

# Transformation Programme Frequently Asked Questions (FAQs)

January 2023

Health and Care Transformation Programme  
Communications



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## 1.0 Background

This document provides a summary of frequently asked questions about the Health and Care Transformation Programme. It is regularly updated with new questions as the Programme continues to progress.

Should you have any questions or queries that are not answered here, please contact [HealthandCareTransformation@gov.im](mailto:HealthandCareTransformation@gov.im).



## 2.0 Transformation Programme – General FAQs

### 2.1 What is the Health and Care Transformation Programme?

The Programme was established in 2019 in order to deliver the recommendations contained in Sir Jonathan Michael's Independent Review of the Isle of Man's Health and Care System Final Report. The Report set out 26 recommendations which Tynwald unanimously supported and mandated should be delivered.

One of the recommendations was to set up a Programme team, led by the Chief Secretary in the Cabinet Office, to ensure that the momentum of the transformation is maintained and that the day-to-day delivery of services to citizens during the implementation period can continue.

This is the first time that the Island health and care services have had a dedicated team and high-level endorsement to work together to deliver a huge amount of change that will create high-quality, integrated, person-centred care – care that is sustainable now, and in the future.

### 2.2 How is the Programme structured?

The Programme is a mix of public servants and external specialists working jointly on behalf of the Chief Secretary to whom it reports directly. The Programme has a number of project teams supported by a central Transformation Programme Management Office. The Programme is monitored by Boards made up of Cabinet Office, DHSC, Manx Care and the Treasury as well as a supporting panel of health and care clinicians and professionals.

### 2.3 What is the Programme trying to achieve?

Sir Jonathan Michael's Report detailed 26 recommendations which are being collectively delivered by the Programme through 12 projects, of which two have been delivered and closed and 10 are ongoing. This is a long term endeavour which will take a number of years to deliver fully.

### 2.4 Is this going to be like other reviews (like the West Midlands review) where nothing happened?

No, significant changes have already taken place and are continuing to do so. For example, the move of Public Health into the Cabinet Office, the establishment of Manx Care, the introduction of HEMS, the initial inspections by CQC, and much more activity across the likes of Primary Care and in the world of Information Governance. You can find updates on each project on our 'project' page here: <https://www.gov.im/about-the-government/departments/cabinet-office/health-care-transformation/health-care-transformation-projects>



## 3.0 Transformation Programme – FAQs by project

### 3.1 Improve the Legislative Framework

#### 3.1.1. What is the Legislative project looking at?

Working with relevant stakeholders, the Improve Legislative Framework project is overseeing the development of new and/or amended legislation to ensure any gaps or changes in the law identified within Sir Jonathan Michael's review or as part of the Transformation Programme are filled and addressed as needed.

It has 3 distinct phases:

- **Phase 1:** the Manx Care Act 2021 and the Manx Care (Duty of Candour Procedure) Regulations 2021
- **Phase 2:** the National Health and Social Care Services Bill (the "Reform Bill") and the Complaints Regulations
- **Phase 3:** Assist with other legislation identified by Sir Jonathan Michael's review, including:
  - o **Capacity Bill** – led by DHSC, due in branches during 2022
  - o **Regulation of Care Act** - led by DHSC
  - o **Public Health Bill** – led by Public Health
  - o **Medicines Bill**
  - o **Children and Young Persons Bill**

#### 3.1.2. What is the Manx Care Act 2021?

The Manx Care Act 2021 established Manx Care as a Statutory Board. It was granted Royal Assent in March 2021, and came into full effect on 1 April 2021. Its contents focusses on how Manx Care is set up and the requirement for the DHSC to obtain health and social care services via a written agreement (the mandate).

#### 3.1.3. The Manx Care Act 2021 mentions new statutory duties. What are these and to whom will they apply?

There are new statutory duties for both the DHSC and Manx Care under the Manx Care Act 2021.

The DHSC has the following duties:

- **A duty to improve the quality of services** having regard to the principles of evidence based practice, which requires the DHSC to ensure continuous improvement in services, including following evidence based practice when setting the strategy for the Health and Social Care Service for the Island. A similar duty is also included for Manx Care and, by having it as a duty on both organisations, it should help to ensure that they are both working to achieve the same objectives for the National Health and Social Care Service;

- **A duty to promote the autonomy of Manx Care**
- **A duty to obtain appropriate advice from professionals**
  - The majority of clinical and social care service professionals now work for Manx Care delivering services and so the DHSC must ensure that it has access to professionals (though a formal agreement with Manx Care or by getting independent experts) in order that health and social care policy and strategy is suitably informed.
- **A duty to ensure public involvement and consultation** requires arrangements to ensure strengthened service user representation in policy making.
- **A duty to promote education and training, which is** equally applicable to DHSC and Manx Care. It is essential that health and social care staff are able to maintain and develop their skills whilst working on the Island. Additionally, education and training programmes are necessary for recruitment and retention of staff and can be used to build and develop the workforce.
- **A duty to reduce inequalities** to ensure that the Department gives due consideration to the need to reduce inequalities between the people of the Isle of Man when setting health and care policy and strategy.
- **A duty of candour** that requires organisations providing health and social care services to disclose where breaches of safety standards or harm to individuals have occurred. This duty applies to the DHSC and to Manx Care. In particular, it is a requirement for providers of health and social care services to be open and transparent with patients, especially when things go wrong.

Manx Care is mandated to provide services on behalf of the DHSC, the following duties will apply to the way in which it delivers those services, many of which are similar to the DHSC's duties:

- **A duty as to effectiveness, efficiency etc.**
- **A duty of candour**
- **A duty as to clinical and social care governance** which requires a clear framework of accountability against which the organisations and practitioners can be held to account for the quality of care provided
- **A duty as to improvement in quality of services**
- **A duty as to reducing inequalities**
- **A duty as to promoting autonomy**, consistent with the duty for the DHSC, where Manx Care has arranged for others to deliver services that service provider must be given the ability to act autonomously
- **A duty to promote education and training**

- A **duty to promote involvement of service users** in their own care

The Manx Care Act 2021 also includes a duty to share information that is applicable to all health and social care providers.

### **3.1.4. What are the Duty of Candour regulations?**

The Manx Care Act 2021 includes a statutory duty for Manx Care and other organisations that Manx Care contracts with to be open and transparent with the people that they serve. This is called “the Duty of Candour”. The Act does not, however, provide the detail on how the duty should operate in practice. For that, a new set of Regulations was made, which set out the required procedure to be followed if an unintended incident has occurred in the provision of care that has caused (or may cause) harm to the patient or service user. It applies to Manx Care as well as other health and social care provider organisations on the Island that contract with Manx Care to provide services.

These became operational from 1 April 2021.

### **3.1.5. What changes are being made to Regulations in relation to complaints?**

As part of establishing Manx Care, some changes are required to existing legislation to allow for Manx Care to operate effectively. One of the areas that is impacted and requires consideration is the handling and review of complaints in relation to services provided by Manx Care or its contracted service providers.

The Manx Care Act 2021 brought in a requirement for the mandate to ensure that Manx Care and its contracted service providers each operate a complaints procedure.

The Manx Care Act 2021 also contains some consequential amendments to the National Health Service Act 2001 (“NHS Act 2001”) and the Social Service Act 2001 to allow for complaints about health and social care services to be made to Manx Care and the relevant Independent Review Body (“IRB”). Complaints about children and families social care services do not require legislative amendment as the relevant Act is not prescriptive about the complaints process.

The current complaints Regulations set out how complaints are handled and considered by the DHSC for services provided under the NHS Act 2001, and the remit of the two IRBs (one for Health and one for Social Care). These Regulations require updating to provide a statutory basis for Manx Care to consider complaints made in relation to services provided by it.

It is acknowledged that the complaints processes and procedures across the DHSC require a more wholesale review; however, this could not be completed within the timescales associated with the establishment of Manx Care. Complaints handling across the Health and Social Care Service will be considered as part of the Reform Bill, the policy for which is currently being developed.

In April 2021, the Department of Health and Social Care was required by Tynwald to review its Complaints Regulations and return to November 2021 Tynwald with updated Regulations. The Department was asked to include a clear procedure for handling complaints at the local resolution stage (where the service was provided) and at the independent review stage. The Transformation Programme is supporting the Department with these interim Complaints Regulations.

Two [consultations](#) on updated draft Regulations in relation to complaints was held during September and October 2021.

As of July 2022, changes to the complaints process for people using our national health and social care services on the Isle of Man were approved by Tynwald<sup>1</sup>.

### **3.1.6. What is the National Health and Social Care Services Bill/Reform Bill?**

The Legislative Project is working on the reform of existing national health and social care service legislation. This Bill is known as the Reform Bill for short.

The policy areas of this Bill are wide ranging and cover all health services and adult social services that are provided as part of the national health and social care service as well as cross service policies including the service charter, complaints, research and patient choice. The Bill looks to modernise the following legislation in line with the recommendations of Sir Jonathan Michael's Final Report and DHSC policy:

- National Health Service Act 2001
- National Health and Care Service Act 2016
- Social Services Act 2011

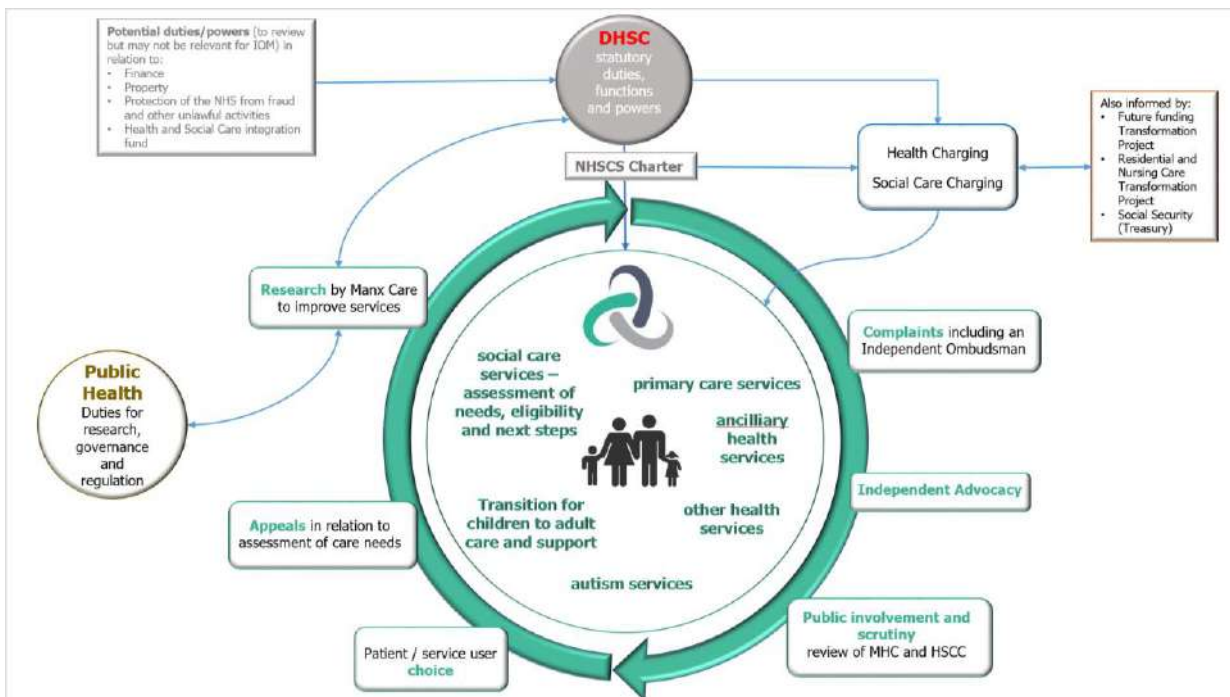
### **3.1.7. How is the Reform Bill progressing?**

Policy work for the Bill is ongoing. This is anticipated to continue throughout 2022 and into 2023 due to the size of the Bill. The areas to be covered are shown below:

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<sup>1</sup> <https://www.gov.im/news/2022/jul/22/changes-ahead-for-health-and-social-care-complaints/?iomg-device=Desktop>





### 3.1.8. Will you consult on the National Health and Social Care Bill?

Yes, a public consultation will take place on the National Health and Social Care Bill once all policy development has been completed.

It is also intended that public consultations on some of the policy areas shown above will be consulted on as part of developing the policy for these areas.

### 3.1.9. When will phase 3 begin?

Work is ongoing in the lead Department (either DHSC or Public Health) on a number of these Bills. Once the Transformation Programme has completed phase 2 (the complaints Regulations and the Reform Bill), it will assist with any legislation that has not been able to be progressed by the lead Department.

## 3.2 Workforce & Culture

### 3.2.1. What is the culture project looking at?

The project looks at all the factors that have an impact – both directly and indirectly – on our culture within health and care services. This means understanding the ways of working, which includes looking at people processes such as to recruit and retain, and what support is provided both in the workplace and to support professional development.

## 3.3 Care Pathways and Service Delivery Transformation

### 3.3.1. What is the Care Pathways and Service Delivery Transformation (previously known as "Pathfinder ") project?

This project aims to support delivery of the following recommendations in the 2019 Independent Review of the Health and Social Care System:

- **Recommendation 12:** Service by service integrated care pathways should be designed, agreed and delivered. These should encompass both on and off-Island components of clinical service models.
- **Recommendation 14:** A single, integrated out-of-hours service should be established to provide care in an efficient and appropriate manner outside normal working hours.

The project team is undertaking service by service reviews and designing integrated care pathways, tailored to meet the needs of our Island community.

### 3.3.2. How are Services reviewed and improved Care Pathways designed and agreed?

The project team works closely with stakeholders across the whole pathway for each service being reviewed including DHSC, Manx Care, Primary and Community Care, 3<sup>rd</sup> Sector, Patients, Carers and Service Users.

Improved care pathways are designed building on their feedback and international best practice models and then developed into a business case, which also identifies the implementation process. This is when the design work is moved into practice and systems and processes change for patients, their families and staff.

The current process is summarised in the diagram below.



### 3.3.3. What Services have been reviewed and which Pathways developed so far?

In 2020-21, the following nine service areas completed the initial steps of the process and produced a high level pathway design, which was agreed by the DHSC Executive Team:

- Diabetes
- Cardiovascular conditions (which includes cardiology, vascular and stroke services)
- Cancer
- Children with Complex Needs (renamed Children and Young People with Continuing Care Needs further to Stakeholder feedback)
- Autism
- Eye care
- Urgent and Emergency Integrated Care

In 2021-22, work has been focusing on a deeper review of the following areas:

- Urgent and Emergency Integrated Care
- Cancer
- Eye Care
- Cardiology

One theme identified in the Diabetes and Cardiovascular Pathfinder work has also been taken forward. This looked at early identification and intervention options in these specific clinical areas and business cases have been produced outlining the feasibility of implementing two national screening programmes - one of which is a recommendation for Diabetic Retinopathy Screening.

The business cases that have been developed so far in 2021-22 are being reviewed and considered by clinical and operational leaders across the system and by Treasury to assess the financial feasibility and sustainability of proposals.

Finally, additional work in 2021-22 has been undertaken in the following areas:

- The Financial Sustainability of Nursing and Residential Care Homes
- Children with Continuing Care Needs
- Service Sustainability Reviews

### 3.3.4. Why is there a different focus today than the original list of Pathfinders?

The work on the initial pathfinder projects was completed in spring 2021. The original intention was for the Care Pathways project team to hand over the agreed high level pathway designs to Manx Care for implementation whilst they began a new cycle of services to be reviewed in a similar manner.

However, with the launch of Manx Care in April 2021 and an increased understanding of the magnitude and complexity of the proposed transformation, it was agreed by the Transformation Board that this approach should be amended, with a more targeted focus on specific priority areas, ensuring the production and implementation of more detailed and comprehensive deliverables, each supported by feasibility analysis and a business case.

The Care Pathways project team continues to work in close partnership with Manx Care and other stakeholders to build on earlier work, creating the business cases and implementation plans for the services deemed to be of priority urgency by Manx Care.

Care Pathways team support will be offered for the remaining 'Pathfinders' in future phases.

In the interim, teams in these Services have been encouraged to continue to develop their areas in the directions of travel outlines in the agreed high level pathway designs.

### **3.3.5. How do I stay updated on the development of the project?**

Should you wish to learn more about the Care Pathways and Service Delivery Transformation Project or if you would like to get involved and share your experiences if you are a patient, service user, carer or family member of the areas currently under review, please contact the team at [PathwaysTransformationTeam@gov.im](mailto:PathwaysTransformationTeam@gov.im). More information about the project can be found [here](#).

Finally, you can also [read this communications](#), which updates on the current position of the project, which, as at September 2022, was temporarily, paused to allow Manx Care to focus on their financial priorities. This pause is intended to be until no later than 31<sup>st</sup> March 2023.

## **3.4 Undertake Needs Assessment**

### **3.4.1. What is the Undertake Needs Assessment project looking at?**

The undertake needs assessment project is looking at the process for conducting a programme of health and care needs assessments which will look at the current and future health and wellbeing needs of the local population to inform and guide the planning and commissioning of health, well-being and social care services. The programme should consider the needs arising from all of the factors that impact the local population including economic, education, housing and environmental factors (Wider Determinants of Health), this is best achieved by Joint Strategic Needs Assessment (JSNA).

### **3.4.2. What is a Joint Strategic Needs Assessment (JSNA)?**

A JSNA is the first step in a process which leads to the agreement of strategic objectives, the delivery of those objectives through an implementation plan and finally a mechanism for holding all partners to account for delivery. A JSNA is the single agreed picture of need and is essential for joint strategic planning based on the identification of the most important areas for action, all underpinned by core data sets and evidence based research. The intention is that the process will reflect the changing need in how health and care services are to be delivered in the future, from institution lead to a whole systems approach that's largely preventative and looks at wider determinants of health in communities. It should be population focused and with the aim of "Health in All Policies" becoming the 'norm' across all Isle of Man Government Departments.

## 3.5 External Quality Regulation

### 3.5.1. What is the External Regulation project trying to achieve?

The External Quality Regulation project aims to implement appropriate, comprehensive external quality regulation across all health and care services for the Isle of Man population. This will involve a comprehensive approach to independent inspections of the quality of provision of all health and care services delivered or commissioned by Manx Care on the Island.

### 3.5.2. Who will carry out the inspections?

The [Care Quality Commission \(CQC\)](#) has been asked by the Department of Health and Social Care to assist in developing a system of independent inspections of Manx Care services, providing assurance to Government and the public that services are safe and of high quality. Other recognised professional bodies will be engaged to conduct inspections outside of the CQC's remit, in line with the [Manx Care Act](#). The Registration and Inspections team will continue to ensure that all care services in the Isle of Man comply with the [Regulation of Care Act](#).

## 3.6 Primary Care at Scale

### 3.6.1. What is the Primary Care at Scale project look at?

The Primary Care at Scale project is co-designing and implementing the optimal strategy and model to deliver Primary Care services collaboratively and at scale on the Island. A key outcome for the project will be to support the delivery of standardised, personalised care closer to home. This aligns with an overall ambition of the Transformation Programme in creating high-quality, integrated, person-centred care. Care that's sustainable now, and in the future.

### 3.6.2. What is Primary Care?

Primary care services provide a first point of contact in the health and care system and treat many non-urgent and long-term health conditions. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services. The Primary Care at Scale Project will transform the approach to primary care delivery, including the expansion of services and professionals (e.g. therapies, pharmacy, mental health, specialist health conditions) to ensure a joined-up system that supports wellbeing and provides care close to home wherever possible.

### 3.6.3. What is Primary Care at Scale?



Primary Care at scale is a way of working that connects all elements of primary care to facilitate joint delivery across GP practices and other primary care services. Primary Care at Scale is about making it possible for patients and service users to access the care services they need closer to home. It will also support standardisation of clinical treatment and the provision of a greater number of services in some locations. In addition, it will support those working in primary care by providing opportunities for more cross-working and sharing/utilisation of skills and increasing resilience and sustainability.

To achieve this, the primary care at scale project will look at how to bring together professional teams made up of many different specialisms to work together on providing the best care for each individual. The ambition is to provide primary care in a way that listens and responds to people's needs, across the whole population, while also making sure we make best use of the available resources (such as people, funding and facilities).

Key to this new way of working is agreeing a new model of care that supports effective care delivery across the Island, and locally wherever possible. The new 'at scale' model of care must enable primary care services to become part of a more integrated care system that delivers the right care, at the right time, in the right place in the most affordable way.

#### **3.6.4. What impact will Primary Care at Scale have on the health services that are available to me?**

Further and deeper collaboration within primary care is necessary to deliver current services and provide additional local services. Primary care at scale would allow for a range of service improvements and benefits, for those working within the service and those who rely upon it. This includes standardisation of clinical treatment; opportunities to improve and enhance back office functions and patient facing services; the provision of a greater number of services in some locations; increased flexibility of access to services; sharing of specialist resources; increased clinical resilience during periods of absence; and broader mutual professional support.

To learn more about what the public want in terms of the services offered closer to home, we opened a public consultation in late 2021, which received great interest. The results are available on [here](#) and [here](#).

#### **3.6.5. What progress has the Primary Care at Scale project made in to date?**

The project has been working with General Practitioners to identify a preferred approach to at scale delivery in general practice. We are continuing to work collaboratively with our colleagues across general practice to agree an approach.

We have also developed an initial Model of Care for at scale services, engaging with key stakeholders from across primary care to develop the draft Model of Care through surveys, interviews and workshops. We have engaged with colleagues from within General Practice (Clinical, Nursing and Administrative), Therapies, Pharmacy, Mental Health, Podiatry, Dentistry, Optometry, Third sector, Reablement, Ambulance Services, Nursing, Hospice, Nursing and Residential homes. A baseline strategy for primary care at scale was approved

by the Manx Care Board in May 2021, and is available through the Health and Care Transformation [website](#).

During 2021 and early 2022, the project have worked with primary care and providers to develop a detailed strategy and high level target operating model for future services. The [detailed strategy](#) and [high level target operating model](#) are available on our website.

### **3.6.6. What are the next steps for Primary Care at Scale?**

The next phase of the project will be to undertake detailed design of the target operating model, development of an outline business case and a implementation plan. We will be undertaking broader engagement with colleagues across the health and care system, and with service users to develop the detailed Model of Care. Events and surveys will be publicised through the Health & Care Transformation [website](#).

## **3.7 New Funding Arrangements**

### **3.7.1. What is the Funding project looking at?**

The New Funding Arrangements project is reviewing existing and new funding arrangements needed to assure financially sustainable health and care services. The long-term and overarching vision of the project is to achieve a health and care system that plans for the future, is affordable and financially sustainable, and is delivered to an agreed mandate and set of standards and contracts.

### **3.7.2. One of Sir Jonathan Michael's recommendations (Recommendation 20) outlined that funding should move from the current annual budget allocation to a 3-5 years' financial settlement for health and care services. Is this happening?**

Whilst it may be desirable to offer a guaranteed 3-5 year financial settlement for Manx Care, it is not currently possible to achieve this objective fully within the Isle of Man Government budget process. For Manx Care to receive a 3-5 year budget, Tynwald would need to vote for this separately from the rest of Government's budget. It is proposed instead that rather than locking a 3-5 year budget for Manx Care, Tynwald could vote for an indicative 3-5 year budget with an annual ratification. This will enable Manx Care to plan services for a 3-5 year term whilst not setting plans in stone and allowing future flexibility in the event of future economic impacts. This has been agreed by both the Transformation Programme's Boards including Sir Jonathan Michael who advises the Transformation Political Board.

### **3.7.3. How does Manx Care get its budget?**

Manx Care remains publicly funded. It receives its allocated budget from the Treasury via DHSC through the Mandate. As part of the process of setting the Mandate to Manx Care, the DHSC will work with Manx Care and the Treasury to agree the funding envelope for

itself and for Manx Care to be submitted for Tynwald approval. This funding envelope will be set out in the Mandate as a net figure, considering both income and expenditure budgets.

Manx Care needs to be transparent in how it is spending public money and will be required to report regularly (such as quarterly) to the DHSC in terms of financial profile, as well as with a full annual report.

In the longer term, the ambition is to provide an indicative budget for a 3-5 year period, recognising the need for Treasury to undertake its annual budget setting process and for Tynwald to have the ability to review and approve each annual budget.

#### **3.7.4. Does Manx Care have to meet Isle of Man Government Financial Regulations?**

As with all publicly funded organisations on the Island, Manx Care must meet Isle of Man Government Financial Regulations. Manx Care operates under financial regulations, however some adjustments are being progressed by the programme team and the Treasury to balance the need and allow Manx Care to be operationally independent from Government, whilst maintaining robust financial governance and wider oversight.

The key differences in financial regulations are expected to enable Manx Care to:

- move money between service areas as it sees fit, so long as it does not compromise its ability to meet its obligations under the Mandate. This freedom will enable Manx Care to direct funding to the most appropriate services to achieve the best outcomes (e.g. to invest more money in the community in order to reduce the pressure on secondary (hospital) or tertiary (UK) care);
- have more decision-making power in relation to occasions when exemptions in financial regulations are being sought; and
- use external, non-Government, providers if existing shared services repeatedly breach the agreed Shared Service Agreements – subject to Council of Ministers approval.

#### **3.7.5. Can Manx Care charge for services?**

Manx Care will only be able to charge for services in accordance with the law set by DHSC (e.g. prescription charges).

#### **3.7.6. Is Manx Care able to borrow?**

Yes, but only from the Treasury Consolidated Loans Fund and only for capital projects. It will require Treasury approval via the DHSC.

### **3.7.7 One of Sir Jonathan Michael's recommendations (Recommendation 17) outlined that increased funding should be linked to the achievement of annual efficiency targets. Is this happening?**

A 1% efficiency target for DHSC and Manx Care has been agreed for 2021/22. For future years, the exact percentage of efficiency targets will need to be examined as part of the regular budget setting process between Manx Care, DHSC, and Treasury, but this is expected to be an 8 year profile to get spend back to where it 'should' be.

## **3.8 Governance & Accountability**

### **3.8.1. What is the Governance & Accountability project looking at?**

The Governance & Accountability project seeks to develop a joined-up and structured approach to Governance & Accountability across DHSC activities and areas of responsibility. The project will deliver two frameworks: one for Corporate Governance and one for Clinical and Care Governance.

## **3.9 Air Bridge**

### **3.9.1. What is the Air Bridge project looking at?**

The Enhanced Air Bridge project is progressing the creation of an extended emergency 24/7 air bridge enabling the safe transfer of patients who are being treated to appropriate specialist centres.

### **3.9.2. What has the Air Bridge project done to date?**

A trial of the Helicopter Emergency Medical Service (HEMS), being delivered by Great North Air Ambulance Service (GNAAS) is underway and has recently been extended, with a view to expand the scope and scale of the trial to benefit a great number of patients across the Island.

### **3.9.3 What is the HEMS - Helicopter Emergency Medical Service?**

HEMS is a helicopter that has been specially equipped with an extensive range of critical, advanced medical equipment and is staffed with highly skilled medical professionals. The service is able to provide sophisticated and critical medical care immediately on the ground to patients and in flight on the way to a treatment centre on the Island or in England. GNAAS has three helicopters, that have a top speed of up to 190mph, making them one of the biggest and fastest air ambulance providers in the UK. Manx Care staff will determine the need to use the HEMS service, depending on the patient needs.

### **3.9.4 What will happen to the Island's existing fixed wing air ambulance service?**

The helicopter emergency medical service (HEMS) will operate alongside the Island's existing fixed wing air ambulance service and to complement one another. There will be instances when one is clearly more appropriate than the other. For example, if speed is required, the HEMS may better-suit as they can go direct to the scene with a clinician and paramedic on board with all the kit needed for in-flight care. On other occasions, the fixed wing transfer service may be more appropriate to meet the patient need.

### **3.9.5 What will happen during and after the trial of the HEMS?**

The HEMS was initially used on a six-month trial, during which time careful consideration was given to how the service worked. Approval has since been obtained to extend the contract, and also to look at expanding the scope.

## **3.10 Business Intelligence**

### **3.10.1 What is the purpose of the Business Intelligence project?**

This project will develop the systematic and accurate capture of information in a core data set. This will hold all data held by Manx Care to aid efficiency, automation, reporting and, by extension, informed decision making. The project will start work imminently with a new partner, bringing a strategic solution to clinical coding – this is where information collected about patients during hospital appointments, time on the wards and surgical procedures is translated into a widely recognised coding system.

### **3.10.2 What has the Business Intelligence project done to date?**

The project to date has established a foundation of a Business Intelligence function, and has identified and commenced recruitment of resource required to accelerate transformation of this function. The project has also developed an automated integrated performance report, has commenced delivery of the Public Health Outcome Framework data and has established version one of the Core Data Set.

### **3.10.3 What are the next future aims for this project?**

The upcoming plans for this project are as follows:

- Address reports for Cancer Pathway and reporting for the Care Quality Commission (CQC)
- Commence strategic delivery of coding and data improvement (clinical coding)
- Publish a data dictionary for data set approved recommended solution data warehouse and commence delivery



- Make available Health Outcome Framework (HOF) Reporting
- Establish version two of the Core Data Set

## 3.11 Manx Care Record

### 3.11.1 What is the purpose of the Manx Care Record project?

This project aims to implement the Manx Care Record, a single overarching digital care record that provides appropriate staff from all parts of health and care with access key data from each relevant system used in the delivery of care. This will improve efficiency and enable the provision of higher quality services.

This project will therefore ensure that digital systems used are effective, flexible and reliable, to support an integrated health and care system.

## 3.12 Information Governance

### 3.12.1 What is the purpose of the Information Governance project?

This project aims to achieve GDPR compliance for Manx Care, the DHSC and the Public Health Directorate to secure the foundations for a sustainable information governance framework. The Project aims to assess current compliance, determine what the future Information Governance model should look like and implement it.

### 3.12.2 What has the Information Governance project done to date?

The project to date has scoped an outline approach to achieving GDPR compliance, as well as understood the key gaps in the current model and produced recommendations to resolve them. It has also formed an Advisory Board to provide oversight and guidance. The project is in the process of recruiting a number of people across the Health and Care system to support the projects aims.

### 3.12.3 What are the next future aims for this project?

The upcoming plans for this project are as follows:

- Establish information governance framework
- Identify and train resource
- Baseline compliance
- Inform work plan of continual improvement
- Identify and establish digital support where applicable
- Review and refresh all existing IG/DP artefacts

# Thank you

If you have further queries, please contact [HealthandCareTransformation@gov.im](mailto:HealthandCareTransformation@gov.im).



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