clinical interventions made (safe
and cost effective)



CATS % of people seen within timescales.



Variance on Budget 2020-21

MONTH £'000				
	Actual	Budget	Var (£)	Var (%)
Management & Support Services	342	158	(184)	(117%)
Primary Care Services	1,299	1,592	293	18%
Pharmaceutical Services	1,728	1,680	(48)	(3%)
YEAR TO DATE £'000				
	Actual	Budget	Var (£)	Var (%)
Management & Support Services	1,772	1,896	124	7%
Primary Care Services	19,146	19,284	139	1%
Pharmaceutical Services	21,340	20,165	(1,175)	(6%)

MONTH £'000				
	Actual	Budget	Var (£)	Var (%)
Community Care Services	693	664	(30)	(4%)
YEAR TO DATE £'000				
	Actual	Budget	Var (£)	Var (%)
Community Care Services	7,837	7,965	127	2%

Integrated Primary & Community Care Narrative - March 2022

Pharmacy

The primary care pharmacy team remain affected by both staffing issues and Covid absences. We have been able to facilitate reasonable savings in month, via the GP team however one of the two GP pharmacists remains on long-term sick, and the only care home pharmacist has not been in work due to covid – hence the clinical interventions are lower than expected.

We are facing a significant challenge for savings from April onwards as one GP surgery has legally challenged our ability to undertake cost-savings work without explicit consent from every patient to enter their records. All cost saving work in every GP surgery has had to be put on hold until this can be resolved.

% 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 within an acceptable margin for patient inflation. The current patient inflation figure is 5.03% based on April list sizes compared to the resident population taken at the 2021 census

Number of patients waiting for a dentist

In March 2022 a total of 155 patients were added to the waiting list and 205 allocations were made. Leaving 1910 patients on the waiting list. The longest wait is 26 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. Allocations are currently being made on a weekly basis which will mean a significant drop in the waiting list figure over the next 3-6 months. Our aim is that all those currently on the waiting list will be offered a place with an NHS provider and there will be additional capacity for further patients.



Manx Care KPI Reporting

Integrated Mental Health Services



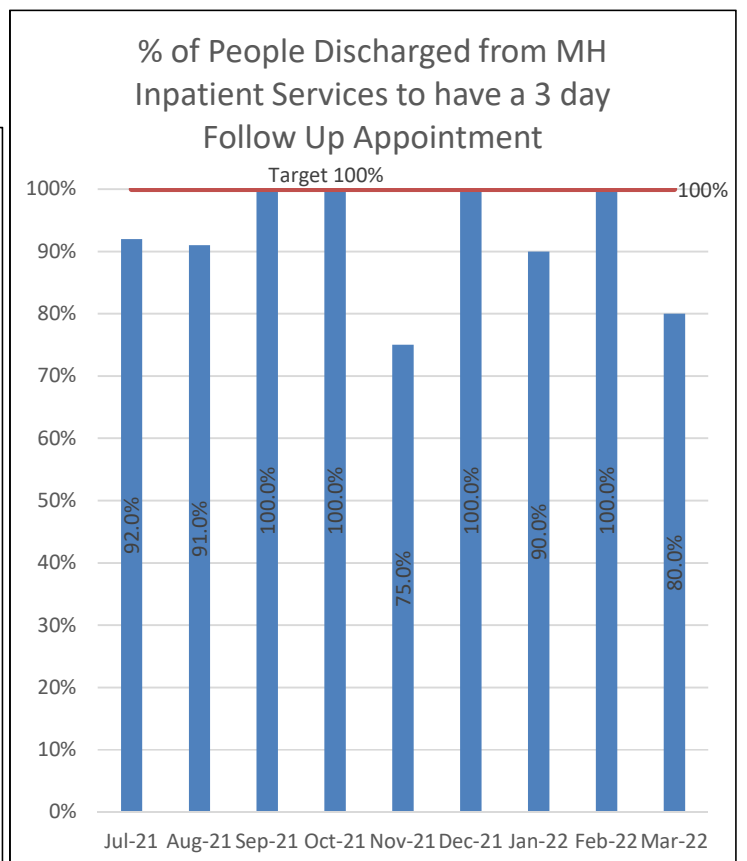
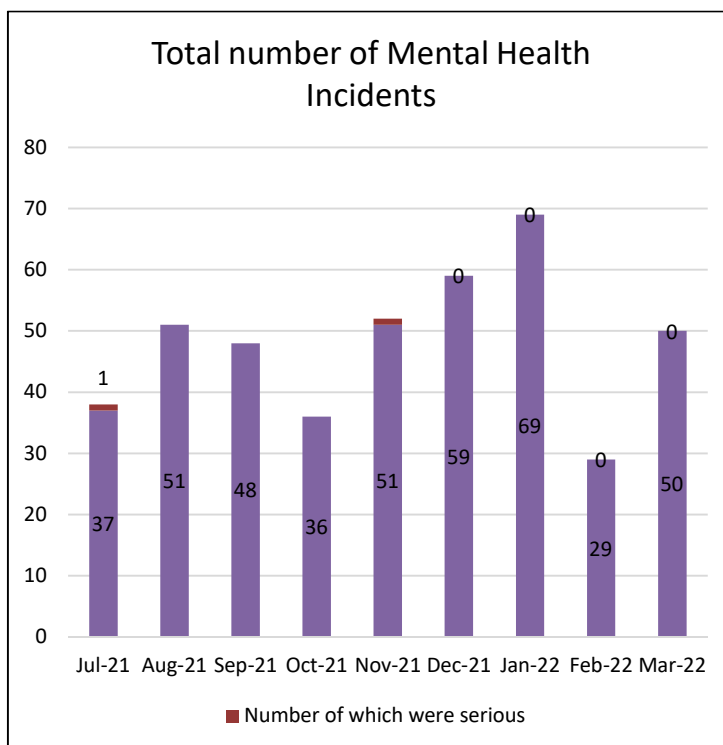
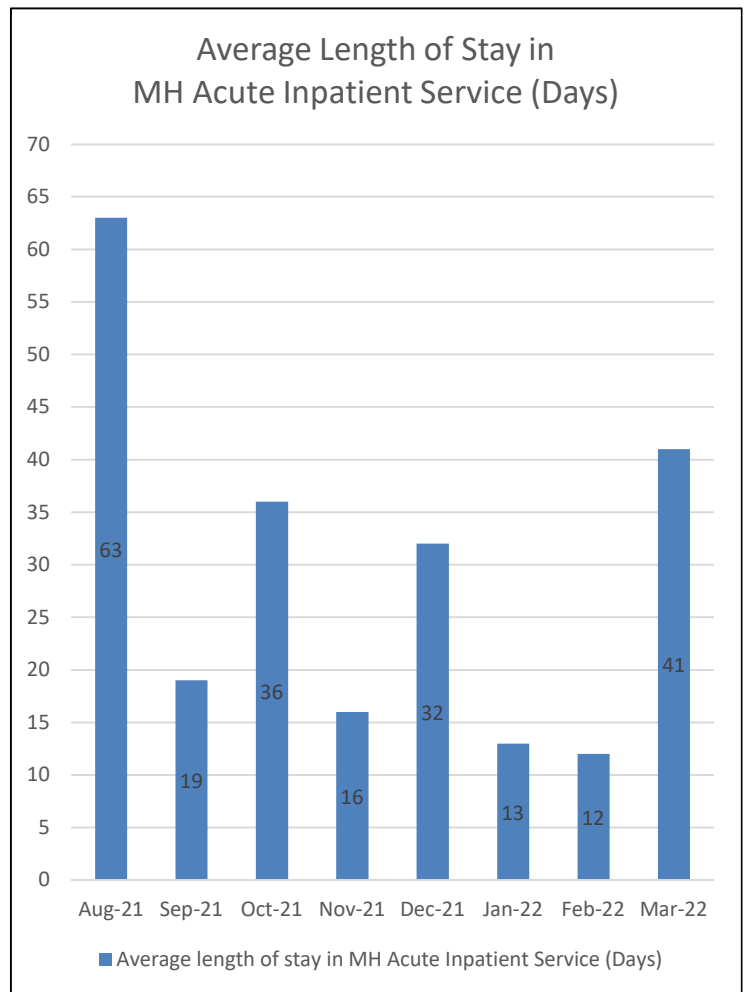
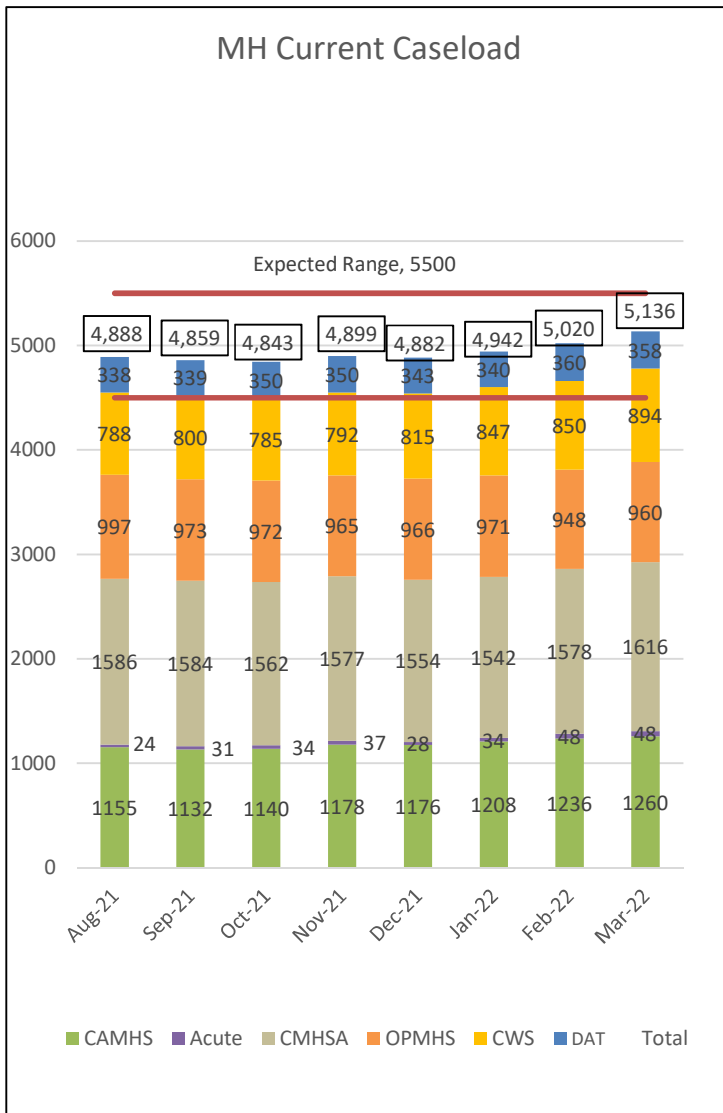
Care Group Reporting

(March 2022)

Contents:

Integrated Mental Health Services KPI Dataset

Mental Health Services Dataset 2021-22



Mental Health Services Dataset 2021-22

Variance on Budget 2020-21				
	MONTH £'000			
	Actual	Budget	Var (£)	Var (%)
Integrated Mental Health Services	2,490	1,797	(693)	(39%)
Management & Support Services	138	142	4	3%
Mental Health Services	1,880	1,299	(582)	(45%)
Nursing Care Placements (s115)	243	167	(76)	(46%)
UK Placements	229	189	(40)	(21%)
	YEAR TO DATE £'000			
	Actual	Budget	Var (£)	Var (%)
Integrated Mental Health Services	22,874	21,562	(1,310)	(6%)
Management & Support Services	1,395	1,707	312	(18%)
Mental Health Services	15,389	15,583	194	1%
Nursing Care Placements (s115)	2,459	2,000	(459)	(23%)
UK Placements	3,062	2,272	(1,354)	(60%)

Mental Health Services - Narrative - March 2022

Caseloads – Trend of increasing MHS caseload continues. March 2.5% higher than the previous quarter average. Recent audit of CAMHS demanded demonstrated a 42% increase in caseload over the previous 2 years. Business case being prepared to address shortfall in resources within CAMHS. The ongoing and profound challenges in attracting interest to existing clinical vacancies continues to present significant difficulties in mitigating waiting times at step 3.

Average Length of Stay – Average LOS has increased when compared to the previous reporting period. The absence of available nursing dementia care beds within the community significantly impacts LOS. As indicated previously the current methodology applied and relatively small cohort does not provide significant insight. There is a considerable variation between the LOS on the adult acute and older persons wards. Separate reporting of the two wards would provide greater insight.

3 Day follow up- 80% 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 is currently subject to investigation.

Incidents – 50 incidences reported in March which represents an decrease of 21 when compared to the previous reporting period. March figure remain slower than the previous quarter average. All incidents are recorded as low or no harm. The overwhelming majority of incidents emanate from Manannan Court.

Finance –For year-end a provision was posted to cover the MPTC pay award @ 4% for 21/22. In the previous forecasts the assumption used for the pay award was 1% (which was the amount funded in the budget) & this increased the variance by £300k.

The IPR figures also include 2 high cost placements for £406k which we have recovered from Treasury contingency. Taking these into account the underlying variance moved by £100k to a £1m overspend



Manx Care KPI Reporting

Social Care Services

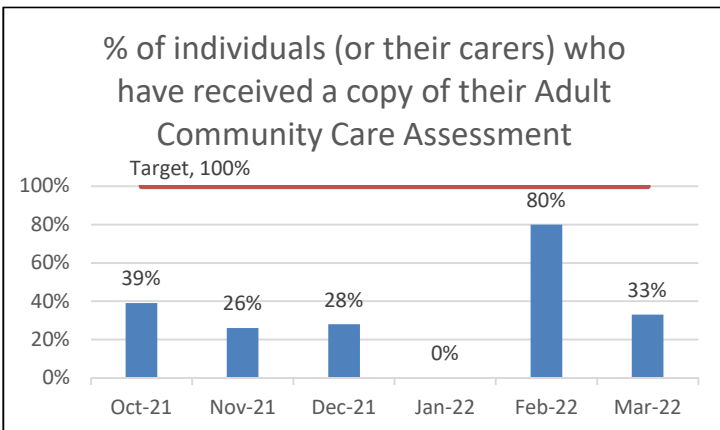
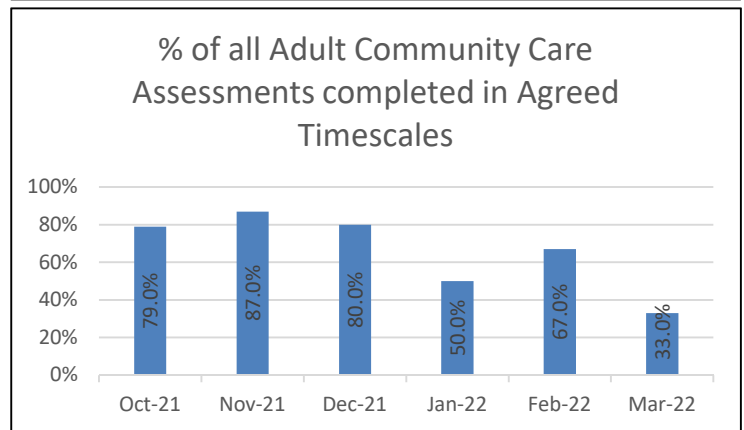
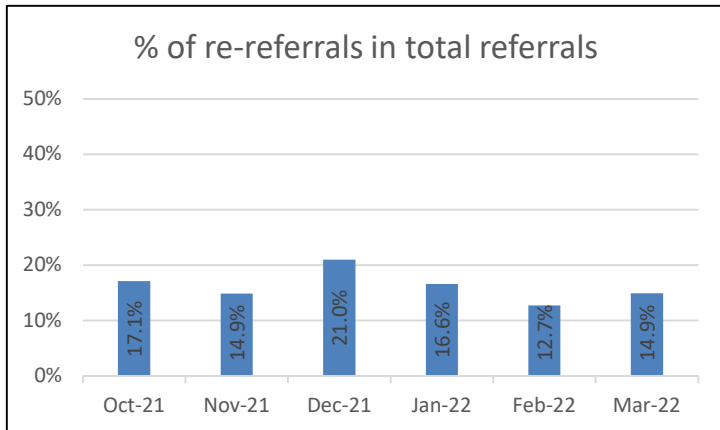
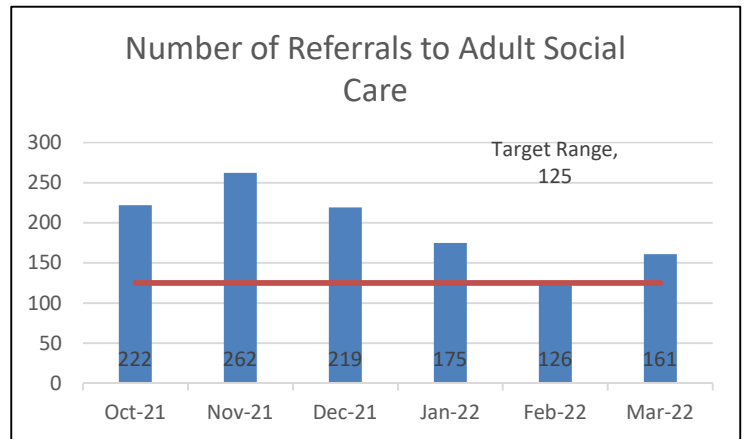
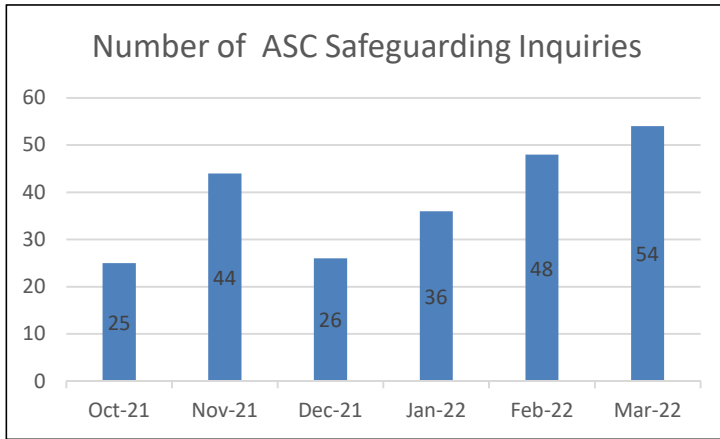


Care Group Reporting (March 2022)

Contents:

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

ADULT SOCIAL CARE SOCIAL WORK SERVICE 2021-22



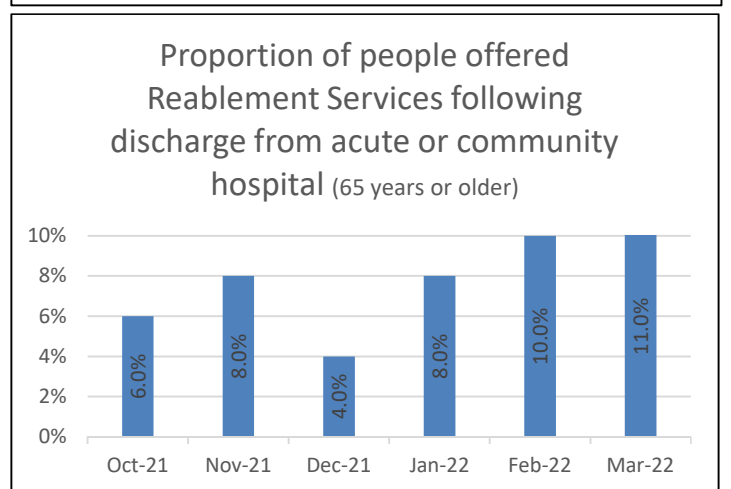
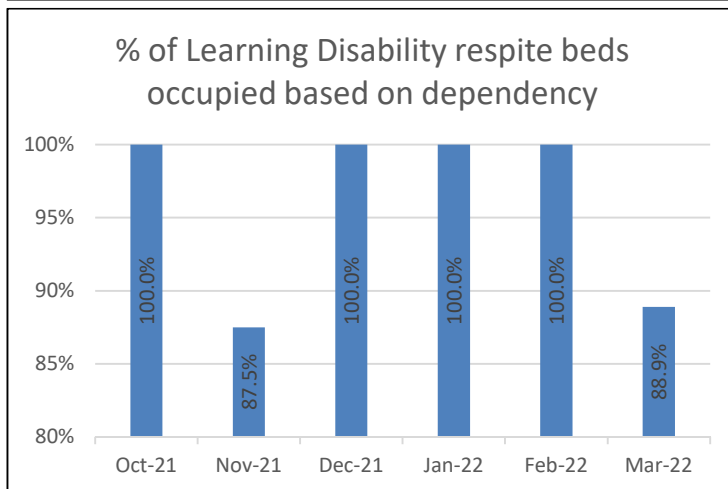
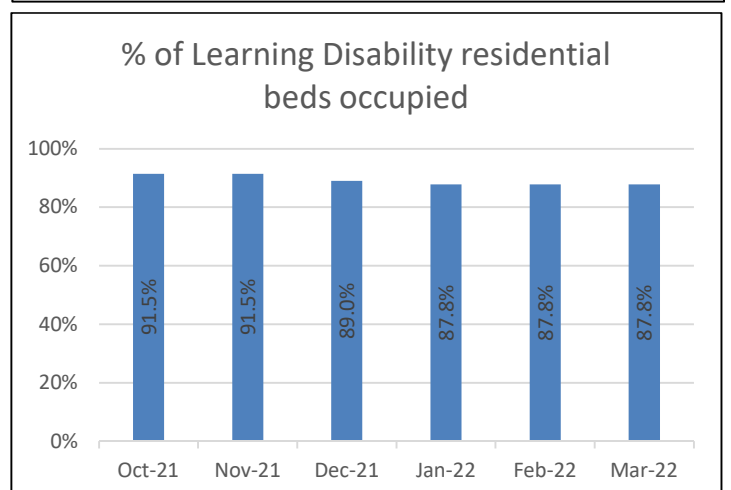
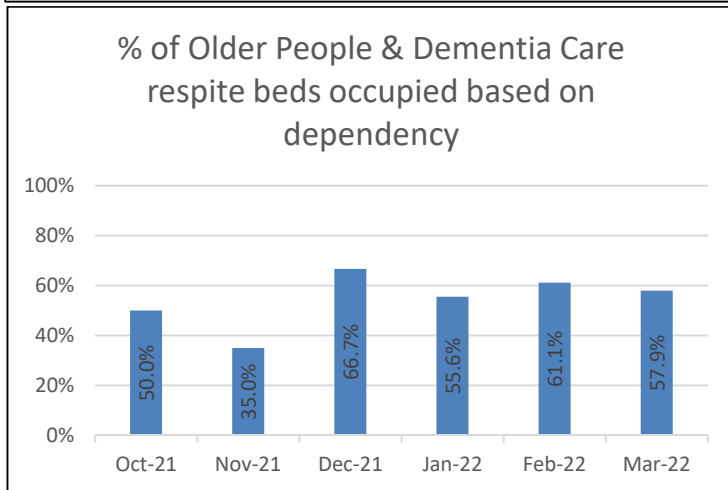
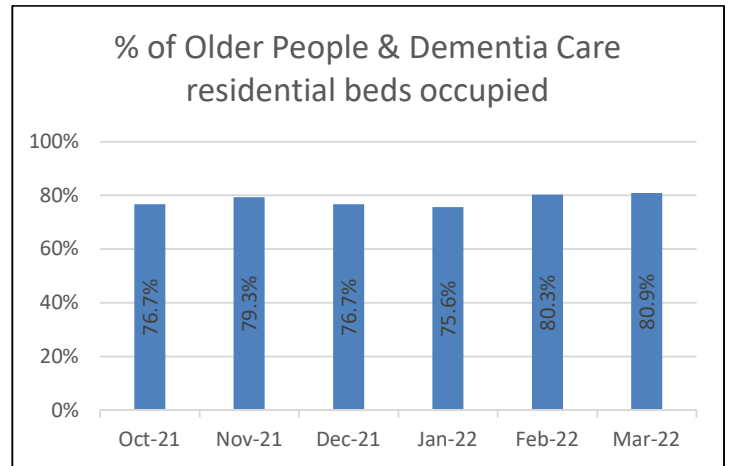
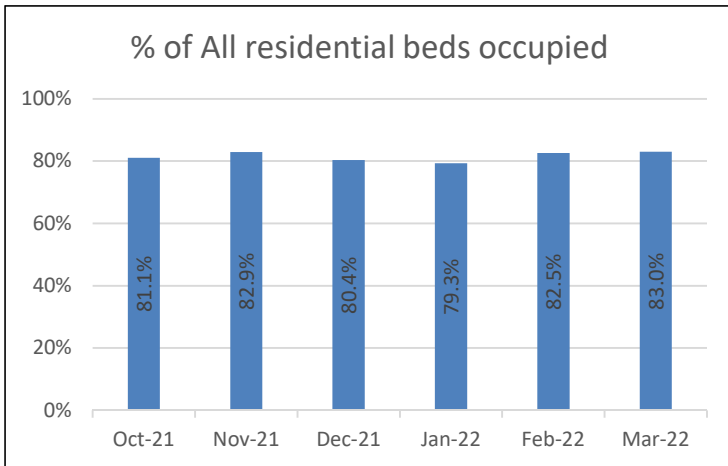
Variance on Budget 2020-21				
MONTH £'000				
	Actual	Budget	Var (£)	Var (%)
Adult Social Work	340	290	(50)	(17%)
YEAR TO DATE £'000				
	Actual	Budget	Var (£)	Var (%)
Adult Social Work	3,418	3,479	61	2%

ADULT SOCIAL CARE SOCIAL WORK SERVICE 2021-22

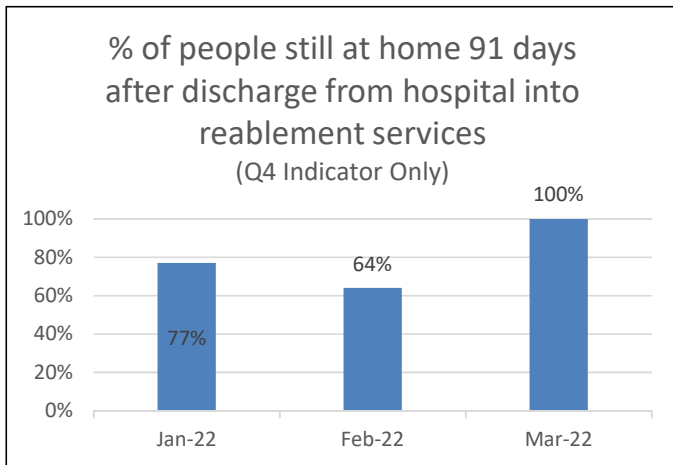
Adult Social Work Narrative – March 2022

ADULT SOCIAL CARE SOCIAL WORK SERVICE 2021-22

Adult Social Care - Operational Services - 2021-22



Adult Social Care - Operational Services - 2021-22



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

Variance on Budget 2020-21

MONTH £'000			
Actual	Budget	Var (£)	Var (%)

Adult Social Care Services	2,398	1,722	(676)	(39%)
Management & Support Services	18	16	(2)	(15%)
Learning Disability Services	1,081	761	(321)	(42%)
Older Person Services	1,298	945	(353)	(37%)

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

Adult Social Care Services	22,420	20,666	(1,753)	(8%)
Management & Support Services	187	192	5	2%
Learning Disability Services	9,571	9,131	(440)	(5%)
Older Person Services	12,661	11,343	(1,318)	(12%)

Adult Social Care - Operational Services - 2021-22

Adult Social Care - Operational Services - Narrative - March 2022



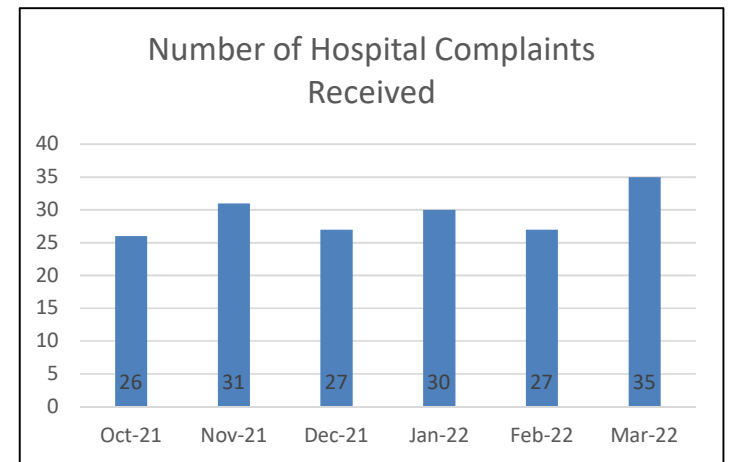
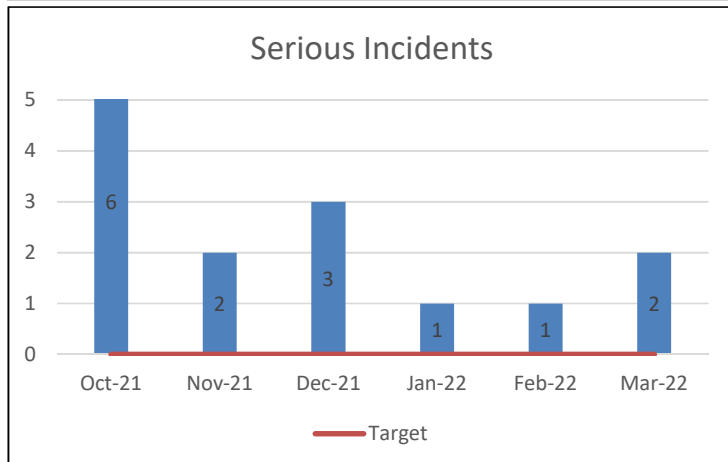
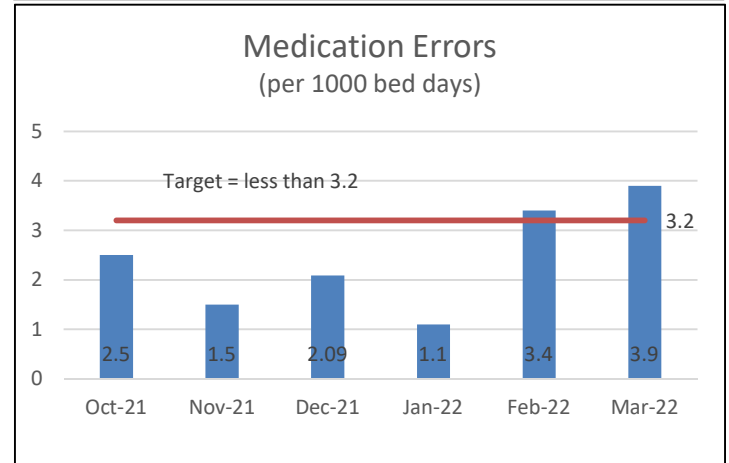
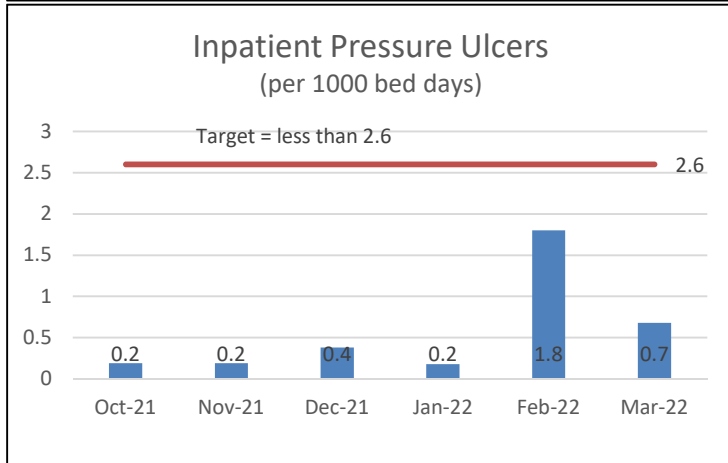
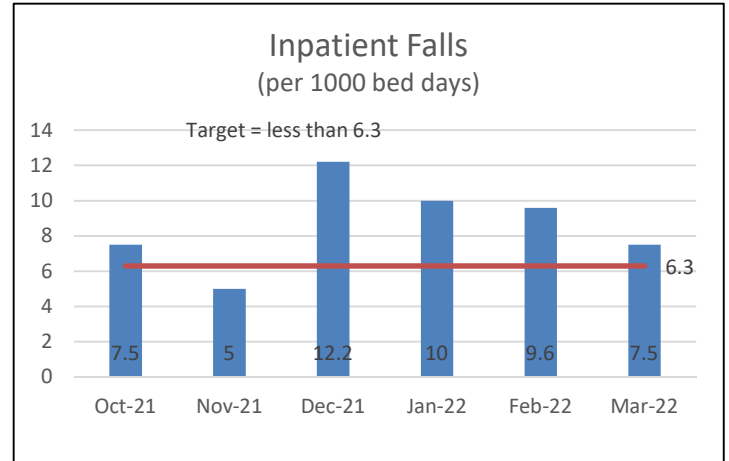
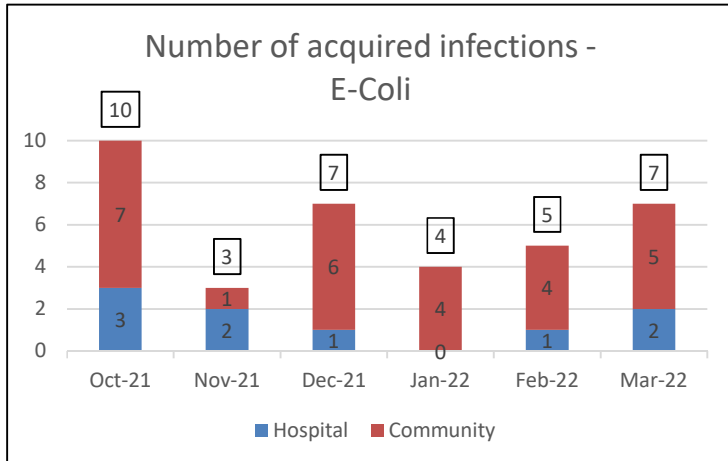
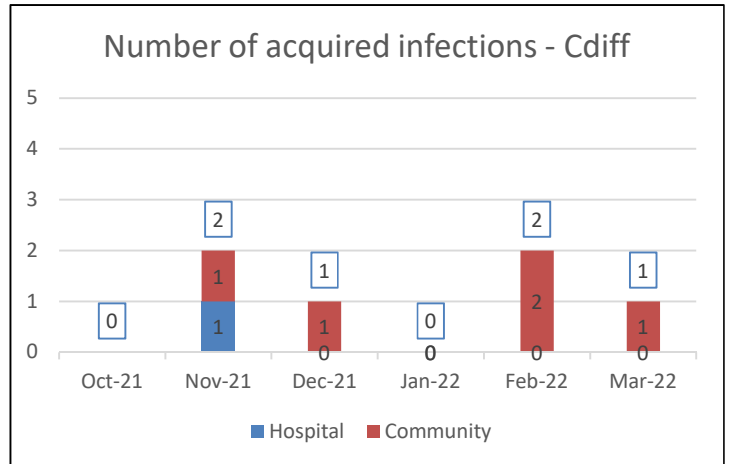
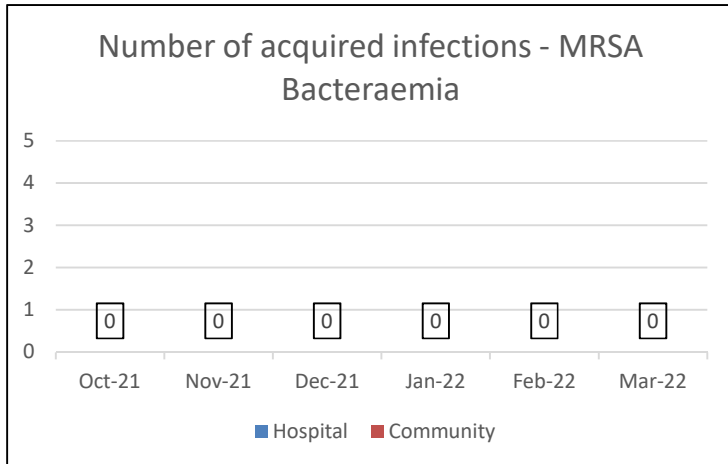
Manx Care KPI Reporting

Care Quality Services (March 2022)

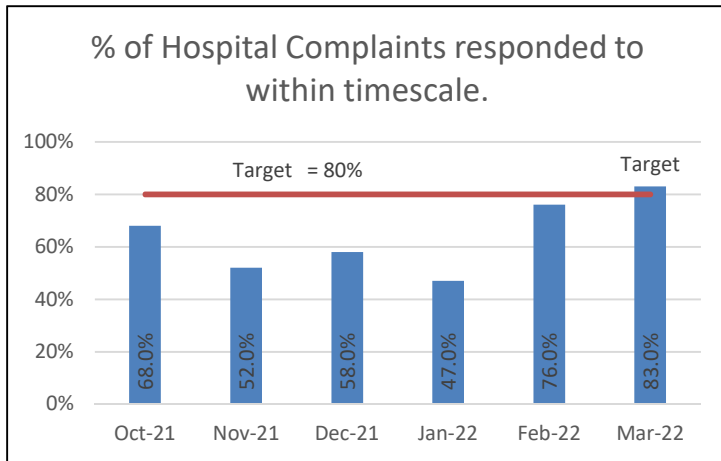
Contents:

Hospital Care Quality Reporting
Community Care Quality Reporting

Hospital Care Quality Indicators - 2021-22



Hospital Care Quality Indicators - 2021-22



Hospital Care Quality - Narrative - March 2022

Total Number of acquired Infections - Cdiff

Community

Due to high risk antibiotics and PPI. GP has received feedback from IPC team.

Total Number of acquired Infections - E-Coli

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

Total Number of Inpatient Falls (Per 1000) bed days

Of these the number that were categorised as serious

RCs being undertaken for fall with harm

Total Number of Serious Incidents

One related to cancer diagnosis of metastatic disease on rib and one related to delay in diagnosis of oesophageal cancer

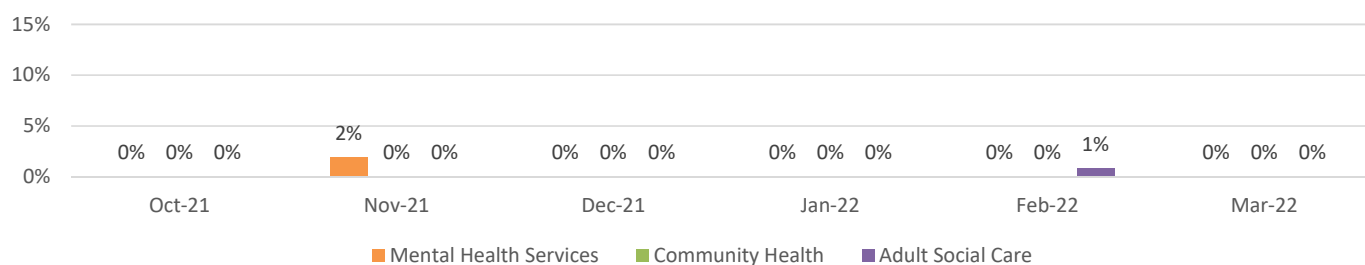
COMPLAINTS

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

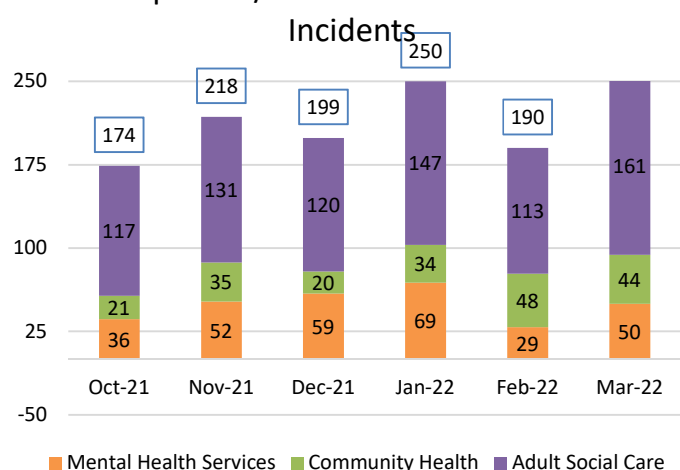
Work continues to improve responsiveness and learning from complaints

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

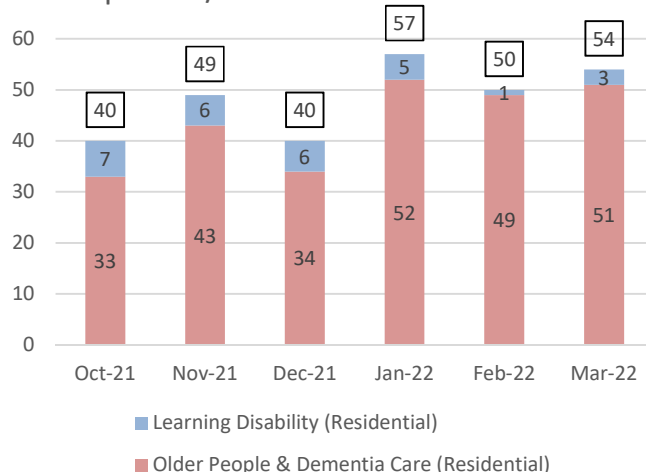
% Of Incidents Graded as Serious



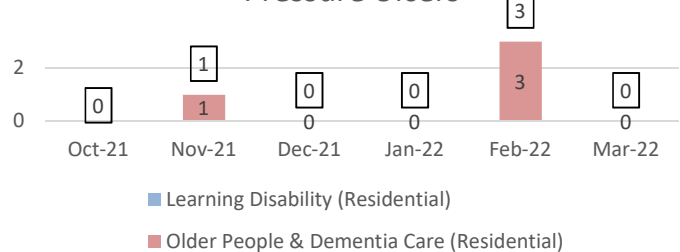
Total number of Community Care Inpatient/Residential Placement Incidents



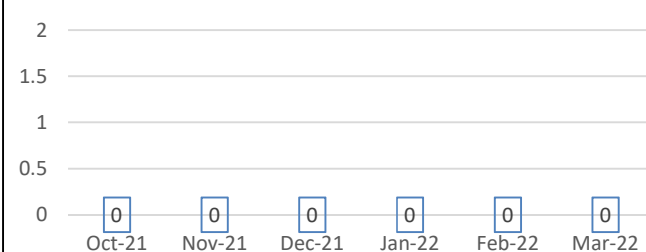
Total number of Community Care Inpatient/Residential Placement Falls



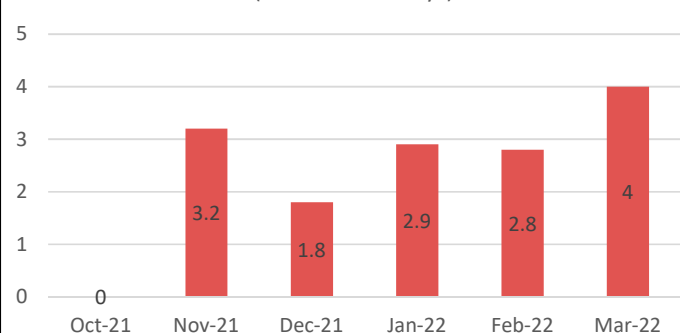
Total number of Community Care Inpatient/Residential Placement Pressure Ulcers



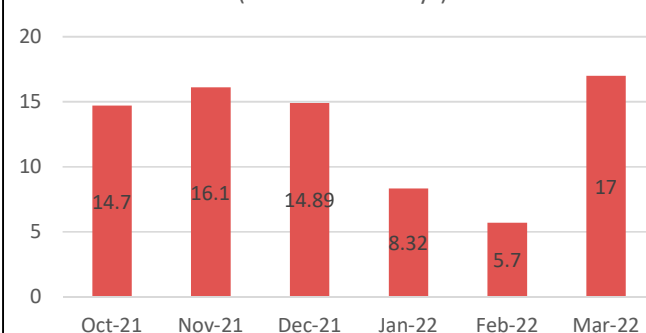
Total number of Acute Inpatient Pressure Ulcers (Per 1000 bed days)



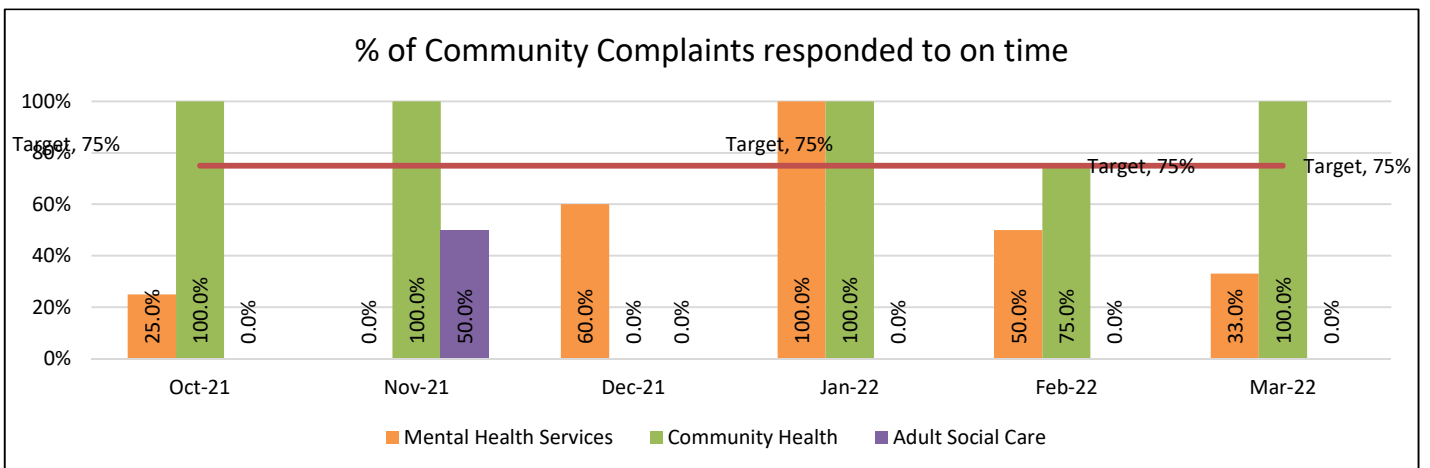
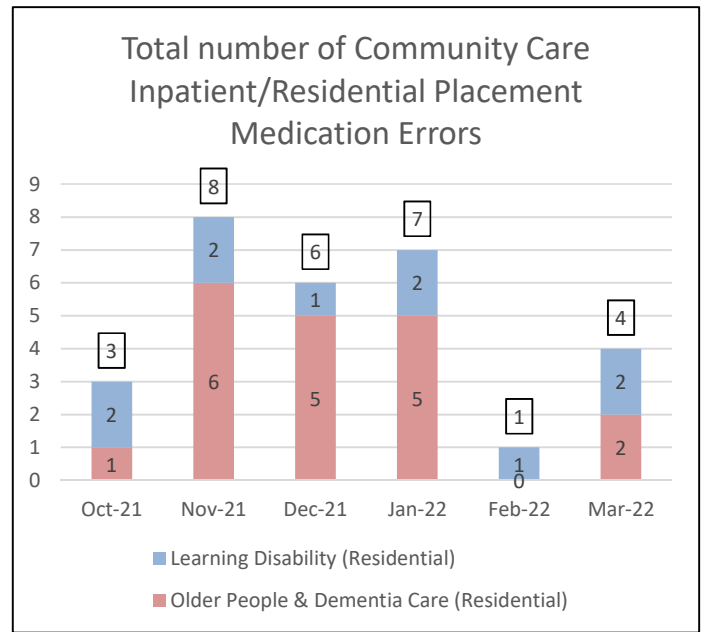
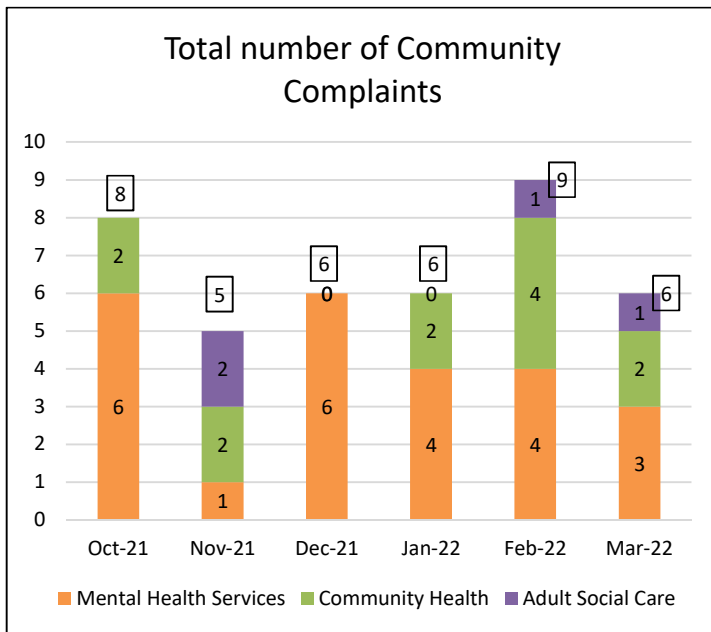
Total number of Acute Inpatient Medication Errors (Per 1000 bed days)



Total number of Acute Inpatient Falls (Per 1000 bed days)



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



Care Quality Narrative - March 2022

FALLS

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

13 falls were recorded throughout March, it is noted that 9 of these were unwitnessed falls within the elderly inpatient ward.

It is noted that this is the highest number of falls recorded within this 12 month period, however there are currently high levels of acuity on the ward and patients with high falls risks. Falls risks are being monitored through the physical health audit to ensure these are up to date and appropriate care is put in place for those experiencing falls.

Of these the number that were categorised as serious

1 fall was categorised as moderate harm in which the patient was taken to ED to receive further treatment.

Older People & Dementia Care (Residential):

The number of falls remains high, and as this has continued for more than a quarter it may be this is a more accurate depiction of the prevalence. 96% of falls were low/no harm, with the remaining 4% moderate. This mirrors earlier months when there had been high prevalence and low harm so it is not believed to be a simple improvement in recording, however this does also coincide with the introduction of the ASC falls policy so this may have prompted a slight change in practice. Feedback from the areas suggests that the residents are now first accessing services when they are more frail and prone to falling due to the success of the home first approach; it is likely that the combination of these factors accounts for the change.

Learning Disability (Residential):

The number of falls recorded was low, but in the normal range, and there was no harm recorded.

PRESSURE ULCERS

Total Number of Acute Inpatient Pressure Ulcers (Per 1000 Bed Days)

No pressure ulcers recorded within March.

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.

MEDICATION ERRORS

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

2 "no harm" medication incidents. 1 'low harm' incident.

Older People & Dementia Care (Residential):

There no errors with harm, or involving high risk medication. One error did involve a drug that a patient was recorded as having had an adverse reaction to, though this incident centres on the introduction of this to the MEDIOS and MAR sheet by the GP surgery. An error was recorded by the unit as they administered according to the MAR sheet, but did not pick up on the change and the suspected allergy for a few days. There was no adverse reaction.

Learning Disability (Residential):

There was a missed medication round in a learning disability community home which was recorded as a single incident. The medication was received from the pharmacy with incorrect MAR sheets on the same day that the staff team were all required to isolate except a relief support worker. Staff administered according to MAR sheet as they did not know to change or challenge this. The night staff received a handover saying medication had been given, which was correct according to the sheet, but not the process for the area. This resulted in missed doses of lorazepam, pregabalin and risperidone amongst other medications. This has been followed up with pharmacy.

INCIDENTS

Mental Health Services:

1 'moderate harm' incident in which a staff member was injured whilst supporting a patient with personal care. 1 death within the service, though found to be through natural causes after a post mortem was completed.

Adult Social Care:

The number of incidents recorded is exceptionally high; however, 93% of incidents were no/low harm and there were no serious incidents.

The bulk of the increase relates to high levels of service user verbal/physical aggression. Over 60% of aggression incidents for the month relate to 2 dementia units.

The other factor is high level of COVID which is being (albeit inconsistently) recorded as an IPC incident. Areas are not clear about when such infections would be reportable, and so the data on this is understood to be poor.

Number of which were serious:

Serious incident was not declared in the month, so details to be included in March report. Inclusion here is owing to the date on which it occurred.

COMPLAINTS

Mental Health Services:

3 complaints received during March. 1x CRHTT. 2x CAMHS. 2x complaints were in regards to treatment and 1x complaints was related to staff attitudes.

Adult Social Care:

One complaint received in relation to the conduct of a member of staff in a learning disability home.

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

Mental Health Services:

3 complaint responses due within March. 1x has been responded to within the identified timeframe. 2x remain outstanding.

Adult Social Care

The 0% relates to the February complaint which was due a response in March. Due to absence of key staff a short extension was agreed, and the investigation completed on time, but the extension resulted in this going over 20 days. The current complaint remains under investigation.

Elective Recovery update as at 18 05 22

Endoscopy

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

Cataracts

Between the 14th of March and today 265 cataract operations have been successfully completed. This includes each patient having their 6 week post op appointment.

We anticipate a third block of 81 cataract operations will be delivered in June 2022, with a further 91 assessments to be delivered by the end of July 2022.

Outpatients

The intention of the business case is to deliver this cohort of consultations via a virtual hospital model, and so Medefer Ltd were identified as being able to deliver the required service. Phase 1 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.

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 40 referrals, with 8 assessments completed, 18 sessions completed & 10 assessments scheduled for this week.

Hip and Knee Activity

Manx Care have completed 49 hips or knee replacement operations between 20th April 2022 and 13th of June 2022. All surgery will be led by Nobles Orthopaedics Consultants supported by Synaptik theatre and nursing staff. Over 70% of patients had a one day length of stay.

Alan Wilson
Elective Restoration and Recovery
Lead 18 05 22



Manx Care Management Accounts

March 2022

Financial Advisory Service

FINANCIAL SUMMARY

FINANCIAL SUMMARY - 31 MARCH 2022									
	MONTH £'000				YTD £'000				Mov't to Prior Month
	Actual	Budget	Var (£)	Var (%)	Actual	Budget	Var (£)	Var (%)	
TOTAL - OPERATIONAL	23,519	22,646	(873)	(4%)	276,870	271,764	(5,106)	(2%)	564
Income	(1,083)	(1,205)	(122)	(10%)	(14,581)	(14,464)	118	1%	(182)
Employee Costs	16,096	14,141	(1,955)	(14%)	169,799	169,700	(99)	(0%)	(1,450)
Other Costs	8,505	9,710	1,205	12%	121,652	116,528	(5,125)	(4%)	2,196
CIP	(47)	(225)	(178)	(79%)	(1,700)	(2,700)	(1,000)	(37%)	(233)
SV REQUEST	(172)	0	172	-	3,893	0	(3,893)	-	172
Pay Award (above 1%)	0	0	0	-	3,670	0	(3,670)	-	0
High Cost Patient (IFR)	(172)	0	172	-	223	0	(223)	-	172
GRAND TOTAL	23,299	22,421	(878)	(4%)	279,062	269,064	(9,997)	(4%)	503

Overview

- The final year-end overspend was (£9.9m) as previously forecast. Additional mandate income was received from the DHSC which was covered by an in-year supplementary vote. Further mandate income was also received to cover specific fund claims in year and these are detailed in Appendix 2.
- The key drivers of the overspend were rising drugs costs, employee costs (due to the pay award being above funding received) and Tertiary which are discussed in more detail in Table 1 below.
- The operational movements are summarised in Table 2 and the operational variances by Care Group are in Appendix 1. Further detail on the CIP is provided below.

Manx Care Management Accounts – March 2022

Table 1 - Operational FY Variance to Budget

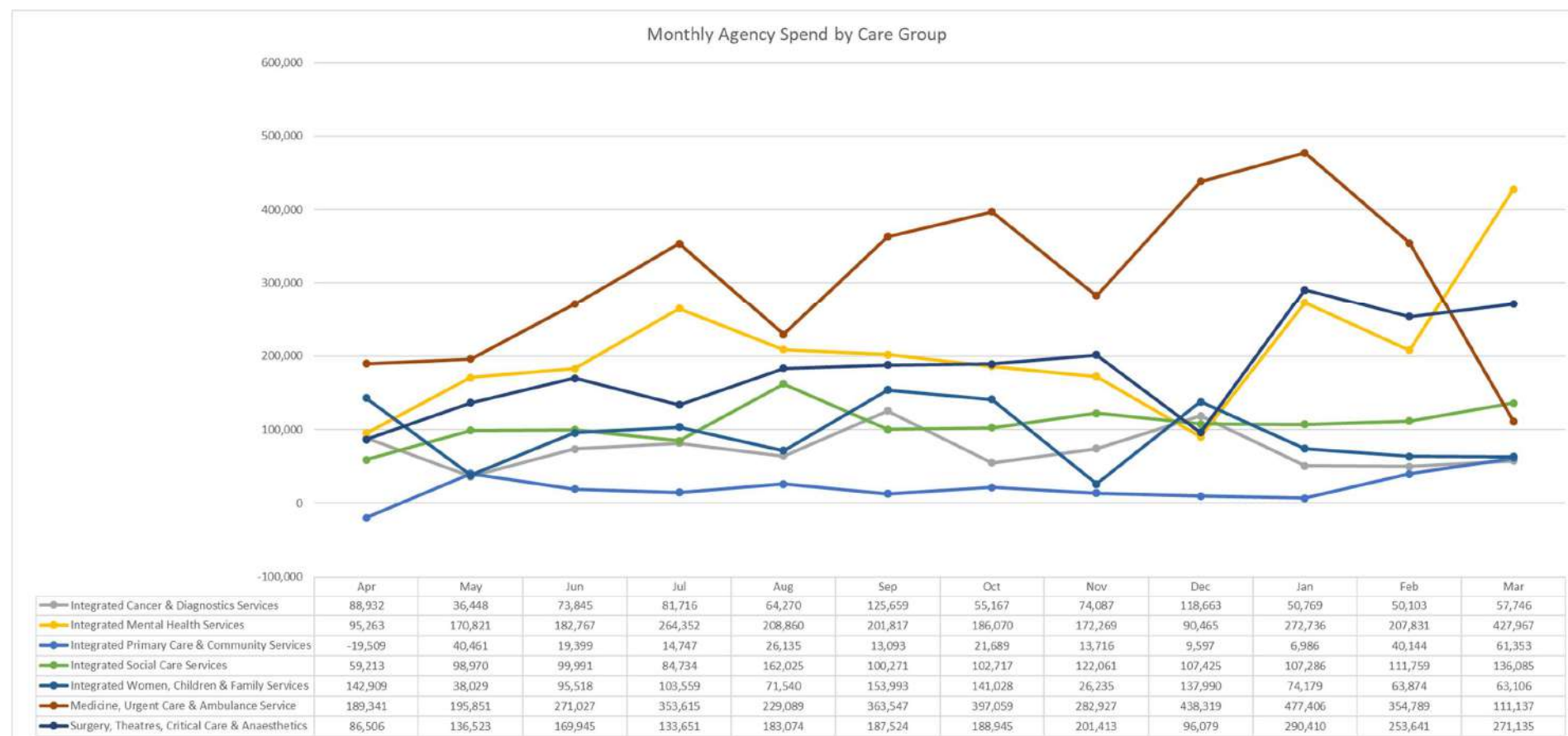
YTD Variance to Budget	£'000	
Other Income	118	Excluding income pressures due to Covid, income is on target.
Employee Costs	(99)	Variances differ across services as some areas are unable to fill vacancies and/or cover with agency. Other areas, in particular in acute are experiencing additional costs 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 have resulted in part year costs being incurred.
Other Costs - Drugs	(4,780)	Drugs costs have significantly increased and although savings have been delivered as part of the CIP (shown separately) these cost rises were unable to be mitigated & the funding gap has been addressed as part of the 22/23 budget process, although CIP savings will still to be generated to cover inflationary increases.
Other Costs - Tertiary	(1,422)	Activity for restoration activity was reclaimed as part of the Covid Business Case where the adjustment was only made at the year end. Underlying activity was higher than budget and this cost pressure is expected to continue into 22/23.
Other Costs - Contingency	1,078	There are a number of variances across the care groups with the contingency budget covering some of the cost pressures.
Total	(5,106)	

Manx Care Management Accounts – March 2022

Employee Costs

Excluding the impact of the pay award (which was higher than funding received as part of the budget), employee costs are just over budget. This includes releasing the leave provision for additional leave carried forward into 21/22 due to Covid. Although on budget there are a number of negative variances across the Care Groups with agency spend a significant factor driving this overspend, with a total spend FY of £13.2m, broken down across Care Groups below.

Medicine continues to be the highest spender by far with £3.6m spent to date. Mental Health (£2.5m) and Surgery (£2.2m) are the next biggest spend on Agency staff. This cost is primarily incurred to cover existing vacancies in those areas.



Manx Care Management Accounts – March 2022

Drugs Costs

Drugs Costs are (£4.8m) overspent (excluding the impact of the CIP). A number of market factors are contributing to this with widespread price increases across the system in recent years. Covid and Brexit have also created global supply issues as well as driving stockpiling behaviours in many individuals. Much of this movement occurred in 20/21 and has persisted into 21/22.

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

	2019/20			2020/21			2021/22		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Actual	Variance
Primary	15,731	15,191	540	14,950	16,283	- 1,333	14,860	16,963	- 2,677
Secondary	8,187	7,784	403	8,034	9,326	- 1,292	8,167	10,844	- 2,103
Total	23,918	22,975	943	22,984	25,609	- 2,625	23,027	27,807	- 4,780

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

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

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

Significant cost savings of £0.5m have been generated in Primary & Secondary Prescribing which are netting off against the overspend.

Tertiary

Although restoration activity has been recovered as part of the Covid business case, underlying activity was higher than the baseline budget. Part of this overspend was due to a Tariff uplift which created a £500k cost pressure as the Treasury funding bid for 2021/22 was not agreed.

Manx Care Management Accounts – March 2022

Table 2 – Movement in Operational Cost from Prior Month

Movement to Prior Month	£'000	
Income	(182)	Income levels have returned back to expected levels.
Employee Costs	(1,450)	Employee costs increased from the prior month due to a number of year-end adjustments including additional timesheets being processed relating to work being carried out in prior months.
Other Costs	2,196	Mainly due to Tertiary costs being reclaimed from a fund claim as part of the Covid business case. An adjustment was only made at year end for restoration activity, with this activity being included in the actuals up until then.
Total	564	

CIP

The CIP target for Year 1 has been set at £2.7m, which is reflected in the forecast. However, a stretch target of £3.7m for the programme was been set. To date, gross year savings of £1.82m have been delivered as follows:

Workstream	CIP Target	Delivered	Remaining
Secondary Care Prescribing	692,520	244,854	447,666
Primary Care Prescribing	1,049,009	345,019	703,990
Procurement & Contracting	899,179	111,697	787,482
Workforce	375,000	418,722	-43,722
Tertiary	700,000	700,000	0
Total Cash Out Savings	3,715,708	1,820,291	1,895,417

Once the programme support costs of £100k have been deducted, the net CIP saving is £1.7m

The primary focus is now on developing the CIP Programme for 2022/23. This will include a continuation of the existing workstreams as well as pursuing additional opportunities. The target figure included in the budget is £4.3m. However, a stretch target will be set in an effort to deliver savings in excess of budget. The 2022/23 CIP Plan is expected to be finalised by the end of May 2022. Effort on the existing workstreams will continue uninterrupted so savings should continue to flow whilst new workstreams are developed.

The final position of £1.7m represents delays to delivery in year rather than a reduction in the estimated savings overall. The savings are still expected to occur, but will do so in 22/23 instead of this financial year. It is estimated that current year activity has already delivered £919k in savings for 22/23.

Manx Care Management Accounts – March 2022

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

OPERATIONAL COSTS BY CARE GROUP - 31 MARCH 2022				
		FY £'000		
		Actual	Budget	Var (£) Var (%)
TOTAL BY CARE GROUP		281,400	271,764	(9,636) (4%)
CLINICAL CARE GROUPS		255,012	236,334	(18,678) (8%)
Medicine, Urgent Care & Ambulance Service		36,800	28,891	(7,909) (27%)
Surgery, Theatres, Critical Care & Anaesthetics		38,903	34,676	(4,227) (12%)
Integrated Cancer & Diagnostics Services		22,124	18,749	(3,375) (18%)
Integrated Women, Children & Family Services		16,417	15,519	(897) (6%)
Integrated Mental Health Services		22,561	21,562	(999) (5%)
Integrated Primary Care & Community Services		57,393	56,754	(639) (1%)
Integrated Social Care Services		39,632	40,422	790 2%
Tertiary Care Services		21,182	19,760	(1,422) (7%)
SUPPORT & CORPORATE SERVICES		26,386	35,430	9,044 26%
Infrastructure & Hospital Operations		8,862	8,807	(56) (1%)
Operations Services		11,700	12,904	1,204 9%
Nursing, Patient Safety & Governance Services		4,759	4,470	(289) (6%)
Corporate Services		1,065	9,249	8,184 88%

The additional overtime costs for Covid and the pay award are included in the figures above

Manx Care Management Accounts – March 2022

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

MANX CARE FINANCIAL SUMMARY - 31 MARCH 2022								
	MONTH £'000				FY £'000			
	Actual	Budget	Var (£)	Var (%)	Actual	Budget	Var (£)	Var (%)
TOTAL - OPERATIONAL COSTS	23,519	22,646	(873)	(4%)	276,870	271,764	(5,106)	(2%)
CIP	(47)	(225)	(178)	(79%)	(1,700)	(2,700)	(1,000)	(37%)
ADDITIONAL FUNDING - SV REQUEST	(172)	0	172	-	3,893	0	(3,893)	-
Pay Award (above 1%)	0	0	0	-	3,670	0	(3,670)	-
High Cost Patient (IFR)	(172)	0	172	-	223	0	(223)	-
ADDITIONAL FUNDING - FUND CLAIMS	7,986	0	(7,986)	-	26,554	0	(26,554)	-
Medical Indemnity	11	0	(11)	-	1,913	0	(1,913)	-
Covid Swabbing & Testing	26	0	(26)	-	923	0	(923)	-
Lateral Flow Tests	1,966	0	(1,966)	-	8,087	0	(8,087)	-
Covid Vaccination	23	0	(23)	-	1,392	0	(1,392)	-
Restoration & Recovery	239	0	(239)	-	643	0	(643)	-
Increase Base Line Capacity	0	0	0	-	244	0	(244)	-
Expansion of Flu Vaccination Programme	0	0	0	-	152	0	(152)	-
Health Transformation Fund	222	0	(222)	-	508	0	(508)	-
Covid Costs	5,043	0	(5,043)	-	10,460	0	(10,460)	-
111 Service	182	0	(182)	-	256	0	(256)	-
High Cost Patients	273	0	(273)	-	733	0	(733)	-
MANDATE INCOME	(31,285)	(22,421)	8,864	40%	(305,615)	(269,064)	36,551	14%
GRAND TOTAL	(0)	0	0	-	0	(0)	(0)	-

Fund Claim	
Medical Indemnity	Covers compensation claims and associated legal fees. Central fund held by Treasury and amount held adjusted based on on-going claims.
Covid Swabbing & Testing	Claim originally agreed in 20/21 for swabbing & testing over 2 years.
Lateral Flow Tests	Fund claim approvals are received when orders were placed.
Covid Vaccination	Any underspend from the original fund claim is being transferred into the next financial year.
Restoration & Recovery	Funding agreed to clear waiting list backlogs due to Covid. Some of this funding will be transferred into the next financial year with approval received from Treasury.
Increase Baseline Capacity	Not all the funding was required this year.
Expansion of Flu Vaccination Programme	The flu vaccine programme was expanded this year and will be continued in 2022/23 with additional revenue funding.
Health Transformation Fund	Business cases include the Theatre Improvement Programme & the implementation of Integrated Care. These business cases are in addition to the funding managed as part of the Transformation Programme.
Increasing Elective Capacity	A business case was approved for orthopaedic activity in 21/22 & 22/23. It is expected that the activity will be undertaken in the next financial year (funding is already approved to be utilised in 22/23).
Covid Costs	Covers all other Covid spend for the 21/22 financial year. A process has been agreed with the DHSC & Treasury going forward to provide projected spend quarterly to cover all Covid associated costs that cannot be managed within the baseline budget for Manx Care.
High Cost Patients	Funding agreed for high cost patients in Tertiary & Mental Health. A process is currently being agreed between Manx Care & the DHSC to agree how high cost patients can be funded going forward.