

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

## A G E N D A

Minute number	GOVERNANCE	Lead	Page	Time
<b>1.23</b>	<b>Welcome &amp; apologies</b>	Chair	Verbal	9.30
<b>2.23</b>	<b>Declarations of Interest</b>	Chair	3	
<b>3.23</b>	<b>Minutes of the meeting held in public</b> - 1 November 2022	Chair	7	9.35
<b>4.23</b>	<b>Matters arising/Review of Action Log</b>	Chair	20	9.40
<b>5.23</b>	<b>Notification of any other items of business</b>	Chair	Verbal	
<b>6.23</b>	<b>Board assurance framework for 2022-2023</b> - Risk 3 Competition for Staff leading to critical shortages	Dir OHR	21	9.45
<b>UPDATES</b>				
<b>7.23</b>	<b>Chair's report</b>	Chair	33	10.05
<b>8.23</b>	<b>Chief Executive's report and horizon scan</b> - Association of Perioperative Practitioner Inspection - Accreditation - ENT Action Plan – Update - Update on Information Governance	CEO  Dir of Ops Dir of Ops CEO	34	10.15
<b>9.23</b>	<b>Committee Chairs' Exception Reports</b>  - Audit Committee – 30 November 2022 - QSE Committee – 19 December 2022 - FP&C Committee – 19 December 2022 - D&I Committee – 5 January 2023	Comm Chairs	58	10.40
<b>REFRESHMENT BREAK 11.00am</b>				
<b>10.23</b>	<b>Integrated Performance Report</b>	Dir of Operations	67	11.10
<b>PRIORITY ONE – PATIENT SAFETY</b>				

<b>11.23</b>	<b>CQC Inspection</b>	Dir of Nursing	107	11.30
<b>12.23</b>	<b>Restoration and Recovery Update</b>	Dir of Operations	110	11.45
<b>PRIORITY TWO - CREATING A POSITIVE WORKING CULTURE</b>				
<b>13.23</b>	<b>Workforce and Culture Update</b>  Progress against Culture of Care Barometer Action Plan	Dir of OHR	Verbal	12.00
<b>14.23</b>	EDI Update	CEO		12.10
<b>15.23</b>	Update on Pay Negotiations	CEO/Dir of OHR	Verbal	12.20
<b>PRIORITY THREE – MAINTAINING A STABLE FINANCE POSITION</b>				
<b>15.23</b>	<b>Director of Finance Report:</b> - Management Accounts - Progress against Back to Balance Plan / CIP Delivery - Budget setting 23/24	CEO	To follow	12.30
<b>ANY OTHER BUSINESS</b>				
<b>16.23</b>	<b>With prior agreement of the Chair</b>	Chair		
<b>FORMAL MEETING CLOSING AT 12.30 - QUESTIONS FROM THE PUBLIC</b>				
<b>The Board will respond to questions from the public</b>		All		
<b>MEETING EVALUATION</b>				
<b>Board review – feedback on the meeting: effectiveness and any new risks and assurances</b>		Chair	Verbal	12.45
<b>DATE OF NEXT MEETING TO BE HELD IN PUBLIC: 7 MARCH 2023</b>				

# Register of Directors' Interest

## 14 December 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	July-22	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 was employed by Manx care as a part-time radiographer in the X ray department of Nobles Hospital		July 22		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	
Tim Bishop	Non-Executive Director	Direct Financial interest	Director / Shareholder Wellingham Partners Ltd consultancy	Apr-16		x	
Tim Bishop	Non-Executive Director	Direct Non-Financial interest	Unremunerated Chair and Trustee of St Martin of Tours Housing Association	Jan-22		X	
Tim Bishop	Non-Executive Director	Professional	Remunerated member of Assurance Committee Professional Record Standards Body	Nov-20		X	
Tim Bishop	Non-Executive Director	Direct Non-Financial	Unremunerated Vice Chair and Trustee Camphill Village Trust	Jan-18		X	
Tim Bishop	Non-Executive Director	Professional	Registered member: Social Work England	Aug-12		X	

	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		
	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 – Assigned to Manx Care	May-21	-	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				
Aneurin Pritchard	Director of Infrastructure	Nothing to declare	Nothing to declare				
Elaine Quine	Board Secretary	Nothing to declare	Nothing to declare				

**BOARD OF DIRECTORS — MEETING HELD IN PUBLIC**  
**Tuesday 1 November 2022**  
**Ballafletcher Pavilion, Hospital Approach Road, Strang**  
**9.30am-12.30pm**



**Present:**

**Non-Executive Directors**

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

**Executive Directors Voting**

Teresa Cope (TC)	Chief Executive Officer
Paul Moore (PM)	Director of Nursing and Governance
Dr Sree Andole (SA)	Medical Director

**Executive Directors Non-Voting**

Dr Oliver Ellis (OE)	Medical Director, Primary Care
Anne Corkill (AC)	Director of HR Business
Aneurin Pritchard (AP)	Director of Infrastructure
Elaine Quine (EQ)	Board Secretary
Oliver Radford (OR)	Director of Operations
Richard Wild (RW)	Chief Information Officer

**In Attendance:**

Mr J Hutchinson (JH)	Consultant Orthopaedic Surgeon (item 149.22 only)
Mr K Baird (KB)	Consultant Orthopaedic Surgeon (item 149.22 only)
Sam Allibone (SAL)	Business Partner, Finance (Representing JL)
Michelle Mountjoy (MM)	Assistant Director Adult Social Work (Representing SS)
Jane Wolstencroft (JW)	Deputy Board Secretary and Minute Secretary

**Apologies**

Katie Kapernaros (KK)	Non-executive Director
Jackie Lawless (JL)	Finance Director
Sally Shaw (SS)	Director of Social Care

**GOVERNANCE**

**Item**

**Action**

**144.22 Welcome and apologies**

AF welcomed everyone to the meeting. Apologies had been received from Katie Kapernaros, Jackie Lawless and Sally Shaw.

**145.22 Declarations of Interest**

There were no declarations of interest relevant to the meeting.

**146.22 Minutes of the Board meetings held on 1 September 2022 (public)**

The minutes of the meetings held on 1 September 2022 (public) were accepted as an

accurate record.

#### **147.22 Matters Arising and Review of Action Log**

There was one matter on the action log which was due to be listed at the January meeting.

#### **148.22 Notification of any other items of business**

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

#### **149.22 Restoration and Recovery Update**

JH summarised the position following covid and the impact that the pandemic had on the waiting lists. As UK health services were in a similar position there was limited opportunity to access services in the UK and therefore it was essential that an on-Island solution was identified. Synaptik were identified as a provider. The Synaptik model focussed not just on the surgeon but on the entire theatre team including dedicated therapists. Phase one utilised the private patients unit which had been ring-fenced purely for orthopaedic procedures. The major learning had been the significant reduction in the length of stay for patients which was made possible largely by having a team of dedicated nurses and physiotherapists on the Synaptik team. This had resulted in 86% of patients being discharged on day one whereas the anticipated length of stay had been targeted at four days. The effect of this was to free up more beds so that more patients could receive treatment. During the project 270 joint replacements had been carried out and the length of the waiting list had reduced to less than eleven months. KB endorsed the comments made by JH and added that the project had been well supported by Nobles with the pre-admission work being carried out to an extremely high standard and there had been zero cancellations to date. The ward environments and theatre suits and equipment were of an extremely high standard and Synaptik had very much enjoyed working on the project. He cautioned that whilst the project had achieved a good level of success, this model of working was not sustainable in the long term and it was essential that Synaptik imparted its philosophy to Manx Care colleagues. JH concurred and added that the Synaptik model needed to be replicated using home grown talent notwithstanding the known challenges with recruitment and retention. All outcomes were being reported to the national joint register so that there would be independent scrutiny. It was queried whether there had been an increase in readmission rates and JH confirmed that there had been a slight increase but nothing which was a cause for concern. OE queried how rehabilitation was being monitored to analyse the long term success. JH replied that by submitting results to the National Joint register the results were benchmarked and were in line with the UK. Both JH and KB emphasised the importance of maintaining the ring-fenced beds as this was essential to maintain the momentum and there was a requirement to attract more physiotherapists and also offer more agile ways of working. TC observed that the Synaptik funding would only last a finite length of time and that demand and capacity modelling was being undertaken to enable Manx Care to better manage its wait lists to ultimately achieve a sustainable position.

*(JH and KB left the meeting at 10am)*

#### **149.22 Board Assurance Framework – Risk 6 Failure to Achieve Financial Sustainability**

TC stated that at the start of the financial year Manx Care was forecasting an overspend and the paper detailed the actions that were being taken to address the funding gaps to achieve a balanced position. Additional funding had been awarded from Treasury to assist with the pay award and business cases had been submitted to the DHSC reserve fund to cover additional costs incurred from the TT and MGP festivals and high cost patients. The private patient unit could not be reopened due to the ongoing restoration and recovery work. Manx Care continued to work with Merseyside Internal Audit ('MIAA') to achieve a cost improvement plan ('CIP') totalling £3m. Future sustainability would be a challenge and early indications



were that the funding envelope for 23/24 would be significantly less than what had been requested by Manx Care. In order to address this a three year CIP would be devised to identify further cost reduction. The care pathway element of the transformation programme had been paused and would recommence in April and it was imperative that Manx Care did not incur any additional costs associated with transformation work. DHSC would need to assign clear funding streams to each mandate objective as prescribed in the Manx Care Act 2021. Tertiary spend continued to be volatile and the position was unlikely to improve. Alternatives to sending patients for treatment in the UK were always sought although, on occasion, it was unavoidable. Work was ongoing with MIAA to develop a UK referral management process which would increase oversight on tertiary activity and spend. NW added that there had been a move to an 'activity' budget rather than a reactive budget which had been the case during the first year of Manx Care. The financial position would be further impacted by inflationary pressure, rising energy costs and salary demands. AF observed that achieving a balanced budget required delivery of the CIP and queried to what extent to the FP&C have oversight of the programme and also whether the individual programmes have been graded as to the likely level of success. NW confirmed that work had been undertaken to RAG rate the individual CIP's and the programmes that were unlikely to succeed had not been included in the forecast. AF requested that a review of the CIP programme was carried out by the FP&C Committee.

## **UPDATES**

### **154.22 Chair's Report**

AF had included his written update in the pack. There were no additional comments.

### **155.22 Chief Executive's Report and Horizon Scan**

TC had attended the Chief Constable's Awards ceremony at which two Manx Care colleagues had received an award.

### Information Governance

Good progress was being made on the remediation plan and all targets were being met.

### Association of Perioperative Practitioners ('AfPP') Audit

The Associate for Perioperative Practice (AfPP) conducted an accreditation re-visit of Nobles main theatre complex during September 2022. Informal verbal feedback had been received and the department was observed to have made good progress towards accreditation with a number of areas which were previously identified as 'amber' following the previous visit, now achieving a 'green' rating for compliance. It had also been observed that cultural improvements had taken place which was positive.

### ENT Action Plan

A comprehensive action plan had been developed in response to the recommendation following the ENT review which would provide the requisite assurances around sustainability, appraisal, management of DNAs and management of emergencies as requested by the Board. The action plan would be monitored by the Quality, Safety & Engagement Committee and waiting lists would be monitored by the Finance, Performance and Commissioning Committee.

### Back to the Floor

TC had scheduled a number of 'Ask me Anything' sessions and 'Back to the floor' sessions to meet with staff groups and also shadow staff in their roles.

### EDI Update

The inaugural meeting of the Equality Diversity and Inclusion forum was held on the 17<sup>th</sup> October, chaired by the TC. It was recognised that EDI was at a low level of maturity and the strategy that would be developed would be limited in aspiration, but would provide a foundation upon which to build. There was a discussion regarding whether there was a need for a non-executive EDI champion and the AF requested that any non-executive Directors who were interested to contact him.

#### MacMillan Inspection

An inspection had been carried out on 4 October. The report had been received and the breast unit had been awarded the maximum rating.

#### Assessment of Manx Care by DHSC

The DHSC had published its formal assessment of Manx Care for 21-22 on 21 October ahead of being laid before Tynwald. The assessment recognised the significant contribution of the health and care system in responding to the Covid-19 pandemic and delivering the vaccine programme and Manx Care's progress on patient and service user engagement and partnership working with the wider system. The assessment highlighted that progress on having timely and accurate data has been slower than desired and this an area where improvement is expected. AG made reference mandate objective 7 – Referral to Treatment (RTT) which did not have a funding stream attached. He observed that if RTT was to be implemented, as it was in NHS England, it would be at a huge cost and queried whether this objective was more aspirational than a concrete objective. TC replied that Manx Care had identified unfunded mandate objectives and had made these known to DHSC. The 22/23 mandate was a much more focused document with clear funding lines. She observed that the 21/22 mandate would be used as a learning point to ensure that future mandates contained more realistic objectives with commensurate funding. AF pointed out that the two areas that had been rag rated as red related to finance and carbon reduction which were both dependant on Government wide policies and were not in the direct control of Manx Care.

#### **133.22 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.

#### QSE Committee

The report was noted. TB stated that the complaints policy had been approved however he emphasised the importance of patient focus when dealing with complaints. PM added that Manx Care was not as responsive to complaints as it ought to be and rigorous steps were being put in place to address this. The revised policy had been prepared in response to recent changes in complaints regulations and PM assured the Board that he would improve the position. These matters would continue to be reported to the QSE Committee

#### FP&C Committee

Good progress had been made in consultant recruitment thus reducing the spend on locum consultants. There had been an initial review of GP's contracts which had indicated that funding was made up of a very complex funding formula via a contract with Manx Care. The Committee concurred that there was sufficient evidence to conclude that a more in-depth review should be carried out. A review of nursing homes operated by Manx Care had also been undertaken and there was anecdotal evidence to suggest that a more extensive review was required. All three areas would continue to be monitored by the FP&C Committee. Ongoing and open dialogue with DHSC was vital to improve alignment between the Department and Manx Care and it was hoped that a three year funding agreement could be

reached which would empower Manx Care to implement a three year strategy.

## PRIORITY ONE – IMPROVING PATIENT SAFETY

### 154.22 Integrated Performance Report (IPR)

The new version IPR had been circulated in the pack. The format had been reviewed to make it easier to understand and fewer, more focussed metrics, had been included. The key performance metrics had been categorised and aligned to the CQC recognised domains. Going forward it would include the data from the Quality Dashboard and metrics from Social Care. OR highlighted the following specific items:

- Low ED admission rates had been reported
- The Restoration and Recovery project continued to reduce waiting lists
- Good ambulance performance against Category 2 - 5 response times despite increasing demand.
- Mental Health caseloads remain within expected levels.

Specific areas of concern are listed below:

- ED demand continued to increase and the ED footprint does not meet the needs of the service
- An increase in two week wait referrals and specialist workforce shortages have impacted on Manx Care's ability to deliver timely access to cancer services
- Manx Care has seen a significant impact of Covid-19 on elective capacity, which has led to significant increases in waiting list sizes and wait times
- Access to routine diagnostics within 6 weeks remains a challenge due to increasing demand exceeding current capacity
- Category 1 Ambulance response times remain above threshold, and there were 14 handover time breaches in September.

OR confirmed that action plans were in place to address all areas of concern.

TC observed that it was essential that the level of stay was reduced and that medically optimised patients were moved out of the hospital as soon as practicable. Hospital was not the best place for people who are medically optimised and it was essential that there was good patient flow especially given the forthcoming winter pressures. TC requested that OR and SS discuss further.

AF queried what action was being taken to reduce the wait list. OR explained that a team had been established to validate the waiting lists to ensure that patients on the list still required treatment. Restoration and recovery specialisms had been prioritised and it was hoped that the first tranche of the work would be completed by December.

### 155.22 Quality Dashboard

PM stated that good improvement continued to be made in how data was interpreted and understood. Going forward the quality dashboard would be incorporated within the IPR and the data would be streamlined to illustrate more vividly the key risks around quality and safety. PM made the following observations:

- Incidents of falls resulting in harm remained below the UK threshold
- VTE risk assessments were to a good standard notwithstanding the drop
- There were low levels of exposure to MRSA
- Antimicrobial Stewardship compliance rates had dropped but remained in tolerance

- There continued to be low medication error incidents and high levels of reporting
- Gender appropriate accommodation was good
- SI exposure was at normal levels

PM had provided a full account to the QSE Committee of areas requiring improvement which were detailed as:

- Blood culture contamination rates were causing concern and a review would be undertaken. The rates were similar to those seen in England
- Malnutrition and dehydration screening required improvement.
- Mortality review was below target but there was a plan in place to address this
- Complaints required improving

#### **156.22 Independent Review of Self Neglect**

There had been a thematic review carried out following the deaths of seven Island residents. The review highlighted the lack of Mental Capacity legislation which was due to become legislation in the Isle of Man in spring 2023 and there would be a significant amount of preparatory work for Manx Care to undertake prior to the implementation. The multi-agency safeguarding hub ('MASH') would also be fundamental in providing the optimum level of support for service users from all agencies, including police and fire service. MM added that safeguarding was a very complex area and it was not possible to apply a standard set of criteria to all. Adult self-neglect policies were outdated and these were in the process of being updated. Level 3 safeguarding training had recently been carried out and the safeguarding Board and adult social care were identifying appropriate training providers for self-neglect training. OE queried what mechanisms were in place to permit data sharing across multiple organisations. MM replied that an information sharing protocol was in place and that information sharing was also covered by the Caldecott principles and Manx Care was confident in its approach. PM added that in many cases it had been the lack of information sharing that had resulted in tragic consequences for service users. He continued that there was no barrier presented by GDPR principles that would impede data sharing when applied to the safeguarding of vulnerable people. TB observed that in the UK it was now a statutory requirement to share information following the review into child sexual abuse and reminded those present, that safeguarding was the responsibility of all. TC concurred and stated that Manx Care's reach via MASH, wellbeing hubs, local area co-ordinators and the third sector was improving the ability to reach people who did not want to engage with services.

#### **157.22 Review of Respite Provision**

The provision of respite care was within the remit of the DHSC who were currently carrying out a gap analysis as part of its department plan. It was acknowledged that the focus should be on provision of community respite facilities.

#### **158.22 CQC Update**

PM stated that the inspection had been ongoing for the past 8 month. Lots of helpful intelligence had been gathered as part of the process and the Board could be assured that Manx Care was on the right path. From the initial feedback received some areas for improvement had been identified as:

- Storage of medicines
- Access to records
- Health and Safety including management of substances and water quality
- Risk management
- Safeguarding

Improvement plans would be developed for all areas requiring improvement and it was hoped that the final report would be received before Christmas. The report would be published when received and presented to DHSC and then to the Council of Ministers.

## **PRIORITY TWO – CREATING A POSITIVE WORKING CULTURE**

### **159.22 Workforce and Culture Update**

Good progress was being made on the action plan in response to the BMA survey and this continued to be monitored by the People Committee. Quarterly surveys would be carried out. TC had committed to improving communications and the roll out of an intranet site would provide an excellent interface. The staff suggestion scheme had been launched and an event to present awards to staff would be held in February. With regard to pay an offer of 4% had been rejected by the unions representing nursing colleagues. An offer of 6% had been accepted by the union representing civil servants.

## **PRIORITY THREE – IMPROVING FINANCIAL HEALTH**

### **160.22 Finance Report**

#### September Management Accounts

The September Management Accounts were noted.

AF queried why an overspend continued to be forecast. TC replied that until confirmation from DHSC of the business cases and access to reserve fund had been received, it could not be included in the forecast. AF challenged the position as strong indication that approval of the business cases had been received from DHSC and as such, it should be included in the forecast. SAL undertook to consider further for the October accounts.

### **161.22 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.

(1) Which G.P. surgeries on the Island are not connected with Isle of Man Primary Care Network LLC

(a) All GP surgeries are members of the Primary Care Network LLC with the exception of Castletown which is an associate member.

(2) What agreements are in place between Manx Care and Isle of Man Primary Care Network LLC

GP practices are resourced by Manx Care to permit representatives to engage with Manx Care and Transformation and that the fee received was in addition to the standard GP contract. This was to enable the GP's to work together to deliver primary care at scale.

The questioner requested that the quantum of the additional fee be made known at the next board meeting. The Chairman undertook to consider the request.

**The following questions had been submitted in writing prior to the meeting and the full text of questions and answers are set out below:**

(1) Could Manx Care please supply the quarterly figures of MRI scans and X-Rays carried out at Nobles Hospital and Ramsey Cottage Hospital over the last 3 years.

	MRI	XR NOBLES	XR RDCH
Jan-19			
Feb-19			
Mar-19	1086	9558	828
Apr-19			
May-19			
Jun-19	937	9721	724
Jul-19			
Aug-19			
Sep-19	1129	9650	762
Oct-19			
Nov-19			
Dec-19	1112	9276	672
Jan-20			
Feb-20			
Mar-20	996	8348	759
Apr-20			
May-20			
Jun-20	744	4612	1087
Jul-20			
Aug-20			
Sep-20	988	8579	1359
Oct-20			
Nov-20			
Dec-20	1595	8080	1257
Jan-21			
Feb-21			
Mar-21	1439	6316	961
Apr-21			
May-21			
Jun-21	1578	8472	1374
Jul-21			
Aug-21			
Sep-21	1460	7996	1377
Oct-21			
Nov-21			
Dec-21	1443	7741	1332

Jan-22			
Feb-22			
Mar-22	1502	7796	1355
Apr-22			
May-22			
Jun-22	1451	8414	1393
Jul-22			
Aug-22			
Sep-22	1653	8336	1510
Oct-22			
Nov-22			
Dec-22			

(2) Could Manx Care please state whether it approves of the policy adopted by GP surgeries of forcing patients who call for appointments during the day to call again at 8a.m. the following day and then have to join a queue and endure outdated telephone systems and inadequate levels of support staff that simply result in causing upset to the patients and loss of timely appointments.

*(A) None of the GP surgeries have a policy of asking patients who call for an appointment during the day to call again at 8am the following day. Routine appointments are bookable at any time of the day at all GP surgeries and are booked in advance. If a patient requests an urgent, on the day appointment, and there are no urgent appointments available for that day, then patients will either be asked to be put on the 'call back list' or be asked to ring back the next day for an urgent appointment. This is dependent on what appointment system the practice is operating, as some practices utilise a duty doctor who will triage patients on the day. Ramsey Group Practice did used to ask patients to call back at 8am but no longer do this due to patients wishing to go back to all face to face appointments, booked in advance rather than the triage system they adopted during the Covid period.*

*Contractually a GP Practice must inform Manx Care of any fundamental changes to their appointment system, which they do. We do not accept that our GP telephone systems are outdated. All GP surgeries have the same telephone system as IOM Government and some practices utilise a telephone system called ARC which has found to be beneficial to a number of practices in streamlining their phone systems. ARC is a telephony system which is basically a call handling system, it has the ability to give live access to the queues that are associated with the Practice so they can see how many callers there are on the system at any given time.*

*ARC also has a lot of useful reports which allow Practices to see how many calls have been answered by a receptionist while they were logged onto the system, information relating to the time it takes for the Practices' team/individual to answer the calls and average duration of calls. Practices are also able to see the longest time someone waited to be answered or if they had hung-up. These reports allow Practices to identify what days/times are the busiest and therefore when to increase the number of staff answering calls as well as when staff can be freed up to do other tasks.*

*ARC will also allow Practices to send redirect calls to the most appropriate member of staff, e.g. for test results or for appointments.*

*The current GP Practices that now have this ARC system installed are:-*

### **GP Practices**

<i>Ballasalla GP</i>	<i>823243</i>
<i>Laxey GP</i>	<i>861350</i>
<i>Palatine GP</i>	<i>623931</i>
<i>Ramsey GP</i>	<i>813881</i>
<i>Southern GP</i>	<i>686979</i>
<i>Village Walk GP</i>	<i>656020</i>

*GP practices employ the staff that they need to run their practices and we do not have any evidence to suggest that they have inadequate staffing levels. There may however be occasions when sickness and annual leave reduce a practices capacity to meet demand.*

(3) What steps have Manx Care taken since July 2022 when the policy was brought to the attention of Primary Care Services, to improve the process by which patient appointments are made in respect of telephone calls reasonably made by patients during normal business hours.

*(A) Manx Care contracts GP practices to provide services and then performance manages those contracts. GP practices are continually developing their appointment systems to flex to the needs of their patients. GP practices have a real time on line survey and Practices have amended their appointment systems on the basis of patient feedback. For example one Practice has introduced a 'caller waiting telephone system' on the basis of feedback received. Each Practice is responsible for its own system whilst being accountable to Manx Care for service delivery. It's important that Practices are afforded this flexibility to best flex to the needs of the patients on their list.*

(4) Noting that at least one GP practice is now formed as a company and as such a separate legal entity, are the GP contracts in such circumstances still directly with individual G.P.s or are they with the company. Is due diligence been carried out by Manx Care on each company and has Manx Care examined all legal aspects of corporate arrangements where they relate to the provision of G.P. services on the Island.

*None of the GP contracts are with individual GPs. This is not a new position. This has been the case since the start of the current GP contract which commenced in 2004 and was the case in the previous contract from 1992. DHSC undertook the due diligence in terms of whether Practices could become limited liability companies a number of years ago.*

(5) How are part time G.P.s paid and who regulates the hours they work and how are they apportioned an allocation of patients and on what basis are they paid.

*(6) There are currently 3 GPs who are employed by Manx Care who are scheduled a week in advance as additional clinicians to work in GP Practices when cover has been requested or is required. Like any employee theses staff are paid for the hours they are contracted to work, i.e. a full time annual salary is paid to them on a pro rata basis according to their hours.*

*In terms of Practices that hold a contract to provide GP services, they are not paid a salary from Manx Care. each contractor is paid a contract value according to the number of patients they have and the work that they carry out. In all but one GP practice patients are registered with the Practice rather than individual GPs. There is no need therefore to proportion patients to individual GPs according to the hours that they work.*

(7) For the 14,500 patients recently stated as being registered in the north of the Island how many G.P.s are currently listed with Manx Care for Ramsey Group Practice and Jurby Medical Centre.



Role	Full/Part-time
General Practitioner	6 Sessions per week
General Practitioner	4 Sessions per week
General Practitioner	8 Sessions per week
General Practitioner	8 Sessions per week
General Practitioner	6 Sessions per week
General Practitioner	8 Sessions per week
General Practitioner	8 Sessions per week
General Practitioner	6 Sessions per week

Ramsey Practice hold one patient list and operate out of two sites; Ramsey and Jurby.

(8) What is the current apportionment of registered patients to each GP in the north of the Island

(A) As at 1<sup>st</sup> October 2022 the number of patients registered at Ramsey and Jurby were as follows:

GP PRACTICE RAMSEY	PATIENT ALLOCATION TOTAL
CHAN	2429
CLARKE	998
COWIE	1938
A NEEL	2146
DREW	1580
O TUATHAIL	1736
GOLBAN	1809
O'HALLORAN	2079
TOTAL	14715

(9) How many medically qualified support staff are employed at Ramsey Group Practice and how many are employed directly by Manx Care. AMC

Role	Full/Part-time
Practice Nurse Prescriber	Part Time
Practice Nurse	Part Time
Practice Nurse	Part Time
Practice Nurse	Part Time
Practice Nurse	Full Time
Advanced Nurse Practitioner	Part Time
Health Care Assistant	Full Time
Health Care Assistant	Full Time
Pharmacy Technician	Full Time
Paramedic	Full Time

All the above staff are employed by the Practice. None of them are employed directly by Manx Care.

(10) How many medically unqualified staff are employed at Ramsey Group Practice AMC

The number of medically unqualified staff are set out below, although these staff are significantly trained in their duties and some have extensive years' experience.

Role	Full/Part-time
Practice Manager	Full Time
Receptionist/Administration	Full Time
Receptionist/Administration	Part Time
Receptionist/Administration	Full Time
Receptionist/Administration	Full Time
Receptionist/Administration	Full Time
Receptionist/Administration	Full Time
Receptionist/Administration	Full Time
Receptionist/Administration	Full Time
Receptionist/Administration	Full Time
Receptionist/Administration	Full Time
Receptionist/Administration	Part Time
Receptionist/Administration	Full Time
Receptionist/Administration	Part Time

(11) How many telephone calls does Ramsey Group Practice handle on average each day

(A)

*From Tynwald question*

*On average Ramsey Practice handle 300 – 400 calls per day. The Practice are aware that their abandoned call rate has increased dramatically since there have been difficulties with pharmacy services, particularly in the North. The Practice advises that approximately half the calls they currently receive are medication related.*

(12) On average, how many patient appointments are provided by each of the G.P. s at Ramsey and Jurby each day

*(A) This information is monitored on a weekly but is done so as a whole practice rather than by individual clinician or site. This information would need to be requested to the practice directly. We have provided in the table below to identify how many appointments were provided in the week commencing 10/10/2022 broken down by clinician type - GP / Nurse and ANP in the table below. In addition to the total number of appointments the practice delivered that week, they also had 88 DNA's.*

(13) On average, how many hours per week is each G.P. spending in consultation with patients AMC

(14) On average, how many hours per week is each G.P. spending on admin and other matters AMC

We have taken questions 13 and 14 together. On average a full time GP partner spends around 70 hours per week working. You will see from the table below the amount of consultation time provided in an average week. The rest is 'admin' although admin is a broad term and includes reviewing records, making clinical referrals and many other clinical type matters.




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
122.22/Sep	Provide an update on workforce planning	PM	10.01.23		Work is ongoing to determine the best way to increase the production of domestic registered nurses. A further update will be provided in due course.	
153.22/Nov	FP&C Committee to review the CIP programme	NW	19.12.23		Complete. The Committee received a comprehensive update from MIAA on the the CIP. The CIP is also monitored by the CIP Programme Board.	
155.22/Nov	Any NED's who would like to become EDI champions to contact the Chairman	NED's	ASAP		Sarah Pinch and Tim Bishop had been appointed as EDI champions	

 <b>manx care</b> Kiarail Vannin	<b>SUMMARY REPORT</b>	
	<b>Meeting Date:</b>  <b>Enclosure Number:</b>	<b>10 January 2023</b>

<b>Meeting:</b>	<b>Manx Care Board</b>		
<b>Report Title:</b>	<b>BAF Risk 3: Competition for staff leading to critical shortages.</b>		
<b>Authors:</b>	Anne Corkill		
<b>Accountable Director:</b>	Anne Corkill		
<b>Other meetings presented to or previously agreed at:</b>	<b>Committee</b>	<b>Date Reviewed</b>	<b>Key Points/Recommendation from that Committee</b>
	None		

Summary of key points in report			
<p>The purpose of this paper is to provide an update on Risk 3 of the Board Assurance Framework – Competition for staff leading to critical staff shortages.</p> <p>This risk relates to the need for a stable and capable workforce to effectively deliver Manx Care’s services in the face of a challenging environment for recruiting and retaining health and care professionals. The risk has been rated as 25 and has remained at this level due to the difficulty in assuring that mitigation measures will be successful in the face of local and international pressures on health care services and competition for staff.</p> <p>The paper also seeks to answer the following questions:</p> <ul style="list-style-type: none"> <li>• What is the objective for the Manx Care workforce?</li> <li>• Based on assurances available, how likely is Manx Care to achieve its workforce objective?</li> <li>• What could be the likely unintended consequence of not achieving the objective?</li> <li>• What systems are in place to ensure that all aspects of workforce are appropriately managed?</li> </ul> <p>The controls have been categorised under 5 headings:</p> <ol style="list-style-type: none"> <li>1. <b>Staff recruitment controls:</b> Activities which relate to the effective recruitment of staff.</li> <li>2. <b>Workforce Development Controls:</b> Activities which relate to the development of staff to fill skilled hard-to-recruit positions, ensuring staff have the skills required to fulfil their roles and supporting staff development as a means of reward and recognition.</li> <li>3. <b>Staff retention:</b> Activities relating to improving the work environment to increase staff engagement.</li> <li>4. <b>Absence Management:</b> Activities related to supporting staff attendance at work.</li> <li>5. <b>Review of Organisational Structures:</b> to ensure these are best matched to service development and business needs.</li> </ol> <p><b>1. Recruitment</b></p> <p>The vacancy factor for Manx Care remains high, per the December 22 People Analytics dashboard it is 22%, having fluctuated between 19 and 23% over the course of the year. Whilst recruitment initiatives including overseas and targeted recruitment via agencies in addition to the majority of Manx Care recruitment are being supported by the Office of Human Resources Talent Acquisition Team, it is an ongoing challenge to recruit in the current market for Health and Care Professionals. In July 2022 The House of Commons Health and Social Care Committee reported that ‘The National Health Service and the social care sector are facing the greatest workforce crisis in their history.’ The report also stated that ‘demand on the health and social care sector continues to grow relentlessly with an extra 475,000 jobs needed in health and 490,000 jobs needed in social care by the early part of the next decade’. Manx Care has a limited capacity to ‘grow its own’ and recruit staff locally. Therefore</p>			

it is reliant on recruiting from the UK and internationally to fill vacancies and is profoundly impacted by the Health and Care job market in the UK. The risk therefore remains high that recruitment initiatives will be insufficient to maintain staffing at the desired levels.

## **2. Workforce Development**

In-house development and support for obtaining professional qualifications play a small but important part in meeting the need for in-demand roles and improving job satisfaction and staff engagement by offering career paths and professional development. The majority of trainee posts are offered locally are in nursing with Keyll Darree currently supporting approximately 20 trainees per year with an aspiration to increase this number.

Reporting in mandatory training remains problematic however work has now been completed on aligning the e-Learn Vannin system with the organisational structure and work is ongoing on ensuring that specified training is clearly identifiable to Manx Care staff. The rate of non-attendance on booked training courses remains high at around 40% although the historically the most common reasons for non-attendance, where stated, was work commitments/can't be released although it should be noted that there was a high incidence of no reason being given.

## **3. Staff Retention**

There are a number of initiatives in place to develop culture and staff engagement albeit many of these are at a relatively early stage in terms of engendering a well-developed pan-organisational culture. However, in common with many organisations Manx Care has an aging workforce with almost 60% of the workforce being aged 45 or over and 24% being aged 55 or over. There is therefore significant potential for large scale losses from the workforce as staff in these groups reach a point in their lives when they are able to choose to retire. This is compounded by anecdotal evidence from staff that they are feeling 'burnt out' and demoralised. As noted above the ability to fill vacancies is constrained by a highly competitive job market and there is therefore a need to develop strategies to address the challenges of an aging workforce. The current volatile industrial relations/ environment and expressed dissatisfaction of staff with pay will also undoubtedly be having an effect on staff engagement.

## **4. Absence Management**

Overall, as at November 2022 worktime lost due to sickness absence was 6.8% which is the lowest recorded level since April 2021. It should be noted that the Health and Care sector typically experiences higher rates of absence than other employment sectors. Nonetheless, the absence rate experienced by Manx Care is higher than the rates typical for the UK NHS although it should also be noted that the statistics are not compiled on a like-for-like basis. The office of Human Resources works closely with managers to identify and address frequent short-term and long term absence with the aim of supporting staff to achieve full attendance and provides coaching and support to increase managers confidence in supporting staff with poor attendance, compassionately and consistently. Limited data is available on the implementation of management interventions such as back to work interviews and contact during periods of absence which are well-evidenced to support better attendance. Musculoskeletal and stress, anxiety and depression are consistently the predominant causes of absence and will frequently be indicated in cases of long-term absence. Support in these cases should be centred around prevention and early referral to support services such as occupational health.

## **5. Organisational structure and staffing complement matched to service needs.**

Manx Care has two significant targets for service development which are Primary Care at Scale and Integrated Care Service. Beyond this, service reviews tend to be small scale and localised and undertaken on an ad hoc basis in reaction to service pressures. In the absence of clear serviced models, related care pathways and consequent prediction of workforce requirements remains challenging.

## **Summary**

The overall objective for the Manx Care workforce can be summarised as achieving a stable workforce capable of delivering the health and care services required from Manx Care. There are significant obstacles to achieve this objective in view of the uncertainty of workforce availability and increasing demands on health and care systems. Should it not be possible to achieve this objective the consequences are likely to be multiple but including inability of Manx Care to deliver safe care and increasing pressure on staff and managers to juggle resources to fill gaps in staffing and service delivery.

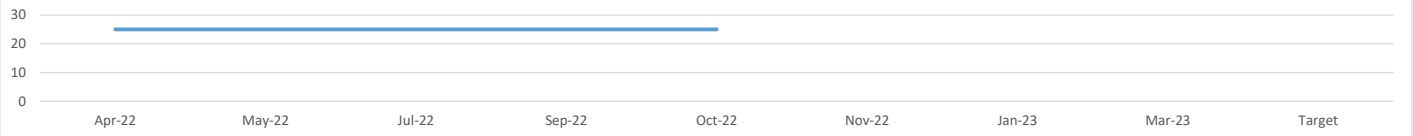
With regard to question as to what systems are in place to ensure that all aspects of workforce are appropriately managed, these are limited both in availability and use. Systems are available to record and report on staff absence (PiP) however at this point, for example, there no single system is used to record staff leave (PiP and Health Roster both used). Systems to record and report on mandatory training are in development. There are no automated systems which currently available to record and report on management interventions such as absence or performance management.

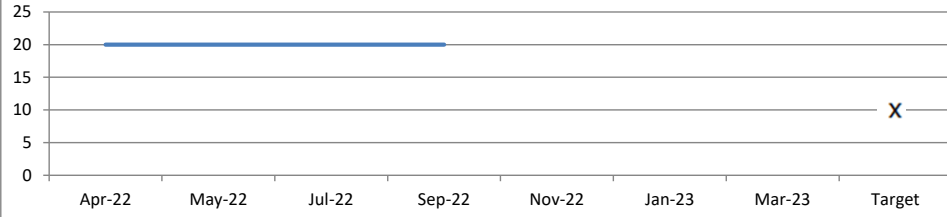
**Recommendation for the Board to consider:**

<b>Consider for Action</b>		<b>Approval</b>		<b>Assurance</b>	<b>x</b>	<b>Information</b>	<b>x</b>
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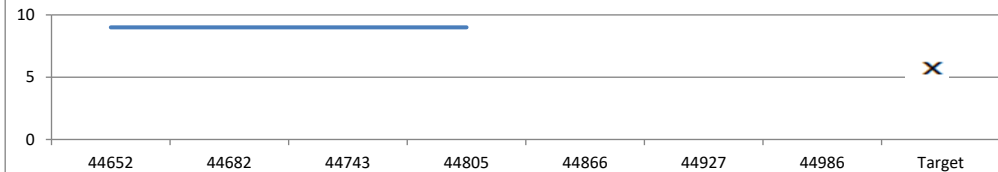


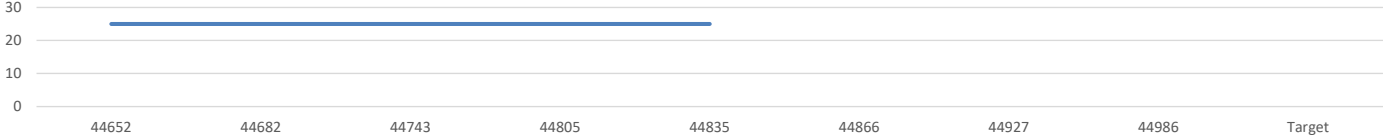
MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK													
3	Competition for staff leading to critical shortages.			Overall risk owner:		<div>Residual Risk Score</div> 				Amendment date:		Nov-22	
				Anne Corkill						Committee scrutiny:		People Comm.	
Which of the 2022-23 objectives may be impacted:										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 dr	x	8	Continuous improvement.	x					June '22: L x I		25	
3	Transforming health & sc	x	9	Workforce engagement and development.	x					Aug '22: L x I		25	
4	Corporate, clinical and social care governance.		10	Primary Care at scale.						Oct '22: L x I		25	
5	Transform urgent and en	x	11	Early interventions.						Dec '22: L x I			
6	Financial balance.		12	Environmental sustainability contribution.						Feb '23: L x I			
Related operational risks:													
#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.			Main Controls 1-6		Lead	Assurance re: effective control		Gaps in control		Gaps in assurance		Assurance RAG	
			1. Staff Recruitment Controls		Anne Corkill	1. Assurance re Recruitment Controls		1. Gaps in Recruitment Controls		1. Gaps in recruitment assurance.		No	
			Overseas recruitment via GTEC. Targetted recruitment via specialist agencies. Enhanced HR support for hard to recruit roles from Talent Acquisition Teams. Review of Vacancy data to ensure accuracy and enable clarity of recruitment priorities. Implementation of Agreed Manx Care Action Plan by OHR. Engagement of MIAA to assist in tartgetting recruitment to vacancies incurring additional cost Ongoing review of policies and procedures in relation to recruitment Maintenance of competitive terms and conditions to attract applicants			Recruitment via GTEC - Project Manager provides reports to Director of Nursing who provides periodic reports to the Board. Recruitment via DEVA - As above Review of vacancy data - vacancies reported in People Analytics monthly report to ELT, Board and People Committee. updates provided to HR Director and exception reports to ELT. Implementation of Action Plan by OHR - periodic papers on specific actions provided to ELT. Engagement of MIAA - Terms of reference and reporting mechanisms to be agreed. Policy review project plan - regular updates provided to staff and mangement sides via partnership forum. exception reporting to ELT and People Committee		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 services and the outcomes will impact upon workforce planning. No overarching strategic plan for recruitment		established routine reporting to board or sub-committees for following: Overseas recruitment; Talent Acquisition, work of MIAA.			
			2. Workforce Development Controls Leadership		Workforce & Culture team Anne Corkill/OHR Director of Nursing , Medical Director Director of Social Care	2. Assurance re Workforce Development Controls		2. Gaps in Workforce Development Controls		Managers depend on local spreadsheets to track mandatory training compliance with consequent limited ability to report through to Board.No formal mechanism established for reporting to Board on following: Nurse training and bursary. Support for GP trainees. Support for CESR route to consultant qualification. Social Worker trainee scheme NB all of above comprise relatively low numbers and are progressed at an operational level.			
			Academy Programme launched 2022 Revised Appraisal Scheme. Development of Mandatory Training Policy. E-Learn Vannin Data Cleanse. Nurse training and bursary. Support for GP trainees. Specialist training of GPs Support for CESR route to consultant qualification. Social Worker trainee scheme			Revised Appraisal Scheme -Progress reported by WF&C Team via monthly project plan updates to Transformation Steering Group, ELT, Board and People Committee Mandatory Training Policy - regular updates provided to staff and mangement sides of partnership forum. Exception reports to ELT, People Committee and Board Support for professional development of specific groups - exception reporting by relevant directors to Board		No strategic workforce plan, including succession plannning and skills gap analysis in place across organisation. The Workforce adn Culture Team are in the process of submittin a paper through Health Care Transformation Programme Board to seek approval for approach to skills audit, gap analysis and future workforce planning approach					
			3. Staff Retention		Workforce and Culture Team Job Evaluation Team/OHR	3. Assurance re Staff Retention Controls		3. GAPS in Staff Retention Controls		3. Gaps in Staff Retention Assurance.			
			Workforce and Culture Team programme of work to improve culture inc psychological safety Ongoing work to develop and embed CARE values Staff recognition schemes Development of freedom to speak up guardians and programme of work relating to equality diversity and inclusion Analysis of Exit interviews information to identify trends and inform corrective action Use of job evaluation scheme Development of Manx Care specific policies and procedures to support all staff.			Monthly project updates from workforce and culture team to Transformation Steering Group, People Committe, ELT and Board. Progress against policy review and development plan reported regularly to staff and management sides of partnership forum and by exception to ELT and Board. Monthly People Analytics Report provided to ELT, People Committee and Board.		Development of EDI Programme at an early stage. Not all polices and procedures up to date and/or published. Work on organsational culture at an early stage Information available on reasons staff exit organisation is extremely limited No strategy to engage and retain ageing workforce.		Measurement of improvements in staff retention not agreed. Difficulty in establishing an action plan in light of poor data from exit interviews and lack of strategy to retain an aging workforce means that these areas are not reported on.			
			4. Absence Management		HR Advisory Team	4. Assurance re Absence Management Controls		4. Gaps in Absence Management Controls		4. Gaps in absence management assurance			
			Review and targetting of support for long term and frequent short term absence by management in conjunction with OHR . Review of monthly absence data, cross referencing long term absence data with current OHR caseload and active communication with management regarding case management. Proactively setting up meetings to support managers. Conducting absence management/capability briefing sessions to improve management competence and confidence application of procedures Targeted interventions by H&S teams in response to trends.			Monthly people analytics reports provided to ELT, People Committee and Board. People analytics reports, monthly absence reports and OHR caseload supplied to relevant members of the Executive Leadership Team.		No automated mechanisms for monitoring application of absence management procedures Need to ensure routine reporting in relation to Health and Safety of staff to enable appropriate interventions..		Quantative data on absence rates and reasons is reported. No data is available on consistency of management actions to address absence eg back to work interviews			
			5. Organisational structure and staffing complement matched to service needs.		Anne Corkill	5. Assurance re Organisational Structure		5. Gaps in Organisational Structure review Controls		5. Gaps in Organisational Structure Assurance			
			Limited Term Appointments and vacany reports supplied to managers on a monthly basis. Ad hoc service reviews to determine best modesl of service delivery.			Regular reporting to board on progress in relation to integrated care and primary care at scale. Exception reporting on developments in organisational sturcture and proposals for structure and service redesign.		Organisation redesign which goes hand in hand with service redesign is undertaken on an ad hoc basis in response to percieved priorities such as patient demand or cost pressures or other revised service needs becoming evident.		Reactive nature of smaller scale service reviews mean that areas may be overlooked.			
			6. Financial balance.			6. Assurance re Financial Controls		6. Gaps in Financial Controls		6. Gaps in financial assurance.			
			7. Environmental sustainability contribution.			7. Assurance re Environmental Controls		7. Gaps in Environmental Controls		7. Gaps in environmental assurance.			
			8. Early interventions.			8. Assurance re Early Interventions		8. Gaps in Early Interventions		8. Gaps in early intervention assurance.			
			9. Workforce engagement and development.			9. Assurance re Workforce Engagement		9. Gaps in Workforce Engagement		9. Gaps in workforce engagement assurance.			

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK											
Failure to provide safe health care.	Which of the 2022-23 objectives may be impacted:			Overall risk owner:	<div>Residual Risk score</div> 					Amendment date:	Oct-22
				Paul Moore						Committee scrutiny:	QSE
										Committee	
				TARGET: L x I						5 x 2 = 10	
				May '22: L x I						5 x 4 = 20	
				June '22: L x I						5 x 4 = 20	
				Jul '22: L x I						5 x 4 = 20	
				Oct '22: L x I						5 x 4 = 20	
				Dec '22: L x I						5x3 = 15	
Feb '23: L x I											
Related operational risks:		Primary Controls		Lead	Positive Assurance: Satisfactory control		Negative Assurance: 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.		Quality Governance Arrangements		Paul Moore	1. Leadership structures in place and operating - L1 2. Evidence of regular monthly meetings and line of sight between Care Group/Operational Group/QSE and Board - L2 3. Establishments reviewed and in place for all wards and clinical departments. Health roster reset well underway and likely to conclude by December 2022 ahead of schedule - L2 5. Stable and reliable quality dashboard gives Manx Care insight into safety and quality performance, improvement and flags areas for improvement - L2 6. Effective incident reporting system in operation. Duty of Candour obligations are met. - L2 6. Effective serious incident handling procedures, outputs examined by QSE. Stable numbers and lower than expect volume of serious incidents in the year to date. Causal Factor Analysis established. No 'Never Events' for more than a year at Manx Care. 8. Risk Management policy and process now in place, risk Management Committee operational since October 2022, all Care Group and Corporate function risk registers are now under review. 13. CQC have recognised safeguarding improvements - L3 14. Deteriorating patient reports in October 2022 indicate strong compliance and sustained improvement in timeliness of vital sign measurements - L2		4. Volume of out of date policies, procedures and guidelines remains a concern, harmonisation of shared service policies to address the needs of Manx Care remains a concern, access to policies and procedures for some staff is complicated and not intuitive (those using Windows 10 for example cannot use links in the same way) - L2 7. Complaints responsiveness is not yet under prudent control. Manx Care has a set of improvement actions underway to clear a backlog of long-standing complaints, to instil ownership and control at Care Group level, and to improve timeliness of responses - L2 8. Risk Manager substantive recruitment unsuccessful at first pass - L1 9. Mandatory training is not yet under prudent control. OHR are leading on the redesign of the system of mandatory training. New policy has been agreed, but will require implementation. E-Learnvannin and PiP systems need better integration to support Manx Care's needs - L2 10. International recruitment is underway, but volume of recruits starting is lower than expected/needed (n=31 in Noveber 2022). Efforts continue to increase recruits and numbers of staff - L3 11. Vacancies and sickness results in substantial gaps in the workforce meaning we continue to be reliant on high bank and very high agency usage to deliver safe care. Although even thses contingencies are becoming unreliable to fill gaps - L2 12. CQC have identified concern in respect of control over equipment replacement and maintenance upon which front line practitioners depend. This is subject to actions to be set out in the CQC action plan and will be led by the Director of Infrastructure - L3 13. Mixed picture in CQC reports - in some cases CQC highlight the improvements being made and safeguarding leadership, but also draw Manx Care's attention to the adequacy or maturty of safeguarding proecedures in clinical practice - L3 14. 23% of patient's who demonstrated signs of clinical deterioration did not receive the correct response to escalation in October 2022 (this is an improvement and is improving, but remains short of expected standards of clinical practice) - L2		13. Audit the adequacy of safeguarding procedures for vulnerable adults and children		R
		Clinical Audit & Clinical Effectiveness		Sree Andole	1. Medical leads (Associated Medical Directors X2 and Medical Examiners X2) appointed to clinical audit roles, reporting to the Executive Medical Director - L1 2. Established Clinical Audit Committee which has reinstated regular meetings - L1 3. Audit programme for 201/22 in place - L2 4. Audit programme monitored by the Operational Quality Governance Group		1. Dependent upon one Clinical Audit Officer to meet Manx Care's clinical audit needs; a single point of failure that is likely not sufficient to meet the Board's assurance needs - L1 3. Very limited audit activitiy linked to UK national audit requirements, this can impede effective clinical benchmarking and comparison - L2 5. No Clinical Audit Policy or Clinical Effectiveness Strategys is yet in place - L2 6. Manx Care is not yet achieveing the volume of mortality reviews required by local standards. In October 2022 77% of deaths were not reviewed within a month - L2.		5. Clinical coding 5. Clinical benhmarking availability 5. Clinical outcomes for priority conditions		A
If MC does not communicate, engage effectively and respond to service users concerns in the planning and delivery of care, stakeholders may be dissatisfied with the service provided and may not meet the needs of local communities.		Service User Experience, Engagement & Involvement		Paul Moore	1. MCALS in place and operational. Achieving 92% of concerns raised being resolved on the spot in October '22. 2. Manx Care has established links at the Western Wellbeing Centre, Southern Wellbeing Centre and Northern Wellbeing Centre - 25 contacts made in October '22 - held coffee morning to promote MCALS. Specific drive to enage with those who are learning disabled, autism initiatives, Breathe Easy IOM, voluntary organisations - L1 3. FFT has been rolled out to all areas of Manx Care from August 2022. 63% of services users currently rate the service as very good or good in October '22. 5. User representation via HCC at QSE, F&P and Mandate Assurance meetings now established		2. No independent advocacy service on Island - L1 4. Complaints responsiveness is not yet under prudent control. Manx Care has a set of improvement actions underway to clear a backlog of long-standing complaints, to instil ownership and control at Care Group level, and to improve timeliness of responses - L2		None		A

## MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

1b Failure to provide safe social care.		Overall risk owner: Sally Shaw	Residual Risk score				Amendment date: Dec-22	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.		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	4 x 4 = 16
3 Transforming health & social care delivery.	x	9 Workforce engagement and development.					Aug '22: L x I	4 x 4 = 16
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	3x4 = 12
6 Financial balance.	x	12 Environmental sustainability contribution.	x				Feb '23: L x I	
Related operational risks:	Main Controls 1-6	Lead	Positive Assurance: Satisfactory control	Negative Assurance: Gaps in control	Gaps in assurance	Assurance RAG		
A range of risks with a particular focus on workforce capacity, workforce succession planning, placement capacity for children and young people and pressures on respite care. These risks in turn link to the criminal exploitation of young people, together with inadequate processes and capacity to safely function as a provider of last resort	<b>Policy governance</b> 1. Review, update and draft of policy suite 2. Robust process for ratification of policies, with oversight at Exec level 3. Partnership working with the Safeguarding Board in respect of policy development and review in relevant areas of Adults and C&F	Sally Shaw	1. The review and completion of the suite of policies governing social care is a current project in 2022-23. Progress has been made with ratification of policies focussing on falls and a procedure for ENPLUG usage - L1 2. 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. The updated Complaints Regulations and accompanying policy are a positive move towards a more joined-up approach in complaint handling across Social Care - L2 3. The Safeguarding Board has commissioned external support to review and develop safeguarding policy and practice across Adults and C&F, with a number of policies being signed off - L3	1. Whilst the policy suite remains incomplete, it does not cover the wide range of areas required nor can it be consistently applied. A number of policies are out of date, some significantly so, within the Adult Social Care/Social Work Policy Index. C&F use an online provider TriX to store policies and procedures, which are publically visible. The lack of a joined-up policy index which is freely accessible by all Care Group staff is sub-optimal - L1	2. There can be a disconnect between the clinical and care OCGs - this means that policy ratification is sometimes disjointed - L2	A.		
	<b>Training</b> Mandatory and role-specific training covering a range of areas, from information governance to RQF training qualifications	Louise Hand	There is some reporting functionality in eLearn Vannin around mandated and role-specific training courses, where managers can see via a dashboard the courses direct reports have undertaken - L1	The curriculum for 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 - L2 Reporting processes for training compliance within OHR do not appear to be over-arching or joined up, with the structure in eLearn not matching that within PIP - L2	The current eLearning system is not user friendly and appears to be running on an out of date, no longer supported browser. The 'mandatory' training is not tailored by role or Care Group. Concern has been raised with OHR around these particular issues - L2	A.		
	Design and launch the multi-agency safeguarding hub (MASH)	Julie Gibney	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 have been consulted re data sharing conventions. A MASH Implementation Group of key colleagues has been meeting since Sept 2022 to move the project forward, with a location for the MASH now identified and agreed - L3	There is no budget for the pilot of this work, if works are required to Murray House to facilitate the accommodation of the MASH this is a potential stumbling block - L3 (as this is potentially dependent on DOI budget resource)		G.		
	Functional design, consistent application and effective operation of the Scheme of Delegation	Louise Hand	Review of existing Schemes of Delegation will commence during 2022, alongside introduction of Schemes where there are currently gaps. Adult Social Work have introduced a Resource Panel to ensure robust governance and oversight of packages of care, with target outcomes outlined in a Terms of Reference. Work is ongoing in this area to embed this new way of working, which is heavily reliant on team/group manager level quality assurance of proposals to ensure consistency and consideration of value to the public purse - L1	Some high cost packages of care for individuals have previously been approved via unclear and inconsistent authorisation processes.	The success of Resource Panel is being monitored to ensure there is no drift from the Terms of Reference. At present, the ToR are not being fulfilled due to the lack of managers in Adult Social Work managers to provide the required quality assurance - L1	A.		
	Complete, communicate and consistently apply a suite of standard operating procedures across adult social care.	Michele Mountjoy	Work is ongoing with Care, Quality & Safety to ensure that suite of policies are updated and accessible by all staff within Social Care - L1	Until all procedures have been ratified by a group of appropriate subject matter experts, there remain gaps in control effectiveness.		A.		
	Adding resilience and capacity to the provider of last resort facilities and capabilities within Manx Care.	Jonathan Carey	Social Care team meet regularly with management in externally commissioned partners; care homes are subject to inspection; CQC feedback on the 'Caring' standard was positive across Adult Social Care. An inspection by Ofsted is planned for Children & Families for 2023, work is underway to prepare for this - L3 Recruitment is ongoing for foster carers to add resilience in this area, there have been some positive moves in respect of recruitment to key roles within the Family Placement Service to ensure that carers are adequately supported - L1	It remains very challenging to place a sibling group in residential care - L2 Manx Care has little / no current resource to bridge any capacity gap created by the withdrawal of any private sector or charitable provider - L3	The short notice periods most third sector / private care services work to poses a risk in terms of unsafe or inappropriate placements in the event of provider failure. ASC are struggling in respect of staffing and infrastructure and could not reasonably at this time function as a provider of last resort - L2	A.		

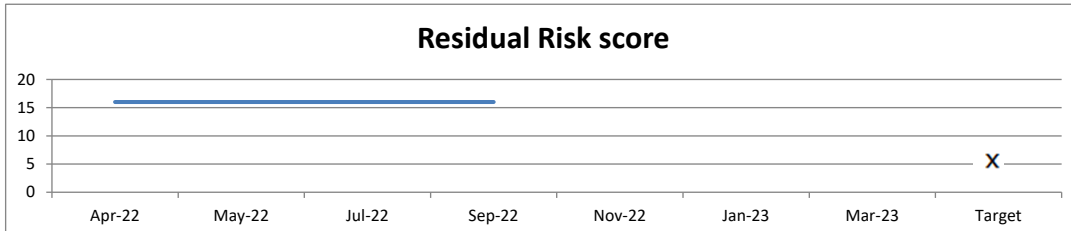
MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK										
2	Overwhelming demand.		Overall risk owner: Oliver Radford		<div>Residual Risk score</div> 				Amendment date: May-22 Committee scrutiny: FPC Committee	
Which of the 2022-23 objectives may be impacted:										
1 Covid-19 response.		x	7 Reducing waiting times.		x					
2 Service user feedback drives improvement.		x	8 Continuous improvement.		x					
3 Transforming health & social care delivery.		x	9 Workforce engagement and development.		x					
4 Corporate, clinical and social care governance.			10 Primary Care at scale.		x					
5 Transform urgent and emergency care.		x	11 Early interventions.							
6 Financial balance.			12 Environmental sustainability contribution.							
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 is 25%		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 continues to follow JCVI guidelines around programmes of delivery, with the Spring Booster commencing in March 2022 and the Autumn Booster commencing in September 2022. Currently around 45% of the eligible population have elected to take the Autumn Booster offer which is on par with the UK. The vaccine programme continues to be managed via a weekly operational group, with preparations underway to transition the Covid Vaccination Programme to Primary Care in April 2023. The Manx Care Covid 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. In the past 6 months, no escalation beyond level 1 has been reported which is indicative of moving to an endemic approach in April 2022. However additional resources have been requested within the Manx Care Winter Plan which will allow escalation of spot purchasing of temporary placements within the residential/nursing home sector should numbers of Covid patients in hospital increase on top of general winter pressures.		The resources for Covid vigilance and vaccination are currently funded only up until Q3 22/23, with no secured funding for Q4.  Transition of Covid vaccinations to Primary Care is in its earliest of stages with no funding for the programme agreed for 23/24.  Funding for the Winter Plan and escalation of spot purchasing capabilities not yet funded		The systematic capture of timely, high quality date on health and social care remains to be achieved.	A.
		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 data on this topic is improving however significant progress needs to be made particularly around data validation, automation, reporting and effective use of this information to drive change/improvement	A.
		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.		The Urgent and Emergency Care Transformation Programme is currently on pause until April 2023 to enable resources to be focussed on the Manx Care/DHSC financial situation. Whilst some projects are continuing outside of the remit of the transformation programme, such as Intermediate Care, Hear and Treat and Same Day Emergency Care, funding is being sourced for each project separately rather than as an integrated programme.		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.	R.
		4 Capacity and demand planning		Oliver Radford	Appointment of Head of Performance who will provide leadership on the roll out of demand and capacity analysis and ongoing monitoring - additional external support will be required to undertake demand and capacity analyses for all services in a timely way to inform service development plans/business cases or areas of focus around productivity. Service sustainability review is underway within Transformation to determine which services can be sustainably delivered on island and which services need to be delivered off island within tertiary centres due to low volume or complexity. 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, cataract and general surgical capacity - additional £18.3m of recovery and restoration funding secured in October 2022 to reduce a number of surgical waiting lists down to 6 weeks or less by June 2023.		Demand and capacity analysis has commenced however there is limited resources to undertake this at scale without investment in some external support pending expansion of the performance team.		Poor data quality will impact the ability to undertake highly accurate demand and capacity analysis in the first instance however validation of waiting lists and review of all outpatient clinic templates is ongoing in order to refine the process.	A.
		5 Winter Planning		Oliver Radford	The Winter Period is traditionally a time of significantly increased pressure on the non-elective pathway from people suffering winter illnesses as well as increased falls and exacerbation of the symptoms of frailty. This year is also likely to be impacted by the increased cost of living where the vulnerable may have to make the difficult choice of heating their home or eating healthily.  A winter planning document has been developed to outline mitigations that Manx Care will be implementing to reduce the impact of the winter period - some of these initiatives will require funding and a bid has been submitted to the DHSC contingency fund. These initiatives include expanding the presence of ED consultants for 16h per day, development of a dedicated outliers team to review medical patients who are resident in surgical wards, earlier implementation of the frailty unit and a robust media campaign outlining the alternative methods of receiving care such as use of Pharmacies and the Minor Eye Condition Service as well as MIU and MEDS.  Other initiatives are proceeding independent of funding such as the ringfencing of elective activity via the Restoration & Recovery programme.		Funding decision not yet received from DHSC.		Quality and availability of data has impacted on our ability to accurately predict the impact of winter on Manx Care services however this will be collected in more detail in year so planning can improve for subsequent winter periods	R.

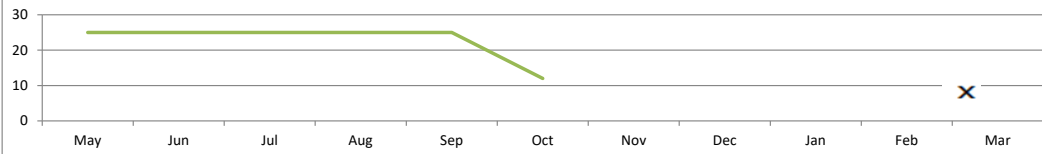
MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK													
3	Competition for staff leading to critical shortages.			Overall risk owner:		Residual Risk Score				Amendment date:		Nov-22	
				Anne Corkill						Committee scrutiny:		People Comm.	
Which of the 2022-23 objectives may be impacted:										TARGET: L X I		9	
1	Covid-19 response.	x	7	Reducing waiting times.	x					May '22: L x I		25	
2	Service user feedback c	x	8	Continuous improvement.	x					June '22: L x I		25	
3	Transforming health &	x	9	Workforce engagement and development.	x					Aug '22: L x I		25	
4	Corporate, clinical and social care governance.		10	Primary Care at scale.						Oct '22: L x I		25	
5	Transform urgent and €	x	11	Early interventions.						Dec '22: L x I		25	
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.			<b>1. Staff Recruitment Controls</b>  Overseas recruitment via GTEC. Targetted recruitment via specialist agencies. Enhanced HR support for hard to recruit roles from Talent Acquisition Teams. Review of Vacancy data to ensure accuracy and enable clarity of recruitment priorities. Implementation of Agreed Manx Care Action Plan by OHR. Engagement of MIAA to assist in tartgetting recruitment to vacancies incurring additional cost Ongoing review of policies and procedures in relation to recruitment Maintenance of competitive terms and conditions to attract applicants		Anne Corkill	<b>1. Assurance re Recruitment Controls</b> Recruitment via GTEC - Project Manager provides reports to Director of Nursing who provides periodic reports to the Board. Recruitment via DEVA - As above Review of vacancy data - vacancies reported in People Analytics monthly report to ELT, Board and People Committee. Project updates provided to HR Director and exception reports to ELT. Implementation of Action Plan by OHR - periodic papers on specific actions provided to ELT. Engagement of MIAA - Terms of reference and reporting mechanisms to be agreed. Policy review project plan - regular updates provided to staff and mangement sides via partnership forum. exception reporting to ELT and People Committee		<b>1. Gaps in Recruitment Controls</b> 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 services and the outcomes will impact upon workforce planning. No overarching strategic plan for recruitment		<b>1. Gaps in recruitment assurance.</b> No established routine reporting to board or sub-committees for following: Overseas recruitment; Talent Acquisition, work of MIAA.		<b>R.</b>	
			<b>2. Workforce Development Controls</b> <b>Academy Programme launched 2022</b> <b>Revised Appraisal Scheme.</b> Development of Mandatory Training Policy. E-Learn Vannin Data Cleanse. <b>Nurse training and bursary.</b> <b>Support for GP trainees.</b> <b>Speciaist training of GPs</b> Support for CESR route to consultant qualification. Social Worker trainee scheme		Leadership Workforce & Culture team Anne Corkill/OHR Director of Nursing , Medical Director Director of Social Care	<b>2. Assurance re Workforce Development Controls</b> Revised Appraisal Scheme -Progress reported by WF&C Team via monthly project plan updates to Transformation Steering Group, ELT, Board and People Committee Mandatory Training Policy - regular updates provided to staff and mangement sides of partnership forum. Exception reports to ELT, People Committee and Board Support for professional development of specific groups - exception reporting by relevant directors to Board		<b>2. Gaps in Workforce Development Controls</b> No strategic workforce plan, including succession plannning and skills gap analysis in place across organisation. The Workforce adn Culture Team are in the process of submittin a paper through Health Care Transformation Programme Board to seek approval for approach to skills audit, gap analysis and future workforce planning approach		Managers depend on local spreadsheets to track mandatory training compliance with consequent limited ability to report through to Board.No formal mechanism established for reporting to Board on following: Nurse training and bursary. Support for GP trainees. Support for CESR route to consultant qualification. Social Worker trainee scheme NB all of above comprise relatively low numbers and are progressed at an operational level.		<b>R.</b>	
			<b>3. Staff Retention</b> <b>Workforce and Culture Team programme of work to improve culture inc psychological safety</b> <b>Ongoing work to develop and embed CARE values</b> <b>Staff recognition schemes</b> <b>Development of freedom to speak up guardians and programme of work relating to equality diversity and inclusion</b> <b>Analysis of Exit interviews information to identify trends and inform corrective action</b> <b>Use of job evaluation scheme</b> <b>Development of Manx Care specific policies and procedures to support all staff.</b>		Workforce and Culture Team Job Evaluation Team/OHR	<b>3. Assurance re Staff Retention Controls</b> Monthly project updates from workforce and culture team to Transformation Steering Group, People Committe, ELT and Board. Progress against policy review and development plan reported regularly to staff and management sides of partnership forum and by exception to ELT and Board. Monthly People Analytics Report provided to ELT, People Committee and Board.		<b>3. GAPS in Staff Retention Controls</b> Development of EDI Programme at an early stage. Not all polices and procedures up to date and/or published. Work on organsational culture at an early stage Information available on reasons staff exit organisation is extremely limited No strategy to engage and retain ageing workforce.		<b>3. Gaps in Staff Retention Assurance.</b> Measurement of improvements in staff retention not agreed. Difficulty in establishing an action plan in light of poor data from exit interviews and lack of strategy to retain an aging workforce means that these areas are not reported on.		<b>R.</b>	
			<b>4. Absence Management</b> Review and targetting of support for long term and frequent short term absence by management in conjunctction with OHR . Review of monthly absence data, cross referencing long term absence data with current OHR caseload and active communication with management regarding case management. Proactively setting up meetings to support managers. Conducting absence management/capability briefing sessions to improve management competence and confidence appplication of procedures Targeted interventions by H&S teams in response to trends. <del>Well defined policies and procedures to support absence management</del>		HR Advisory Team	<b>4. Assurance re Absence Management Controls</b> Monthly people anlytics reports provided to ELT, People Committee and Board. People analytics reports, monthly absence reports and OHR caseload supplied to relevant members of the Executive Leadership Team.		<b>4. Gaps in Absence Management Controls</b> No automated mechanisms for monitoring application of absence management procedures Need to ensure routine reporting in relation to Health and Safety of staff to enable appropriate interventions..		<b>4. Gaps in absence management assurance</b> Quantative data on absence rates and reasons is reported. No data is available on consistency of management actions to address absence eg back to work interviews		<b>R.</b>	
			<b>5. Organisational structure and staffing complement matched to service needs.</b> Limited Term Appointments and vacany reports supplied to managers on a monthly basis. Ad hoc service reviews to determine best model of service delivery.		Anne Corkill	<b>5. Assurance re Organisational Structure</b> Regular reporting to board on progress in relation to integrated care and primary care at scale. Exception reporting on developments in organisational strcture and proposals for structure and service redesign.		<b>5. Gaps in Organisational Structure review Controls</b> Organisation redesign which goes hand in hand with service redesign is undertaken on an ad hoc basis in response to percieved priorities such as patient demand or cost pressures or other revised service needs becoming evident.		<b>5. Gaps in Organisational Structure Assurance</b> Reactive nature of smaller scale service reviews mean that areas may be overlooked.		<b>R.</b>	



## MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

4 Major incident		Overall risk owner: Oliver Radford	Residual Risk score				Amendment date: May-22
Which of the 2022-23 objectives may be impacted:							Committee scrutiny: FPC Comm
1 Covid-19 response.	x	7 Reducing waiting times.					TARGET: L X I 6
2 Service user feedback drives improvement.	x	8 Continuous improvement.					May '22: L x I 16
3 Transforming health & social care delivery.		9 Workforce engagement and development.					June '22: L x I 16
4 Corporate, clinical and social care governance.		10 Primary Care at scale.					Aug '22: L x I 16
5 Transform urgent and emergency care.	x	11 Early interventions.					Oct '22: L x I 16
6 Financial balance.		12 Environmental sustainability contribution.					Dec '22: L x I 16
							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 Gareth Davies and committee feeds into EMC. Manx Care Emergency Planning Manager commenced in post in May and has commenced development of a number of table top exercises in conjunction with the wider government as well as reviewing the underlying policy framework around emergency planning to ensure it is applicable across all of Manx Care and dovetails with wider government policies and plans such as the IOM Government Major Incident Response Plan. 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.	Significant gaps in major incident planning and policy across Manx Care, particularly areas outside of the hospital however these are being addressed by the new Emergency Planning Manager	Most service areas within Manx Care have not been through any major incident planning or preparedness exercise therefore our response is not tested. An annual exercise plan is being developed which will involve all service areas as part of an integrated organisation wide response to a major incident	R.
	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 responded. The TT promoter has sponsored development of the safety management system however this was not used during TT 2022 due to lack of time to implement fully. Manx Care formulated a written plan for TT 2022 outlining 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. This plan was used as a basis for the Manx Grand Prix plan for 2022 and will be adapted for 2023 however will need to be changed to match the new TT format. Changes in structure of the TT for 2023 may change the	Lack of safety management system (SMS) for TT event - inability for Manx Care to link in plans with the SMS. Assured delivery of SMS in 2023	Reduced availability of agency staff across the UK due to national staffing challenges and increased demand due to significant recovery and restoration projects have resulted in difficulty in attracting sufficient additional staff in order to cope with increases in demand during TT2022	A.
	3. Business continuity planning		Oliver Radford	Governance and response arrangements are designed, reviewed and tested under the auspices of the Emergency Planning Committee. Newly appointed Manx Care Emergency Planning Manager has been reviewing business continuity arrangements within several NHS Trusts as well as in Guernsey to identify areas of best practice in terms of policy framework and operational delivery of business continuity planning. Government wide system in place within Guernsey would most appropriately fit the IOM requirements and a paper is being considered at the Government Emergency Planning Strategic Group in December. Pending a decision on government wide roll out will determine the route that Manx Care takes to roll out a standardised business continuity planning framework across the organisation	Lack of Business Continuity Planning policy.  Lack of a central repository of all business continuity plans for services and locations across Manx care is yet to be established.	Although there are pockets of business continuity planning being done across the organisation (particularly social care) there is no central record of completion of plans or repository of documents.	R.

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK													
5	Loss of stakeholder support & confidence		Overall risk owner:	<div>Residual Risk score</div> 			Amendment date:	May-22					
			Teresa Cope				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	4 x 4 = 16	
	3 Transforming health & social care delivery.	x	9 Workforce engagement and development.								Sep '22: L x I	4x4 = 16	
	4 Corporate, clinical and social care governance.	x	10 Primary Care at scale.				x				Oct '22: L x I	4x4 = 16	
5 Transform urgent and emergency care.	x	11 Early interventions.					Dec '22: L x I	4x4 = 16					
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 (monthly) 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. Health & Care Partnership Board (quarterly). Board to Board meetings.	A
								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). Strong engagement in safeguarding arrangement and leading multi-agency safeguarding hub	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 now a formal member of the Island's extended 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, AGC's.	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. Regular meetings with shared services take place with the contracting team	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. Fortnightly <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. CEO back to the floor sessions and 'ask me anything' sessions to gain insight and feedback from staff. EDI forum launched and chaired by the CEO Cultural improvement action plans in place which are monitored by the Board. Partnership board with staff side representatives held monthly A Communications & Engagement Plan is due to be reviewed and approved by the Board	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. Manx Care to join CMAST Acute Collaborative in the North West	Notes of tertiary provider and network meetings yet to feed into Manx Care governance processes. No formal strategic partnerships in place.	Report of strategic partnership activity to come to the Manx Care Board quarterly	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. Communications and Engagement strategy in place	Media channels cannot be controlled - Manx Care aims only to ensure our voice is represented accurately and heard. Manx Care is not always aware of communications relative to its services or wider health and care matters across government and vice versa	Manx Care to have closer engagement with Central Cabinet offices communications. Board to be provided with oversight of media activity each month and whether this is positive, neutral or negative to inform future communication strategy and tactical activity.	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> . CEO and senior officers regularly meet with with key charities acrodd the		A paper on Manx Care engagement with coluntary and charity sector to be provided to QSE Committee Q2 calendar '22.	G.

6 Failure to achieve financial sustainability.			Overall risk owner: Jackie Lawless		<div>Residual Score</div> 										Amendment date: Oct-22	
Which of the 2022-23 objectives may be impacted:															Committee scrutiny: FPC Comm	
1 Covid-	x	7 Reducing waiting times.	x											TARGET: L x I 9		
2 Service user feedback drives improvement.		8 Continuous improvement	x											May '22: L x I Residual Score		
3 Transl	x	9 Workforce engagement a	x											June '22: L x I 25		
4 Corpo	x	10 Primary Care at scale.	x											Aug '22: L x I 25		
5 Transl	x	11 Early interventions.	x											Oct '22: L x I 12		
6 Finant	x	12 Environmental sustainabi	x											Dec '22: L x I 12		
															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 likley 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.			A			
#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. Investment has been made in performance management function which will enable the development of better performance data Transformation are preparing a plan to develop an Activity Based Costing model to allow better understanding of resource requirements			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. The detail of the review is awaited, however any change is likley to take significant time to complete so will not have an immediate impact			A			
		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 have been 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 unexpetedly 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 likley 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			A			
		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, 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.			A			
		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.  New initiatives are also generating ongoing cost pressures for Manx Care, funding for which has not been agreed by Treasury. Transformation may seek commitment from Manx Care to pump prime or fund an initiative or activity for a greater period than the financial settlement that DHSC has provided Manx Care with.  Without longer term financial planning, Manx Care cannot adequately plan to grow services.			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.			R			
		6. Adressing 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 corect 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 requiriements 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 likley to take some time - a number of years - to generate efficiencies to cover required investment			A			
		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 Full Internal Audit review of Financial Controls underway with findings expected in Dec '22			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 . More recently, additional resource has been funded by Transformation to accelerate the delivery of the CIP Programme to deliver a total of £10m savings in 22/23 rather than the target savings of £4.3m  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 unforseen.  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			A			



## **Chair's Report Manx Care Board Meeting in Public**

**9 January 2023**

### **Island visits**

This is my twenty fifth Island visit and on the previous occasion I had the privilege of meeting the returned Minister for Health and Social Care, Lawrie Hooper. I also met the Cabinet Secretary, Caldric Randall and head of OHR, Julie Bradley.

The highlight of my December visit was spending a Monday morning shadowing Dr Oliver Ellis at Peel Surgery, as he triaged the incoming requests from patients that day. Working with an ANP, he returned around 100 calls, providing repeat prescriptions, sick notes, telephone advice and booking face to face appointments. Depending on urgency, these ranged from the same day to up to two weeks' time. It was a fascinating insight into the busy world of Primary Care under Dr Ellis's expert and caring guidance.

On this visit I will be attending a Finance Round Table, facilitated by KPMG, to look at how longer term demand for healthcare and funding can be balanced.

### **Public Meetings**

This is our first Public meeting of the year and as previously, we want to hold these meetings all round the island. It is not easy to find suitable venues and we welcome any suggestion, questions, and comments.

Andrew Foster 3 January 2023

 <b>manx care</b> Kiarail Vannin	<b>SUMMARY REPORT</b>		<b>Meeting Date:</b> 10 <sup>th</sup> January 2022	
			<b>Enclosure Number:</b>	

<b>Meeting:</b>	<b>Manx Care Board</b>		
<b>Report Title:</b>	<b>Chief Executive Report and Horizon Scan.</b>		
<b>Authors:</b>	Teresa Cope, Chief Executive Officer		
<b>Accountable Director:</b>	Teresa Cope, Chief Executive Officer		
<b>Other meetings presented to or previously agreed at:</b>	<b>Committee</b>	<b>Date Reviewed</b>	<b>Key Points/ Recommendation from that Committee</b>

### Summary of key points in report

- Vaccination uptake of 56.5% had been reached of the eligible cohort. The UK is currently reporting uptake of 59.8%
- Plans for the Spring booster programme are awaited from the Joint Committee on Vaccination and Immunisation (JCVI), however preparations are underway to continue to offer the Covid vaccination via a centralised Vaccine Service established by Manx Care.
- Winter 22/23 is proving to be by far the most challenging winter period for the NHS in the UK, and this is being reflected within the Isle of Man – since the 1<sup>st</sup> December, the ‘official’ start of winter by NHS definition, we have had eight days where the Operational Pressure Escalation Level (OPEL) has reached 4, our highest level of escalation due to a combination of staffing and demand pressures. A Winter Plan has been developed and approved by Exec Team, Performance Delivery Group and Executive Management Committee and funding for the plan confirmed by the DHSC on 22<sup>nd</sup> December.
- Manx Care made a further formal update on progress to the Information Commissioner on the 23<sup>rd</sup> December to report on progress against the actions in response to the Penalty Notice issued to Manx Care on the 13<sup>th</sup> July 2022. All action remain on track and significant progress has been made in the last 6 weeks.
- Manx Care’s Theatres at Nobles Hospital has achieved successful accreditation by the Association of Perioperative Practice (AfPP) following an accreditation re-visit of Nobles main theatre complex on the 28<sup>th</sup> and 29<sup>th</sup> of September 2022.
- A review of the provision of respite services for children with complex needs will commence in January 2023. The review will be undertaken by an external expert (disability awareness) and will report back no later than 31<sup>st</sup> March 2023.

- The IOM Government has launched 'a great place to work' programme which Manx Care CEO is involved in via Extended Chief Officers Group (COG). Going forward updates on this programme will be provided to the People Committee

#### Recommendation for the Committee to consider:

Consider for Action ☐ Approval ☐ Assurance ☒ Information ☒

The Board is asked to consider the content of the paper and seek any further information or assurance on the content.

Is this report relevant to compliance with any key standards? YES OR NO		State specific standard
IG Governance Toolkit	Yes	The report included an update on Information Governance actions in response to the penalty notice issued by the ICO in July 2022.
Others (pls specify)		
Impacts and Implications?		YES or NO
Patient Safety and Experience	No	
Financial (revenue & capital)	Yes	Winter Plan has been funded from DHSC contingency funding.
OD/Workforce including H&S	No	Non achievement of the milestone plan for Information Governance in response the penalty notice will result in the penalty notice of 170.5K being enforced.
Equality, Diversity & Inclusion	No	
Legal	No	

## Section 1: Purpose and Introduction

### Background

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

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

**The Horizon Scan for December is attached at Appendix 1.**

## Section 2: Vaccination Programme Update

### 2.1 Executive Lead: Director of Operations

The Autumn Booster programme commenced on the 5<sup>th</sup> September, in line with the commencement of the programmes across England and the devolved nations, with over 80s and health and care staff initially invited to receive their vaccine, by appointment letter or online booking. The new Spikevax bivalent booster vaccine has been offered to all people electing to receive the vaccine, which contains specific protection against the Omicron variant as well as the original Wuhan strain of Covid-19. All eligible cohorts have now been offered a vaccine however anyone wanting to be vaccinated are able to book online into an available vaccine clinic.

On Tuesday 3<sup>rd</sup> January, the team reported an uptake of 56.5% had been reached of the eligible cohort. The UK is currently reporting uptake of 59.8%

Plans for the Spring booster programme are awaited from the Joint Committee on Vaccination and Immunisation (JCVI), however preparations are underway to continue to offer the Covid vaccination via a centralised Vaccine Service established by Manx Care. This would be a permanent service that would offer the Covid-19 Vaccination as well as provide a quality assurance function for all vaccination programmes delivered across the Isle of Man.

## Section 3: Winter Planning and Delivery

### 3.1 Executive Lead: Director of Operations

Winter 22/23 is proving to be by far the most challenging winter period for the NHS in the UK, and this is being reflected within the Isle of Man – since the 1<sup>st</sup> December, the 'official' start of winter by NHS definition, we have had eight days where the Operational Pressure Escalation Level (OPEL)

has reached 4, our highest level of escalation, and an internal critical incident was initiated on the 2<sup>nd</sup> January 2023, due to a combination of staffing and demand pressures. These demand pressures have been due to a combination of significant community spread of Flu A, resulting in inpatient admission in some elderly patients and those with clinical co-morbidities, combined with a high demand from people displaying multiple syndromes of frailty.

A Winter Plan has been developed and approved by Exec Team, Performance Delivery Group and Executive Management Committee and submitted to the DHSC for consideration in November.

The plan includes schemes that will provide;

- Alternative pathways to the deployment of a 999 ambulance for lower acuity calls,
- Development of alternative pathways other than admission to an inpatient bed,
- Increase in senior decision making capacity in the hospital,
- Bringing forward the development of an Acute Frailty Ward, meaning a reduced length of stay for those patients who are admitted due to syndromes of frailty.
- Comprehensive comms strategy to provide the public with more information on what alternative urgent care offers are available such as Minor Ailment Service (delivered by Community Pharmacies), Minor Eye Condition Service as well as MEDS and MIU.

Agreement of funding was received from the DHSC on the 22<sup>nd</sup> December with funding being available until the 31<sup>st</sup> March 2023. Actions contained within the plan were quickly initiated such as the search for locum staff to provide additional support within the Emergency Services Joint Control Room (Hear and Treat – this scheme has also been funded more long term from 1<sup>st</sup> April)) and additional staff for both ED and the Noble's ED Minor Injuries Unit (known as MACU) as well as increased communications around choosing well around accessing urgent healthcare.

Despite this significant increase in non-elective demand, we are doing our best to ensure that all programmed Synaptik activity will proceed without any disruption so we can maintain our trajectory for elective waiting list recovery as per the Restoration and Recovery Phase 2 plan.

## Section 4: Information Governance Update

### Executive Lead: Chief Executive Officer

#### 4.1 Response to Penalty Notice – issued 13<sup>th</sup> July 2022.

Manx Care made a further formal update on progress to the Information Commissioner on the 23<sup>rd</sup> December and also had the opportunity to meet with the Information Commissioner and Deputy Information Commissioner on the 16<sup>th</sup> December to report on progress against the actions in response to the Penalty Notice issued to Manx Care on the 13<sup>th</sup> July 2022.

In response to the Penalty Notice, Manx Care devised an 8 point milestone plan which responded to the concerns raised. A summary position as at 23<sup>rd</sup> December is highlighted below

Milestone	Action	Status
1	Immediate remediation of breach cause	All actions complete
2	Review and update processes for patient referral and discharge in index area	All actions complete

3	Review and update processes for patient referral and discharge in index area	All actions complete and ongoing as business as usual
4	Review, update and re-train staff in index area	All actions complete and ongoing as business as usual
5	Review, update and re-train staff in all areas	All actions will be completed by end of January.
6	Global Address List audit and cleanse.	Audit complete. Cleanse 90% complete and completion planned for early in the new year. Process established to maintain auditing and cleansing programme.
7	Communication Plan	All Actions complete and ongoing as Business as Usual
8	Medical Records Review	Audit have taken place and remediation work ongoing with re-audit scheduled for 2023.

Manx Care will continue to provide monthly updates to the Information Commissioner during quarter 4 2022/23.

#### 4.2 **Information Governance Staffing**

The external report from KPMG commissioned by the Cabinet Office Transformation Programme (TPMO) identified deficits in both the substantive 'business as usual' capacity for the Information Governance function and also in the 'surge' non recurrent capacity to support compliance across the service delivery areas of Manx Care. Consequently 5 officers have been appointed to support the non recurrent information governance activity.

With regards Business as Usual activity; a new Information Governance service delivery manager was commenced in December, our new Head of Information (Jenny Maynard) commenced with Manx Care on 3<sup>rd</sup> January 2023 and Interviews for a Risk and Quality Assurance Manager are scheduled for the 6<sup>th</sup> January. Recruitment is also in progress for an Information Governance Officer and Information Governance Assistant/s.

## **Section 5: Ear Nose and Throat (ENT) Service Improvement Plan**

### **5. Lead Executive: Executive Director of Operations/Medical Director**

A multidisciplinary team, led by the Director of Operations and Medical Director and comprising members of the ENT and Audiology clinical teams, secretarial, managerial and administrative staff have been working for some time on a wide-ranging service improvement plan for ENT. The origin of the improvement plan was the feedback following the ENT-UK (part of the Royal College of Surgeons) review of the service in late 2021 however additional sources of feedback have also been added included patient and staff feedback as well as recommendations from the Getting It Right First Time review of ENT performed by NHS Improvement in November 2019.

The improvement plan has been divided into eight sections:

- Access to Services – Outpatients
- Access to Services – Inpatients
- On Call Arrangements
- Working Relationship between ENT Team and Management

- Collection and Use of Data
- Clinical Governance, Assurance & Training
- Premises & Equipment
- Staffing

An Improvement Plan meeting takes place every month where actions are monitored and the plan updated based on progress reported over the past month.

Significant progress to date includes:

- Evidence provided to conclude all clinical concerns expressed by the ENT UK report
- Additional weekend clinics has seen and discharged 200 patients to date with a further 300 patients to be scheduled to be seen during weekend clinics before the end of March
- Administrative validation of waiting list has taken place with 53 patients to date requesting to be removed from the waiting list and 501 requesting to remain on the waiting list
- Synaptik support of ENT lists programmed for March 2023 – this will provide ward and theatre staffing for 12 days of ENT operating to clear the inpatient waiting list and a large proportion of the day case waiting list
- Development of business case for charitable funding to facilitate increase in clinics in Ramsey & District Cottage Hospital

The Quality, Safety and Engagement Committee continue to oversee the delivery of the plan.

## Section 5: Association of Perioperative Practice (AfPP) Report

### 5.1 Lead Executive: Executive Director of Operations

Manx Care's Theatres at Nobles Hospital has achieved successful accreditation by the Association of Perioperative Practice (AfPP) following an accreditation re-visit of Nobles main theatre complex on the 28<sup>th</sup> and 29<sup>th</sup> of September 2022. The department was observed to have made good progress towards accreditation with a number of areas which were previously identified as 'amber' following the previous visit in September 2021 now achieving a 'green' rating for compliance.

**The report is shown at Appendix 2.**

## Section 6: Short Break Review – Children with complex needs

### 6.1 Executive Lead: Executive Director of Mental Health and Social Care

A review of the provision of respite services for children with complex needs will commence in January 2023. The review will be undertaken by an external expert (disability awareness) and will report back no later than 31<sup>st</sup> March 2023. The author will be seeking the views of all relevant stakeholders to contribute to the review.

## Section 7: Isle of Man Government – Great Place to Work Programme

### 6.1 IOM Government – Great Place to Work Programme Executive Lead: Chief Executive Officer

Extended Chief Officers Group (COG), which is now attended by the Manx Care CEO, has launched a 'Great Place to Work' programme following the 2 day government conference held in September and from emerging themes, findings and observations following the Interim Chief Secretary's tour of Government, which including speaking to Manx Care employees. Workstreams with Champions and COG leads have been identified to agree the actions that will be taken forward as part of the programme (Below). A further session of extended COG was held on the 5<sup>th</sup> December to determine the scope of each of the workstreams. Phase 1 of the programme will run un until May 2022 and regular updates on the programmes of work will be provided to the Executive Management Committee and the People Committee.

Workstream	Champion	COG lead
Standards	Elizabeth Smith (AGC)*	Caldric Randall (Cabinet Office)
Reward and recognition	Connie Lovell (Manx National Heritage)	Emily Curphy (DOI)*
Employee engagement and voice	Teresa Cope (Manx Care)*	Ste Stanley (DEFA)
Comms	Steve Brennan (Gambling Supervision Commission)*	Dan Davies (DHA)
Leadership, training and support	Phil King (MUA)	Graham Kinrade (DESC)
Governance and Empowerment	Bettina Roth (Financial Supervision Authority)	Stuart Quayle (DHSC)
Performance Management	Colin Cowley (General Registry)	David Catlow (Treasury)
Working Environments	Simon Kneen (Post Office)	Mark Lewin (DfE)

**Teresa Cope,**  
**Chief Executive**  
**30<sup>th</sup> December 2022**



## Horizon Scan DECEMBER 2022

### Medicine, Urgent Care and Ambulance Service

- Recruitment of Consultants, Doctors, Nurses, HCAs and Paramedics continues and remains the Care Group's highest priority.
- These initiatives are beginning to be realised with new staff arriving and taking up their posts across the Care Group. This is key to the reduction of staff costs and meeting CIP targets.
- We continue to work through an Action Plan to address issues highlighted by the CQC during their pilot visit
- Positive verbal feedback received from the CQC during their visit to MEDS in early November; service improvement plans will be developed as necessary in line with the reports once they have been received.
- DRAFT CQC reports for all areas of responsibility have been received and have been checked for factual accuracy.
- Workforce & Culture Team is facilitating the Human Factors online training in December for Band 7s in ED - part of their ongoing cultural development work.
- A paper is being developed for the Manx Care executive to put forward options for the redesign of the MEDS service following recent independent assessment and consultation.
- CIP activities continue wherever possible;
- We are waiting for resources allocated exclusively to transformation to be redeployed to support CIP activities.

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

- Frailty is making good progress and we are quantifying the savings made with the assistance of MIAA. Transformation activity continues, despite the pause on funding. Any improvements that can be made with no or low cost are being progressed. Those initiatives that require funding to progress will continue to be developed and planned to ensure that they are ready for implementation when resource and funding becomes available.
- Work is on going with the Service Development team to address Waiting Lists in medical specialities with the assistance of Manx Care staff, Medefor and other groups.
- Recognising the significant staffing challenges in recent months, changes to the UEC Leadership Team have been made to enhance the level of resilience in the nursing structure. This will enable us to safely deliver patient care and transform the service at the same time.
- The new Associate Director of Nursing for the Care Group has been appointed.
- The new Senior Nurse post in ED has taken up her in post. She had the opportunity to spend some time in Emergency Departments in two Liverpool hospitals prior to her appointment in order to gain additional context and identify best practice that might be introduced.
- The business case to introduce Hear and Treat in the Ambulance Service has been submitted to the Treasury for consideration.

### Integrated Primary Care & Community Services

- Long term conditions nurse for the South appointed and starting in January 2023.
- EMIS System being launched in Diabetes Centre in January 2023.
- Parkinson's Nurse starting work early January 2023
- Prison recruitment taken place and all 3 positions offered (Band 6 clinicians)
- ME-CFS-Long Covid Service commenced in December

### Integrated Women & Children and Family Services

- On-going staffing challenges within Paediatrics, Neonatal Service and Maternity Services.
- Interviews scheduled for Lead Midwife and Midwife in January 23
- This year's STAR Service (Still Treasures, Always Remembered) service is taking place on 29<sup>th</sup> December, this is a service for people who have lost a child through stillbirth or miscarriage
- Maternity Services is commencing Birthrate Plus review in the New Year. Birthrate Plus is the only midwifery-specific, national tool that gives the intelligence and insights needed to be able to model midwifery numbers and skill mix for all hospital and community services.
- Children's Ward were awarded the CARE Award in November. This Award was presented by Teresa Cope and Paul Moore for delivering high quality, child centred care whilst also supporting the wellbeing of worried parents and relatives. This high quality care has been delivered despite increased workload, reduced staffing levels and a number of very poorly children.
- Expression of interest for Paediatric Senior Nurse has gone out.
- Royal College of Obstetricians & Gynaecologists review is due to take place in the year. A date is yet to be agreed.

### Surgery, Theatres, Critical Care and Anaesthetics

#### Theatres

AfPP audit for accreditation was conducted on 28 & 29<sup>th</sup> September 2022 and final report received in December which confirmed that Noble's Operating Department had achieved Accreditation status for the next 2 years in recognition of the implementation of effective risk management strategies and commitment to patient safety.

Work ongoing to introduce the 642 principle to Theatre Scheduling and introduce the "golden patient" to facilitate starting the operating list on time and to also allow Bed flow and Capacity team time to allocate beds to remaining patients scheduled to elective operating lists. This will mitigate some of the current risk experienced with multiple list changes and late starts which is a result of lack of bed base.

Synaptic orthopaedic and ophthalmic waiting list streams continue with the addition of general surgery commencing in December.

Simulation training booked with Dr Angusamy for the next 4 PSF afternoons.

Surgery, Theatres, Critical Care and Anaesthetics cont/2
<p>Theatre staff TRIM training was achieved on 19<sup>th</sup> &amp; 20<sup>th</sup> December.</p> <p>Management and Insight training for Theatre Team Leaders in progress with Work Force &amp; Culture, dates to be confirmed for November &amp; December.</p> <p>Theatre investigating CIP saving by changing the current diathermy plate system to a reusable cable system and Orthopaedic procedure packs.</p> <p>Recruitment continues for Anaesthetics and Theatre, Anaesthetic agency for theatre staffing now in situ.</p> <p>Appointments made in Sterile Services.</p> <p>SSD Team Leader post progressing through the advertising stage.</p> <p>All areas assessing and recording patient and personnel data storage.</p> <p>Internal audit of requisitioning and ordering completed for theatre and Endoscopy.</p> <p>Sourcing Synaptic Decontamination team to backfill SSD and Endoscopy to alleviate the staffing deficit and maintain the current Synaptic work flows which will come into effect in January 2023.</p> <p>New equipment trial conducted in December to introduce Laser ablation of Prostate tumours which was well received and will reduce patient in-patient stay and outcomes, funding to be agreed.</p> <p><b>Endocopy:</b></p> <p>New Nurse Endoscopist Trainee appointed, training is underway</p> <p>Pre Assessment clinics up and running</p> <p>Charity funding for new APC Machine</p>

Integrated Cancer and Diagnostics Services
<p><b>Diagnostics</b></p> <ul style="list-style-type: none"> <li>Offer of appointment made for the Consultant Pathologist post. Incumbent Pathologist to stay for another 12 months</li> <li>LIMS high level design and UAT on-going.</li> <li>Digital pathology project is progressing – talks with NHS supply chain recently. No reply in last 6 weeks</li> <li>Talks in October around membership of Merseyside and Cheshire Pathology Network. Still no confirmation.</li> <li>Funding for new CL3 facility seems to have stalled with Treasury. Major issues with testing for any new outbreak / pandemic / new Variant.</li> <li>Radiology five year capital equipment replacement programme business case submitted to the DHSC - awaiting outcome.</li> <li>Business case being progressed for a reporting radiographer.</li> </ul>

Integrated Cancer and Diagnostics Services cont/2
<ul style="list-style-type: none"> <li>Amendments made to the Diagnostic CQC report for accuracy.</li> <li>We are in the final phase of Ramsey x-ray room and Noble’s fluoroscopy room.</li> <li>Advertising for a Radiologist and an AO post.</li> <li><b>Pharmacy</b></li> <li>Registered staffing remains major challenge, with limited success in either substantive or locum recruitment.</li> <li>Unable to proceed with Synaptic support for pharmacy cover due to contractual issues, so no cover for R+R work in place.</li> <li>Specialist oncology pharmacist now in post.</li> <li>CIP on CMU contract changes met.</li> <li>Updated COVID19 treatment pathways out for consultation.</li> <li>Acute Care Cannabis medicinal products policy out for consultation.</li> <li>Work ongoing to secure oral penicillin, cephalosporins and macrolides to support increase in Strep A treatments.</li> <li><b>Cancer Services</b></li> <li>Lung Cancer CNS, Nicole Rankin now in post</li> <li>Two Cancer Care Co-ordinator posts have been offered. Work will restart around the offer of personalised support in conjunction with the CNSs and Macmillan Cancer Information Centre</li> <li>Recruitment of Macmillan BSEO at interview stage</li> <li>Recruitment of specialist nursing staff continues to be a challenge within the Oncology Day Unit</li> <li>Cancer Screening Programme Board initial meeting has taken place and proposal for robust governance structure being developed in conjunction with DHSC and PH IOM.</li> <li>Continued high number of suspected cancer referrals is impacting across the Care Group and wider Manx Care.</li> <li>MDT team working to improve reporting of patient progress against Cancer Waiting Times targets with clinical teams – new model being trialled currently</li> <li>Working with Breast MDT team to improve our data capture of the TNM staging at Breast MDT</li> </ul>
Social Care Services
<ul style="list-style-type: none"> <li>Treasury approved the additional funding required to finish building Summerhill View;</li> <li>Weekly tracker meetings commenced around CIP;</li> </ul>

Social Care Services
<ul style="list-style-type: none"> <li>Recent fundraisers include a Christmas Fayre at Cummal Moar raising £830, a coffee morning at Southlands raising £1,842 and an event for Children in Need;</li> <li>Audits have taken place in C&amp;F during recent months, with workshops arranged monthly over 2022/23 to address the identified gaps;</li> <li>Review of Respite Services in C&amp;F to take place during January and February 2023;</li> <li>Edge of Care Service due to go live at the end of January 2023;</li> <li>MASH action plan developing within timescale</li> <li>Daily Exploitation Meetings – working well with agencies sharing information;</li> <li>Adult Social Work Teams are coming together to work as one Christmas / New Year ‘Statutory Duty Team’ throughout to ensure effective cover across all areas;</li> <li>When reviewing sickness absence across the Care Group, a positive figure of 26% of staff with no absence over the last 12 months was noted.</li> </ul> <p>RECRUITMENT</p> <ul style="list-style-type: none"> <li>C&amp;F recruited permanently to Fostering Team Leader and the Team Manager for Youth Justice, Out of Hours &amp; Children with Complex Needs;</li> <li>Adult Social Work have a new Interim Principal Social Worker in post;</li> <li>A number of vacancies across Adult Social Work are due to go live in January 2023</li> </ul>
CEO Horizon Scan – December 2022
<p>01/12/2022 – Grant Thornton / OHR Service Review</p> <p>01/12/2022 – Therapies Sessions with CEO</p> <p>05/12/2022 – A Great Place to Work Initiative with Interim Chief Secretary IOM Government</p> <p>06/12/2022 – Manx Care Private Board Meeting</p> <p>06/12/2022 – Cancer Alliance Programme (Clatterbridge)</p> <p>07/12/2022 – Manx Radio Mental Health Special</p> <p>07/12/2022 – Nursing Pre-Reg Open Evening</p> <p>13/12/2022 – Joint Exec/ADON/CD Winter planning</p> <p>16/12/2022 – Executive Takeover – staff restaurant</p> <p>21/12/2022 – Let’s Connect festive special</p> <p>23/12/2022 – Executive Takeover – staff restaurant</p>
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The Association for Perioperative Practice

Feedback Following Review Accreditation Visit  
At  
Nobles Hospital  
Strang Braddan  
Isle of Man  
IM4 4RJ  
On  
28 to 29 September 2022

Undertaken on behalf of AfPP by:

Lindsay Keeley RN, BSc (Hons)  
AfPP Clinical Patient Safety Quality Lead  
Ruth Collins, RN, Dip Nursing, BSc, PGCEFHE, PGCE  
AfPP Trustee, AfPP Consultant

## Introduction

The Nobles Hospital Isle of Man is a District General Hospital. It is one of only two hospitals on the island and, as of 1 April 2021, is administered by Manx Health Care. It has 330 beds, covering a wide range of specialities. The Operating department consists of a four-bed holding bay with six theatres covering numerous specialities. In addition, there is a ten bedded post anaesthetic care unit (PACU) with two designated paediatric bays, providing a 'child-friendly' environment.

The Theatre Manager is responsible for the Pre-Admission Clinic, Day Surgery, Endoscopy, and Sterile Services Department. In addition, there is an Endoscopy Suite, which has not yet been accredited by the Joint Advisory Group (JAG) on Gastrointestinal Endoscopy, and a separate Maternity theatre. Therefore, these were not included in the initial audit. The latter is not attached to the main department but is covered by Operating Department Practitioners (ODPs) and Recovery staff for lower-segment Caesarean Sections. The ODPs also cover the Emergency Department for emergencies requiring an Anaesthetist.

## Background from Initial Visit

The initial audit visit of the Operating Theatre Department at the Nobles Hospital, Isle of Man, occurred between 21 and 23 September 2021. It was identified that there was evidence of good practice and adherence to the Association for Perioperative Practice (AfPP) standards (2022). However, there were areas from the audit that required attention to meet the threshold required with AfPP.

Five Steps to Safer Surgery

Accountable Items, Swabs, Instruments and Needle Count

Management/Human Resources

Management/Equipment

## Amber Rated Areas from Initial Visit

### Five Steps for Safer Surgery

Red	Amber	Green	Not Applicable
0/20	3/20	15/20	2/20

## Criteria 1 and 8

While reference was made to a local champion in relation to the 'Five Steps to Safer Surgery' and this was annotated centrally on a communication board in the department, of those who were asked in theatre, no one was able to identify the responsible practitioner/champion.

Whilst there is recognition that this is embedded into practice and a role for which many take responsibility, there seemed to be some disengagement from nominated/allocated roles within the perioperative environment in general.

#### **Criteria 4**

There did not appear to be any written guidance regarding the content and minimum personnel requirements for team briefing and debriefing. Nevertheless, staff were able to state who should be present for these briefings.

#### **Accountable Items, Swabs, Instruments and Needle Counts**

Red	Amber	Green	Not Applicable
0/23	2/23	20/23	1/23

Criteria one to four were not observed because the consultant observed patients being 'checked in' to the theatre by an Operating Department Practitioner.

Practices which require change are highlighted below and recommendations have been made accordingly. The Criteria requiring changes in practice are Numbers 5, 6, 8, 12, 13,14 and 18.

**Criteria 5 - All instruments used within the procedure are accounted for at the agreed mandatory benchmarks and any additions are recorded during the procedure.**

Whilst in the majority of cases observed, all instruments were accounted for, the inconsistency is apparent when instruments are not checked along with instrument set lists. Therefore, one cannot offer assurance that all instruments are accurate and accounted for, as the checking procedure is inconsistent.

**Criteria 6 - All Staff involved in the counting of instruments are able to identify and recognise the items in use.**

Assurance cannot be given in relation to these criteria as it was observed that on some occasions, instrument set lists were not used, or items were counted on the sets and not named. It was, therefore, difficult to determine if this is an established practice. It is for this reason the auditors determined the practice was inconsistent and indicated an amber score.

**Criteria 8 – The same two perioperative personnel perform all the counts during a surgical procedure.**

Different personnel were observed undertaking the counts during a single procedure and there were no mitigating circumstances which would have justified this. The recommended

criteria for this practice is that the same two perioperative personnel perform all the counts during a surgical procedure, this should be adhered to.

It was also observed that during the count at the time of wound closure, only the circulating practitioner referred once again to the swab board after each type of swab was counted. Both practitioners should check the board simultaneously after the count of each kind of swab is recorded.

A verification by both practitioners that the trolley count and what is recorded on the swab board are the same will enhance safe practice during the count.

**Criteria 12 - Educational programmes exist in safe and standardised counting procedures and there is a record of staff completing them. This includes:**

- Induction/orientation programmes
- Preceptorship programmes
- Periodic updates if required as per local policy
- Nonregistered staff educational programmes

**Criteria 13 - All Staff participating in the count process have received the appropriate training relevant to their role.**

While educational programmes were confirmed to exist, new staff to the department were not given these. Therefore, it is difficult to determine how competency was confirmed and counting disciplines established in agreement.

**Criteria 14 – The swab board is placed where the scrub practitioner can view the entries easily.**

The swab board should not be obstructed by equipment, as was observed on a few occasions. A redesign and location of the board should be undertaken to prevent such obstructions from occurring, thus ensuring that the scrub practitioner always has a clear view of the swab board.

**Criteria 18 – When counts are being performed there is reduced noise.**

Once the scrub practitioner requests the surgical count, noise levels must be reduced. On one occasion, the circulating practitioner undertaking the count had to stop the count and ask for quiet. This action is to be commended, which ensured the safety of the patient.

### **Additional Observations**

Practitioners should not sign to say that the instrument count is correct until the final count has been carried out. It was noticed that the three columns on the instrument check list were initialled before the case was finished and we recommend that this is not repeated.

The use of a swab management system, for example swab sectioned trays or bags would facilitate the count and enhance safe practice. We would also recommend that the red ties around swab bundles are recorded on the swab board.

The collection, care and dispatch of specimens were observed, and these were carried out in accordance with departmental policy. Prefilled specimen containers are used in the department. We recommend that the specimen form is put in a separate protective bag before being placed in the bag with the specimen. In the event of a spillage of transport medium, the form would be protected from being defaced.

Two actions were observed which had the potential for personal injury to staff. The re-sheathing of a used hypodermic needle by a surgeon and the appliance of a surgical blade to the scalpel handle by hand by a scrubbed practitioner forceps should be used to apply as it's a potential sharps injury. Such practices must be discouraged, and written guidance be incorporated into standard operational procedures.

#### **Management - Human Resources**

Red	Amber	Green	Not Applicable
0/30	2/30	28/30	

The consultants would agree that there is a system in place that supports effective management of the perioperative environment. It is noted that the Theatre Manager is supported by a further three senior managers (Tri Leads). The consultants recognised the extensive remit undertaken by the Theatre Manager and felt there was a lack of resource/personnel to assist at middle management level. The Theatre Manager displayed commitment and enthusiasm for her role and expressed a desire to ensure patient safety and wellbeing along with a supportive, fulfilling workplace environment for all staff.

It is clear to the consultants that there has been significant work undertaken in recent months to streamline education, and processes and positively affect culture. While this is noted, having engaged with staff, this is a process that many have felt uninvolved with, and therefore changes have not been embedded or sustained. There was a sense that staff would have enjoyed greater ownership of this improvement work.

There is recognition of the dynamic environment and the changing governance and reporting mechanisms required by Manx Healthcare. It is for this reason that criteria 12 and 19 received an amber score.

**Criteria 12** - There is an appropriate governance mechanism to discuss and report on KPIs and patient safety indicators.



**Criteria 19** - If the department provides clinical cover for other areas there is a local policy/standard operational policy to reflect consistent operational management, staff management and clinical standards e.g., maternity, critical transfer of patients, emergency department support, resuscitation teams.

#### **Management – Equipment**

Red	Amber	Green	Not Applicable
0/31	3/31	28/31	

There are certain aspects of equipment maintenance that are the responsibility of the Finance Department of the hospital which has a designated co-ordinator for equipment management. The Theatre Manager writes business cases for required equipment which are then submitted to the Treasurer for approval.

The planned replacement programme is maintained by the Electronic Biomedical Equipment Department. They are also responsible for the testing, inspection, and certification of equipment for use within the hospital as a whole.

The Government Technology Service oversee the care and maintenance of all Information Technology equipment. The Theatre Manager informed us of the efficiency and promptness of this service in relation to addressing any problems encountered.

The department holds copies of these maintenance records.

#### **Criteria 30 – There is a comprehensive training programme for new starters to the environment, and it forms part of the organisational induction process**

A programme for Health Care Assistants (HCAs) was not available and this needs to be addressed.

Although the department achieved a satisfactory result for equipment management, the following aspects require immediate attention.

- A training programme for new HCAs
- Completion of the work being undertaken for documented evidence of training and competence in the use of equipment
- A training needs analysis for equipment training to be reviewed to incorporate **all** equipment.



We observed that equipment around the department was safely contained and tidily stored. In the main storeroom most containers were stored on shelves, but there were some containers on the floor. This does present a safety issue in that aisles can become obstructed by these containers and has potential for injury to staff members.

### **Summary of Recommendations from Initial Visit**

Our recommendations are:

- An equipment training programme for new Health Care Assistants to be written
- Complete the work being undertaken for documented evidence of training and competence in the use of equipment
- The training needs analysis for equipment training to be reviewed to incorporate all equipment
- Swab boards to be re-located to give the scrub practitioner a clear view of the recorded count at all times
- During the count, instruments must be checked against the instrument set list provided. This is to be carried out at all times and be standardised practice throughout the department
- A swab management system to be put in place
- Red ties to be recorded on the swab board
- Re-sheathing of used hypodermic needles to be discouraged
- The appliance of the surgical blade to the scalpel handle by hand alone is to be discouraged
- Both practitioners involved in the count to refer to swab board together after each count to confirm that the number of each item recorded matches that on the trolley
- Specimen forms to be put in a separate bag before being placed with the specimen
- Robust education that incorporates frequent learning needs analysis and is accessible for all staff
- The possibility of considering another management level between service and Theatre Management (should her remit remain unchanged)
- Whole team training to further integrate teams and offer pathway for a positive culture

## **Terms of Reference for Return Visit**

A follow-up visit will be undertaken to review changes made in response to the reported findings. Informal feedback will be given at the end of the visit, and a written report will follow, accompanied by accreditation documentation where approved.

## **Re-Visit Plan**

The revisit was arranged with the Theatre Manager Lynn Reid for 28 to 29 September 2022 to review ongoing work to complete the audit tool and review progress against the last report and recommendations. There was a change in reviewers from the previous visit. Ruth Collins (RC) who was one of the previous consultants, would be undertaking the visit for consistency and feedback, with a new lead reviewer Lindsay Keeley (LK).

The lead consultant contacted the Theatre Manager via email twice prior to the visit for introduction purposes to discuss the plan over the two days, request policies, Action Plan Progress Report (APPR) from the previous visit (see appendix 1), review any COVID restrictions and to arrange arrival time on the 28 September.

The plan of action over the two days would involve the consultants spending time in the clinical field auditing the criteria and recommendations identified as a concern in the initial accreditation review, observing staff interactions, practice, and communication across all areas within the department.

The areas of review would be for the following sections of the AfPP Audit Tool Second Edition (2019) and using the AfPP Standards for Recommendations for Safe Perioperative Practice Fifth Edition (2022) as the guiding principle to benchmark The Nobles Hospital Theatre Department standards of practice.

## **Visit Outline**

The reviewers arrived at The Nobels Theatre department at 07:30, where Lynn Reid, Theatre Manager, met them in time for the departmental huddle at 08.00. A brief meeting was held in the theatre manager's office to provide an overview of the review visit and a department tour. In addition, a folder of documents for discussion, including the action plan progress report (APPR) (see appendix 1) based on AfPP recommendations from the initial visit, was provided. The APPR identified in blue where all actions had been completed and in green where activities were achievable within the deadline specified.

During the meeting, the reviewers were visited by and introduced to James Watson, General Manager Care Group, and Consultant Anaesthetist Dr Sivakumar Balasubramanian.

Although the Pre-Admission Clinic, Day Surgery, Sterile Services Department and Endoscopy Suite were not included in the initial audit. The Lead Consultant requested a tour of these areas to gain further understanding of the Theatre Managers' additional responsibilities and remit.

## General Observations

It was pleasing to see the progress made and the notable achievements since our last visit (September 2021). The provision of a contemporaneous APPR reinforced this (see appendix 1), which clearly demonstrates the improvements made and continued work to date. There has been significant work undertaken regarding culture during the past year. This, too, was notable and resulted in a tangible impression of positivity and optimism amongst staff. Staff were welcoming, engaging, keen to ask questions and contribute to discussions and eager to share their challenges and successes throughout the previous year. Again, patient care and its importance were evident in both observations of practice and conversations with staff. All Patients were treated with dignity, care and respect and staff / patient communication was exemplary.

## Feedback

### Five Steps to Safer Surgery

Red	Amber	Green	Not Applicable
0/20	0/20	20/20	

**Criteria 1** - The team leader is the identified and responsible person for effectively implementing and using the surgical safety checklist (SSC).

There is guidance for the content and minimum personnel requirements for team briefing and debriefing (see appendix 2) and (appendix 3).

**Criteria 4** - Local Standard Operating Policy (SOP) for Regional Safety Standards for Invasive Procedures. Safety briefing before the commencement of surgery identifies content and minimum personnel requirements for Team Brief (see appendix 2) and daily session briefing and de-brief (appendix 3).

**Criteria 8** – A registered perioperative team member was observed as the responsible person for ensuring the use of the SSC, making sure this is recorded in the patient's clinical notes/electronic records. This was observed by both consultants across both days of the audit visit.

## Observation

Communication during the five steps to safer surgery was excellent. There is evidence in each theatre regarding the expectation of engagement and who should be involved. Courtesy was extended to ensure that all relevant personnel were present at each brief and debrief witnessed. A session briefing and debriefing document is well utilised and retained for each theatre (see appendix 3). This offers a consistent and structured approach to each brief and debrief and ensures that essential aspects of patient care and concern are highlighted. While the team leader led the brief and debrief, all personnel contributed and were engaged in the other aspects of the SSC. The teams should be commended for their professional and consistent approach. It remained difficult to ascertain if staff were aware of the local champion. However, it was apparent that the team leader took responsibility for the five steps to safer surgery in each case.

On one occasion, the team leader offered a professional and appropriate challenge to a member of the anaesthetic team regarding an aspect of the SSC. The rationale for a particular question was reinforced, and the element of safety was emphasized.

It should be noted that where patients had local anaesthetic, they too were involved in the time out phase of the SSC.

The five steps to safer surgery process appeared strong on both days of the visit and in each theatre.

No other areas of concern relating to this section were identified at the time of the review.

## Accountable Items, Swabs, Instruments and Needle Counts

Red	Amber	Green	Not Applicable
0/23	0/23	23/23	

**Criteria 5 – All instruments used within the procedure are accounted for at the agreed mandatory benchmarks, and any additions are recorded during the procedure.**

All procedures observed across the department identified all instruments by name against the instrument set lists. Demonstrating consistency in practice and embedding of local policy as a benchmark.

**Criteria 6 – All Staff involved in the counting of instruments are able to identify and recognise the items in use.**

It was observed and noted that all staff involved in the count were able to identify and recognise all items used by name against the instrument count sheet.

**Criteria 8 – The same two perioperative personnel perform all the counts during a surgical procedure.**

The same two perioperative practitioners were observed performing the count during surgical procedures, except for one case where it was justified to have two separate scrub practitioners. Exemplary practice and teamwork were observed checking the swab board simultaneously in line with the established local accountable items policy (see appendix 5) and AfPP standards (2022). During this procedure, the band 7 team leader demonstrated strong and exemplary leadership skills, knowledge, and safe patient care.

**Criteria 12 - Educational programmes exist in safe and standardised counting procedures and there is a record of staff completing them.**

All scrub practitioners and appropriate healthcare professionals have been assessed against the local accountable items policy from February to April 2022 (see appendix 1).

**Criteria 13 - All Staff participating in the count process have received the appropriate training relevant to their role.**

A separate skills matrix/log of all training competence in the practice of accountable items is assessed and managed annually in line with established local policy (see appendix 5). This is reviewed regularly and audited annually.

**Criteria 14 – The swab board is placed where the scrub practitioner can view the entries easily.**

Swab boards are to be re-located in each theatre to always give the scrub practitioner a clear view of the recorded count. Sample swab board information obtained (see appendix 6) draft copy to agree on design and content. Feedback is required by all staff before the final design is approved and the order placed (see appendix 1). Photographic evidence of final design and placement of new swab board required.

**Criteria 18 – When counts are being performed there is reduced noise.**

This was observed across all practice during the two days.

## **Observation**

The approach to swab and instrument counting was consistent throughout the observations across the two days of the visit. It was noted that the same personnel undertook all checks throughout the procedures, which is in line with best practices and local policy (appendix 5). Instrumentation was named by both personnel as it was checked, reinforcing that staff involved can identify and recognise items in use. Checks were conducted at appropriate times, and care and attention were displayed by the scrubbed and circulating personnel throughout the procedure.

Several swab management systems have been trialled, and consensus has been reached for using the swab-safe system. Swabs are easily identified, accounted for, and managed using this system, and there is agreement amongst staff that this has been a helpful addition within the perioperative environment. Red ties are recorded in line with the local policy on the swab board (see appendix 1) APPR and (appendix 5).

There has been collaboration amongst staff regarding producing a pre-printed swab board. This has been created and agreed by staff and is in its final stages of development (see appendix 6) draft copy. This is an excellent example of collaborative working amongst the perioperative staff and an enhanced culture of working together and collective leadership. The development and consensus approach was also evidenced in the APPR (see appendix 1).

The positioning of the new swab boards is also being considered and again, highlights the sense of teamwork that is present within the perioperative environment.

Observation of safe sharp management was observed in all theatres during the review visit, including the secure mounting of the surgical blade on the scalpel handle.

All specimen forms were observed being put into a separate bag before being placed in the bag with the specimen.

## **Education and Training**

A new induction package has been created for new staff, and it is evident that a considerable amount of work has been carried out concerning this area. There is a revised healthcare induction package incorporating competencies and a separate revised skills matrix for equipment for all grades of staff (see appendix 1) APPR. In addition, there is a new appointee to the education post, which continues to highlight the priority placed on education within the perioperative environment as the previous education lead had left the organisation.

There were no further areas of concern relating to this section identified at the time of the review.

## Management Human Resources

Red	Amber	Green	Not Applicable
0/30	0/30	30/30	

It was noted in the previous review that the Theatre Manager has an extensive remit, and there is a lack of resources/personnel to assist at middle management level APPR (see appendix 1). The current action plan identifies the possibility for funding and job matching using a vacant band 7 post to uplift the post holder to an 8a post.

## Management – Equipment

Red	Amber	Green	Not Applicable
0/31	0/31	31/31	

**Criteria 30** - A comprehensive training programme for new starters to the environment forms part of the organisational induction process. The theatre manager is currently developing a separate skill matrix for equipment for all grades of staff in the absence of an education lead (see appendix 1) APPR.

## Good Practice

Communication was enhanced by a variety of notice boards displaying relevant and up-to-date information for staff members. The notice boards were tidy and well organised.

The Recovery Unit was visited to observe the handover of care. This was undertaken in a timely manner as relevant details of patient care were given to recovery staff. We also spoke with some staff members as we were shown around the Post Anaesthetic Unit (PACU). Paediatric surgery is undertaken within the theatre department, and there is a designated two-bedded recovery area in line with current guidelines from the Royal College of Anaesthetists (RCOA 2022).

Synaptik waiting list initiative solutions are providing expert-tailored solutions to the current waiting time challenges on the Isle of Man across orthopaedics and Ophthalmology (2022), reducing the waiting time for patients requiring surgery alongside ring-fenced surgical beds and ensuring high-quality outcomes.

The use of Synaptik teams was positive, and the communication between this team (ophthalmic) and the theatre sister was extremely positive. The team within this theatre

worked very well together, while a visiting team appeared to have gelled very well and integrated into the wider team. They undertook the five steps to safer surgery seamlessly and were organised and systematic in their approach in line with local policy. They maintained good communication with the theatre sister concerning stock and provided evidence that they had received a full induction to the hospital and the perioperative environment. They utilised the IT systems and hospital documentation, demonstrating a thorough approach to completing the theatre lists. All staff reported feeling supported and articulated that their contribution was valued and welcomed.

Leadership within the department is strong, and while there is still no evidence of the recruitment of mid-management level, there is a sense of more significant delegation to team leads. This is a positive step, given the manager's current remit.

### **Additional observations**

Dr Sivakumar Balasubramanian brought to the attention of one of the consultants a concern raised by one of the team regarding drug security in the anaesthetic room. Guidance was discussed and referenced in the Royal College of Anaesthetists document (RCOA 2016) reviewed (2019), stating drug security must reflect a balance between patient safety, staff protection and security. Drug cupboards (excluding those containing Controlled Drugs) may remain unlocked when the anaesthetic room is temporarily unoccupied, and the theatre is in use.

During the visit, there was a medical emergency, which activated the emergency call bell. It was evident that there was a swift response to the scene by both medical and other theatre personnel. The emergency was successfully managed, while personnel remained on standby outside the theatre should their assistance be required. The communication concerning this event was excellent, and the short period of time for help to arrive should be viewed favourably. This was discussed with the SMT.

### **Accreditation**

Following a return visit and progress made from the initial visit to the Nobles Hospital Isle of Man District General Hospital, the two AfPP consultants are delighted to recommend accreditation of their theatres for two years as all recommendations have been met.



## References

1. Association for Perioperative Practice 2022 **Standards and Recommendations for Safe Perioperative Practice** 4th ed, Harrogate, AfPP
2. Association for Perioperative Practice 2022 **Staffing for Patients in the Perioperative Setting** 4th ed, Harrogate, AfPP
3. Association for Perioperative Practice 2019 **Perioperative Audit Tool** 2<sup>nd</sup> ed, Harrogate, AfPP
4. Royal College of Anaesthetists 2022 **Chapter 10: Guidelines for the Provision of Anaesthesia Services (GPAS) Guidelines for the Provision of Paediatric Anaesthesia Services**. [online] from <https://rcoa.ac.uk/gpas/chapter-10> [September 2022]
5. Royal College of Anaesthetists 2016 **Storage of drugs in Anaesthetic Rooms** [online] <https://www.rcoa.ac.uk/sites/default/files/documents/2019-09/StorageDrugs2016.pdf> [September 2022]
6. <https://www.gov.im/about-the-government/statutory-boards/manx-care/restoration-and-recovery-of-elective-services-on-the-isle-of-man/synaptik-cataract-pre-assessment-and-surgery-programme-faqs/>
7. <https://www.gov.im/news/2022/may/04/first-orthopaedic-procedures-delivered-in-conjunction-with-synaptik/>

**AUDIT COMMITTEE CHAIR'S REPORT TO BOARD**

30 November 2022

MS Teams

10.00am – 12.00pm

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

<b>Committee:</b>	<b>AUDIT COMMITTEE</b>
<b>Meeting Date:</b>	<b>30 November 2022</b>
<b>Chair/Report Author:</b>	<b>Andy Guy</b>

**KEY ITEMS DISCUSSED AT THE MEETING**

Your Committee discussed the Board Assurance Framework, outstanding audit actions, pre-employment checks, GP salary levels and financial irregularity reporting. An update from Internal Audit was received including the report from the Vaccination Audit. Minutes and outstanding actions from all Board Committees were reviewed.

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

<b>Issue</b>	<b>Committee concern</b>	<b>Action required</b>	<b>Timescale</b>
Internal Audit Resource	The Committee Chair and the Director of Finance had discussed with MIAA what the internal audit activity should look like for Manx Care in light of the NHS Audit Framework. A meeting would be held with Committee Chair, the Director of Finance, MIAA and Internal Audit to scope the review and MIAA would provide costings.	The Board is requested to endorse the approach recommended by the Audit Committee.	06.12.22
GP – Potential for additional services	The committee discussed the most appropriate method of establishing a baseline as to whether the current services being provided by GP's were in line with the existing contract and whether there could be	KPMG had prepared a comprehensive strategic business case for the primary Care at Scale programme. As part of this it was likely that KPMG would have undertaken a review as to whether the current GP contract supported the primary care	06.12.22

	opportunities for GP's to maximise their remuneration.	home model or whether any changes were required. JL would request the information from KPMG.  The Board is requested to endorse the approach recommended by the Audit Committee.	
<b>ASSURE</b> (Detail here any areas of assurance that the Committee has received)			
<b>Issue</b>	<b>Assurance Received</b>	<b>Action</b>	<b>Timescale</b>
Outstanding Internal Audit Actions	Most of the outstanding audit actions had been closed. There were action plans in place to close the remaining open actions.	Going forward the outstanding audit actions would be monitored by the Committee via the Committee Secretary to ensure that actions are regularly followed up and closed.	
Financial Irregularity Reporting	Internal Audit would provide a regular report to the Director of Finance which would also include the quantum of each case. Reports would be provided to the Committee at six monthly intervals.	For noting.	
Non-compliance with pre-employment checks.	The Director of OHR would be asked to provide a comprehensive paper describing the circumstances in which the non-compliance occurred and what steps had been taken to correct the position.	For noting.	

## COMMITTEE CHAIR'S REPORT TO BOARD

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

<b>Committee:</b>	<b>Quality, Safety &amp; Engagement Committee</b>
<b>Meeting Date:</b>	<b>19 December 2022</b>
<b>Chair/Report Author:</b>	<b>Tim Bishop</b>

#### KEY ITEMS DISCUSSED AT THE MEETING

Your Committee received updates on the following matters:

- Complaints process
- The Board Assurance Framework, risks 1a and 1b
- The ongoing CQC inspection
- Integrated Performance Report
- Theatre Improvement Plan/AfPP Report
- Report from the Operational Clinical Quality Group
- Minutes from the Operational Care Quality Group
- Serious Incident Update
- ENT Review & Action Plan
- Tynwald Commissioner for Administration's Report regarding lack of availability of home birth service.

**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

<b>ASSURE</b> (Detail here any areas of assurance that the Committee has received)			
<b>Issue</b>	<b>Assurance Received</b>	<b>Action</b>	<b>Timescale</b>
Complaints Process	Majority of overdue complaints now dealt with. Performance against new complaints regulations currently 100%.	For noting.	
Board Assurance Framework – Risk 1a and 1b	1a – Failure to Provide Safe Health Care – risk reduced from 20 to 15. PM confirmed that CQ would now be able to identify the alignment between assurances in the BAF and reality on the ground. 1b – Failure to Provide Safe Social Care – risk reduced from 16 to 12. Narrative to be revised to a more strategic rather than operational approach.	For noting.	
CQC Inspection	CQC inspections will continue until the end of January 2023. Around 100 reports now received and are being checked for factual accuracy.	For noting.	
Integrated Performance Report	PM noted his concern that the timing of the QSE meeting meant that a draft IPR was tabled and was therefore different from the version tabled at the Manx Care Board. Timing of QSE has since been changed from week 3 to week 4 of each month.	For noting.	
Theatre Improvement Plan/AfPP Report	The Report from the follow up AfPP visit noted demonstrable improvements and all areas of assessment were rated 100%.	For noting.	
Report from the Operational Clinical Quality Group	Staffing and mandatory training remained the biggest concerns.	For noting.	

	The Quality Dashboard demonstrates an increasing number of indicators that Manx Care is good, better or improving.		
Minutes from the Operational Care Quality Group.	<p>Summary report to be requested for next QSE.</p> <p>Further work is required on the 1b of the BAF and this needs to be linked with the Social Care Risk Register.</p> <p>An update regarding the Hand-Over of Care Policy to be requested for next QSE.</p>	For noting	
Serious Incident Update	The update provided assurance that there is a robust process in place to identify and report Serious Incidents in a timely manner and to ensure investigations are conducted by appropriately trained investigators using standardised methodology and templates. The report also provided assurance around the collation of themes and trends which will inform Manx Care's quality improvement programme.	For noting	
ENT Review & Action Plan	<p>The action plan is largely on track although data is still awaited from the Consultants in respect of several items.</p> <p>It was agreed that the action plan is not sufficiently advanced or particularly well described and would be brought back to QSE in February 2023 by which time capacity and demand and waiting lists should be better understood.</p>	For noting	
Tynwald Commissioner for Administration's Report regarding lack of availability of home birth service.	A joint response with DHSC will be required, following a risk assessment. This will form the basis for any formal, longer term/legislative changes which may be necessary.	For noting	

	Medical Director and Director of Nursing to bring an update back to the next QSE.		
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## FINANCE, PERFORMANCE & COMMISSIONING COMMITTEE CHAIR'S REPORT TO BOARD

19<sup>th</sup> December 2022

MS Teams

1.00pm – 4.30pm



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

<b>Committee:</b>	<b>FINANCE, PERFORMANCE &amp; COMMISSIONING COMMITTEE</b>
<b>Meeting Date:</b>	<b>19 December 2022</b>
<b>Chair/Report Author:</b>	<b>Nigel Wood / Jackie Lawless</b>

#### KEY ITEMS DISCUSSED AT THE MEETING

Your Committee received comprehensive papers covering:

- Risks number 2,4 and 6 of the Board Assurance Framework
- Cost Improvement Plan Progress
- An update on Tertiary Spend
- Primary Care at Scale - Business Case
- GP Contracts, Consultant Job Planning and Social Care Homes
- 23/24 Mandate Objectives
- Summerhill View Development
- Integrated Performance Report
- Restoration and Recovery Update
- Contracts Registry Update

A verbal update on the 23/24 budget was provided.

**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)

<b>Issue</b>	<b>Committee concern</b>	<b>Action required</b>	<b>Timescale</b>
Decision Making	The committee was concerned regarding the length of time it was taking the DHSC to make	Escalation to the Board.	10.01.23



	decisions. An example of this was when decisions were required for the treatment of high cost patients. The delay in decision making was impeding the ability of Manx Care to progress in an agile manner.		
23/24 Budget and 23/24 Mandate Objectives	The likely budget allocation that would be awarded for 23/24 would mean that only essential services could be delivered. The proposed mandate objectives would be unachievable.	Escalation to the Board.	10.01.23
Primary Care at Scale – Business Care	Whilst the Committee were fully supportive of the principles of Primary Care at Scale, there was concern that sufficient funding was not available to support the project.	Escalation to the Board.	10.01.23
Social Care Homes	The Committee requested that a strategy paper be produced to the board meeting to be held in March.	Escalation to the Board.	07.03.23
<b>ASSURE</b> (Detail here any areas of assurance that the Committee has received)		<b>Action</b>	<b>Timescale</b>
Board Assurance Framework – Overwhelming demand	The OPEL framework was well embedded in the hospital. There had been 2 occasions in November where OPEL 4 had been declared and had been de-escalated within 12 hours.	For noting	
CIP Progress Report	The CIP was on track to deliver the targeted savings for 22/23. The CIP programme for 23/24 was being developed.	For noting	
Tertiary Spend	Tertiary spend continued ahead of forecast. A business case had been submitted to ensure better control of tertiary spend could be achieved.	For noting.	
GP Contracts	Given the current work on the Primary Care at Scale Strategy the committee decided that there was no value in exploring whether the current GP contract provided value for money at the present time. This matter had also been referred to the Audit Committee who would	For noting.	

	determine whether there could be additional opportunities available to GP's.		
Consultant Job Planning	This was an ongoing process to ensure that the workforce was performing at its optimum level. It was essential that all job plans were sustainable and fair.	For noting.	
Integrated Performance Report	The IPR continued to make good progress to automation.	For noting.	
Restoration and Recovery Update	The programme remained on track and more complex procedures were being undertaken on Island.	For noting.	
Contracts Registry	The contracts register system was now functional and the first 282 contracts would be transferred by year end.	For noting.	