

**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>17.23</b>	<b>Welcome &amp; apologies</b>	Chair	Verbal	9.30
<b>18.23</b>	<b>Declarations of Interest</b>	Chair	3	
<b>19.23</b>	<b>Minutes of the meeting held in public - 10 January 2023</b>	Chair	7	
<b>20.23</b>	<b>Matters arising/Review of Action Log</b>	Chair	20	
<b>21.23</b>	<b>Notification of any other items of business</b>	Chair	Verbal	
<b>22.23</b>	<b>Board assurance framework for 2022-2023</b>	Bd Sec	21	9.40
<b>23.23</b>	<b>Patient Story</b>	CEO	30	9.45
<b>UPDATES</b>				
<b>24.23</b>	<b>Progress on Partnership – Working with Staff Side</b>	Dir OHR / Acting Staff Side Lead	Verbal	10.00
<b>25.23</b>	<b>Chair's report</b>	Chair	32	10.20
<b>26.23</b>	<b>Chief Executive's report and horizon scan</b>	CEO	33	10.30
<b>27.23</b>	<b>Committee Chairs' Exception Reports</b>  - Audit Committee – 24 January 2023 - QSE Committee – 24 January 2023 - FP&C Committee – 25 January 2023 - People Committee – 27 January 2023 - ICPC Committee – 31 January 2023	Comm Chairs	41	10.50
<b>REFRESHMENT BREAK 11.10am</b>				
<b>28.23</b>	<b>Integrated Performance Report</b>	Dir of Nursing Medical Dir Dir of Social Care	54	11.20

PRIORITY ONE – PATIENT SAFETY				
29.23	CQC Inspection	Dir of Nursing	Verbal	11.45
PRIORITY TWO - CREATING A POSITIVE WORKING CULTURE				
30.23	<b>Workforce and Culture Update</b> <ul style="list-style-type: none"> <li>- Progress against Culture of Care Barometer Action Plan</li> <li>- Progress against Social Care Action Plan</li> <li>- EDI Update</li> </ul>	CEO	96	11.55
31.23	Update on Pay Negotiations	CEO/Dir of OHR	Verbal	12.10
PRIORITY THREE – MAINTAINING A STABLE FINANCE POSITION				
32.23	<b>Director of Finance Report:</b> <ul style="list-style-type: none"> <li>- December Management Accounts</li> <li>- Progress against Back to Balance Plan / CIP Delivery</li> <li>- Budget setting 23/24</li> </ul>	CEO	105	12.15
ANY OTHER BUSINESS				
33.23	With prior agreement of the Chair	Chair		12.30
FORMAL MEETING CLOSES AT 12.30 - QUESTIONS FROM THE PUBLIC				
The Board will respond to questions from the public		All		
MEETING EVALUATION				
Board review – feedback on the meeting: effectiveness and any new risks and assurances		Chair	Verbal	
DATE OF NEXT MEETING TO BE HELD IN PUBLIC: 4 APRIL 2023				

# Register of Directors' Interest

## 1 February 2023



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		
	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 10 January 2023**  
**iMuseum, Kingswood Grove, Douglas**  
**9.30am-12.30pm**



**Present:**

**Non-Executive Directors**

Sarah Pinch (SP)	Chair
Tim Bishop (TB)	Non-executive Director
Andrew Guy (AG)	Non-executive Director
Katie Kapernaros (KK)	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
Jackie Lawless (JL)	Finance Director
Sally Shaw (SS)	Director of Social Care

**Executive Directors Non-Voting**

Dr Oliver Ellis (OE)	Medical Director, Primary Care
Anne Corkill (AC)	Director of HR Business
Oliver Radford (OR)	Director of Operations

**In Attendance:**

Elaine Quine (EQ)	Board Secretary and Minute Secretary
Jane Wolstencroft (JW)	Deputy Board Secretary

**Apologies**

Andrew Foster	
Nigel Wood (NW)	Non-executive Director
Aneurin Pritchard	Director of Infrastructure

**GOVERNANCE**

**Item**

**Action**

**1.23 Welcome and apologies**

SP welcomed everyone to the meeting. Apologies had been received from Andrew Foster and Nigel Wood.

**2.23 Declarations of Interest**

There were no declarations of interest relevant to the meeting.

**3.23 Minutes of the Board meetings held on 1 November 2022 (public)**

**The minutes of the meetings held on 1 November 2022 (public) were accepted as an accurate record.**

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

There were two matters listed on the action log. One was not yet due and the other had been completed.

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

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

#### **6.23 Board Assurance Framework 2022/23**

##### **- Risk 3 Competition for Staff leading to critical shortages**

AC provided a summary of the paper that had been included in the pack. KK queried what actions were being taken across Government to improve recruitment and retention. TC informed the meeting that she was part of a Government wide initiative entitled 'A Great Place to Work', the aim of which included attracting new members of the workforce to the Island and retain the existing workforce. She explained that given the vacancy factor at Manx Care it was necessary for Manx Care to often act at a faster than the rest of Government given the global shortage of clinical workforce. Manx Care was seeking to increase domestic production of nursing staff and also opportunities to send pre-registrants to the UK for training where appropriate. There was also a suggestion that Keyll Darree could be used as a multi-disciplinary training academy so could be used for not just nursing training but also social care and health care assistants. PM observed that the paper provided good assurance that Manx Care was doing all it could to manage the 'here and now'. The natural progression from this would be to look into the future and plan for that. TC queried what progress had been made with recording and reporting of mandatory training as this had been picked up during the CQC inspection. AC confirmed that a mandatory training policy was in place and a process of validating the mandatory training data recorded was underway. It was hoped that by April the validation process would be complete and the actual position would be known in respect of statutory and mandatory training. Validation of role specific training would follow. TC highlighted a concern that had recently been raised in that there was only a small number of employees that were required to disclose secondary employment. This could be an issue as it could impede the initiative to improve absence management and also any conflicts of interest would be unknown. It could also prevent Manx Care exercising its duty of care to all employees. TC would raise this with the partnership Board and seek the view of the unions as to whether this could be something that could be reviewed so that the true position was unknown. AG queried how the outcomes of the Transformation work streams and the view of the DHSC informed the HR strategy as it appeared that there was little engagement in assisting Manx Care with developing an overarching recruitment strategy. He continued that this also applied to infrastructure which was within the remit of the DOI as Manx Care was unaware of what could be available in terms of its estate going forward. AG encouraged the executive team to progress both issues as they were fundamental to the future success of Manx Care. TC concurred and added that the mandated objectives had been received annually which had made it difficult to have a longer term strategy. It was the intention to develop a 3-5 year strategy with sub strategies for quality, people and finance and this would be effective from April 2023. This would also be pivotal in setting the clinical delivery models and then understanding the workforce and estate required to deliver them. PM added that the workforce of the future may need to be a lot less specialised and much more generalist to support the needs of the population and this was the view contained within the Sir Jonathan Michaels report.

#### **UPDATES**

##### **7.23 Chair's Report**

The update from AF was noted. SP informed the meeting that she and TC had met with Minister Hooper and the Interim DHSC Chief Executive the following day and the discussions had been constructive. She, TB and KK had also visited the Southern Wellbeing Hub to meet



colleagues and have a tour of the facility and the services that were being offered and to observe the benefits of services being co-located. SP, on behalf of the Board, extended her thanks to Richard Wild who had left Manx Care in November. She paid tribute to the work that he had undertaken during his time as the Chief Information Officer and wished him success for the future.

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

TC would revise the horizon scan going forward so as to include corporate department updates and it would be framed in light of the 'Island Plan' so it could be presented to a wider audience.

There had been high numbers of patients with flu and there had been a small increase number of covid cases being reported. There had been many operational challenges during December with OPEL 4 being reached on several occasions. This had also provided an opportunity for learning as OPEL 4 required a much wider response than just the hospital. Delayed discharge continued to be an issue and further work was required to ensure that those that were medically optimised were moved out of the hospital setting so as to ease pressure on capacity. It was noted that the hospital had limited capacity and resource compared with the UK so every occasion where OPEL 4 was reached would continue to be carefully managed. The importance of signposting patients to the correct service was highlighted as Manx Care was much broader than the hospital and most contact with medical practitioners was carried out in the community. There was a discussion regarding whether there was any benefit in tracking how quickly OPEL 4 had been de-escalated. PM replied that it would depend entirely on the reasons for declaring OPEL 4 as for example, if there was an incident at the airport and many people required hospital treatment but could be discharged quickly, OPEL 4 would only be in place for a short period. If however there was a significant increase in the amount of admissions for flu and frailty OPEL 4 could remain for weeks. TC reminded that OPEL 4 was not a failure, it was a sign the organisation was under pressure and dedicated the clear actions that would be taken in response to de-escalate the situation and to ensure patient safety maintained.

#### Information Governance

Manx Care had been in receipt of a penalty notice in July 2022 following a data breach. A comprehensive remediation plan had been put in place and regular updates had been provided to the Information Commissioner ('ICO'). TC and colleagues had met with the ICO in December to provide a status update and to review progress. The ICO had since confirmed that he had extended the notice to stay the payment until 31 March 2023. Provided progress continued in a manner that the ICO was assured by, the penalty notice may not be invoked.

With regard to staffing a new head of information governance was now in place and interviews were ongoing for senior IG resource. It was hoped that there would be a full complement of staff would be in place by March.

#### 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. Full accreditation had been received which provided excellent external assurance on theatre safety.

#### ENT Action Plan

The progress of this would continue to be monitored at the Quality, Safety and Engagement Committee.

### **9.23 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.

#### Audit Committee

The report was noted. AG would engage to MIAA to review opportunities to increase GP services. The approach was endorsed by the Board.

#### QSE Committee

Work on clearing the complaints the legacy backlog was progressing well and was now completely clear. All complaints were now fully compliant with the new regulations and Manx Care would continue to respond to patient queries and concerns. Risk 2b would continue to be reviewed. The ENT action plan was monitored on a monthly basis.

#### FP&C Committee

The length of time taken for decision making from DHSC in areas such as business cases and high cost patients was raised again. The proposed funding award for 23/24 fell far short of what would be required to deliver the 23/24 mandate objectives as currently set out. Work to prioritise spend would commence and this would be informed by the view of the DHSC also. The primary care at scale business case was discussed and whilst the Committee was supportive of the principles, the growth assumptions within the business case were far in excess of the growth assumptions used by Manx Care. There would be some further work required to understand why the assumption were so different. The business case suggested that there will be a saving of several million pounds whereas initial costings by Manx Care revealed a significant cost implication. This would be a significant piece of work and if it were to be progressed as set out in the business case, there would be no funding available for any other services. The provision of social care had been discussed and different models had been considered but further work was required to assess the most appropriate solutions. Good progress had been made on the contacts registry which was now in a compliant state.

TB observed that when social care was reviewed it must be done in totality to include the provision of care in peoples own home and not just focussed on residential social care provision.

SA queried how the efficiency savings from successful consultant's recruitment was measured. JL stated that this was recorded in the CIP plan but as data collation became more sophisticated this would be reflected in other data sets. It was acknowledged that the efficiencies from making substantive appointments was not simply a financial saving but had a much broader benefit and this would be the subject of a deep dive at the Board at a future meeting. The executive team would decide which Committee would be the most appropriate to monitor this.

TC reiterated the importance of the Partnership Board and the DHSC Board achieving alignment on priorities and it was essential that those sessions were arranged during Q4.

#### Digital and Informatics

KK reiterated the progress made in response to the data breach and the Committee had received good assurance in that regard. There had been a review of the IT estate and the baseline was now known. It was a concern as many systems were unsupported or coming to the end of life so there would be a cost implication to remediate. AG queried whether this would be a cost to Manx Care as IT was provided under the shared service agreement, KK stated that this was currently unknown as there was a lack of clarity as to which department

was responsible for which cost. It was acknowledged that this was a significant risk to Manx Care as it was not in direct control of its own IT estate. Any cyber security risks would be addressed as a matter of urgency. TC expressed her disappointment that it had taken so long to establish the baseline position which should have been made clear at the inception of Manx Care. A further update would be provided to the April Board meeting.

KK

## PRIORITY ONE – IMPROVING PATIENT SAFETY

### 10.23 Integrated Performance Report (IPR)

OR highlighted the impact of the R&R work on the reduction in waiting lists, overnight stays and day case. There had been some improvement on the 2 week wait cancer pathway and there was now over 80% compliance. The category 2-5 ambulance performance was performing better than the UK standards.

Causes of concern were the winter pressures as discussed earlier in the meeting. There had been a decrease in service level in ED with people waiting longer than 4 hours. 18.6% of patients admitted had waited in ED in excess of 4 hours and this was largely due to delayed discharges. There was also an increase in 12 hour trolley waits and whilst Manx Care was performing better than the UK it was not an acceptable position to be in. There was no 'corridor care' in Manx Care and those that were waiting to be admitted were in individual rooms within ED and not waiting on trolley's in corridors. Category 1 ambulance standards were not being met. There were also 23 incidents of handover times being over 60 minutes which was approximately 3% of admissions and given there was only a small number of ambulances it was not a desirable position. The learning from OPEL 4 would be reported to the QSE Committee.

#### Director of Nursing Update

PM thanked OR for the vast amount of work that had gone into improving the IPR. Performance for quality had been very positive in November and he made the following specific observations:

- Serious incident reporting was embedded and working well
- Infection prevention and control continued to be managed well with strong and sustained progress
- Duty of candour and complaints response were being effectively delivered
- Good progress continued to be made with anti-microbial stewardship
- Gender appropriate accommodation was fully compliant
- MCALS continued with strong performance with 90% of issued being dealt with on the day
- 90% of service users reported via Friends and Family would rate the care received as either good or very good
- Risk assessments of patients remained a challenge due to the number of admissions and staff shortages
- Learning from deaths required improvement

#### Medical Director Update

- All deaths since February 2021 had been reviewed using level 1 review. The next stage would be to undertake a level 2 review of those deaths that required further review

#### Director of Social Care Review

- Concern that children with complex needs reviews had fallen behind expected levels
- KPI's for adult social care and adult social work required improvement

TC stated that the improvements to the IPR represented a significant milestone. It was essential that individual care groups were empowered to manage their own performance and be recognised for improvements made.

### **11.23 CQC Update**

PM reported that more than 90 reports had been received to date, each of which had to be checked for factual accuracy. There was a significant amount of helpful intelligence from the reports which corroborated the view expressed by Manx Care of the major issues it faced, those being:

- Staffing
- Culture in certain areas
- Risk Management
- Medicine Management
- Training
- Safeguarding
- Oversight of Quality

The well led inspection report had been received which demonstrated that the Board and senior leadership team had the right mix of skills and experience to lead Manx Care which was very encouraging. He continued that a common phrase used in each report stated that 'the provider does not always.....' and this had been used to describe Manx Care's treatment of medical outliers which were patients who were medically optimised but were without accommodation to be discharged too. These patients were accommodated in beds in gender appropriate wards with the same access to services as other patients. The alternative to this would be 'corridor care' where the patient would be placed on trolleys which was an entirely unacceptable solution and therefore Manx Care would continue to accommodate such patients on wards despite criticism from the CQC. This was the best way to care for such patients until appropriate accommodation could be identified. Manx Care would always act in the safest way for patients within the context of its circumstances taking all risks into account. . An overarching improvement plan focussing on the following 12 months would be devised. It was noted that OFSTED would inspect children's social care and SS had offered CQC the opportunity to inspect adult social care as a pilot inspection. The Board concurred that an inspection of both areas was very necessary in order to establish a baseline from which to improve. This had been a specific area of concern following the social care culture review and a full report on that would be presented to the next People Committee. TB suggested that a peer review with a counterpart from the UK should be undertaken as this was standard practise in the UK. The DHSC would continue to monitor Manx Care's progress in response to the CQC recommendations. SP, on behalf of the Board, thanked PM and his team for the extensive work undertaken prior to, during and following the CQC inspection.

### **12.23 Restoration and Recovery Update**

The paper that had been circulated in the pack would be presented to the next sitting of Tynwald. Phase two of the project was underway following the grant of funding from Treasury. Phase 2 included surgical specialities and good progress was being made in orthopaedics and ophthalmology. General surgery had also commenced with hernias, urology, and ENT. It was hoped that the waiting list could be cleared to a six week wait for all surgical specialities. It was essential that the level of productivity was maintained when the Synaptik project ended by increasing theatre utilisation and focussing more on day cases. There was an R&R phase 3

business case which would address any gaps between demand and capacity. This was a long term delivery model as opposed to phases 1 and 2 and would likely last until 2026. An intensive waiting list validation for out patients and in patients was ongoing with six waiting lists being validated. Letters had been issued to 2.5k people and 1400 responses were outstanding and these would be followed up. Where there was no response the clinician would make a decision as to whether to remove the patient from the list. It was hoped that once the exercise was complete and all responses had been received waiting times could be published. TC stressed the importance of validation and an accurate position for both funding and demand and capacity planning. Validation was a continuous process and it was essential to have clean and reliable wait lists. The data would be published at the speciality level as each validation process was complete rather than waiting for the entire process to conclude. JL asked for clarification as to why the actual levels of activity had fallen behind the planned levels of activity and whether there was a plan to close the gap. OR stated that the delay was mainly due to Synaptik being unable to mobilise their team but that there was a plan for Synaptik to catch up by a consultant carrying out procedures 7 days per week.

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

### **13.23 Workforce and Culture**

A culture of care barometer and action plan had been devised following the BMA survey. It was a 52 point action plan of which 32 actions were complete. The Manx Care intranet site had been delayed but should be completed within the next few weeks. The survey would be repeated during 2023 in conjunction with the BMA to understand progress and set a new baseline to measure improvement. This would be carried out for the entire organisation and not just Nobles. A comprehensive update on the progress of the social care action plan would be presented to the People Committee at the end of January.

### **14.23 ED&I Update**

The report was noted. SP pointed out that she and TB were EDI champions. The CQC identified the low baseline for EDI in the 'Well Led' review. In order to identify a baseline the Equality Delivery system and the NHS Workforce Race Equality Standard would be used and that work should be completed by the end of January. The ED&I strategy would be presented to the Board in April. Work was ongoing to raise the profile of ED&I across Manx Care and colleagues were being encouraged to report protested characteristics via PiP. KK provided some examples of ED&I in practice and the tangible benefits it provided to staff. The importance of hearing the voices of staff was acknowledged. An ED&I dashboard would be developed to track progress.

### **15.23 Pay Negotiations**

The Royal College of Nursing, the Royal College of Midwives, the Royal College of Podiatry and the Prospect union had all rejected the revised pay award. Manx Care were awaiting an update on likely time scales for ballots on industrial action. The RCN had indicated that it would be the end of February before any action would be taken. The 4% increase back pay would be paid in the January pay run. Manx Care remained committed to constructive dialogues with the Partnership forums and the meetings were very productive and there was an understanding and appreciation of what was in Manx Care's gift within the financial envelope it had. Manx Care was respectful of what the staff side considered to be essential services and would base its strategy for any industrial action on that as far as practicable. OE queried how many employees were employed by UK organisations and whether there would be an impact caused by the industrial action in the UK. AC replied that there had been no formal notification received and the given number of doctors that would be involved it would not impact on service delivery.

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

### **16.23 Director of Finance Report**

#### November Management Accounts

The September Management Accounts were noted.

There had been a slight improvement from the previous month forecast. There had been concern regarding tertiary spend in December however the forecast now showed an improved position of £2.5m. A full review of tertiary spend would be undertaken with a view to streamline the process and achieve increased efficiencies. It was essential that tertiary provision matched the service models in operation. Tertiary spend included high cost patients which could be very volatile and discussion were ongoing with DHSC as to whether high cost patients could be funded separately so that it did not continue to distort the budget. There had been increased cancer drugs spend and other higher run rates which had cancelled out the positive tertiary movement. The position to the year-end continued to be forecast as a balanced position. Recent funding had been granted for high cost patients, TT and MGP costs and this would be reflected in the December management accounts. Increased CIP savings would also assist ending the year on balance. The CIP programme for next year was also being developed and the current target was £7.5m. Operational challenges persisted given the workforce challenges discussed earlier in the meeting. This had resulted in some of the reporting falling behind and the actual CIP savings not being calculated and included in the forecast. The level of confidence in delivering on balance was increasing and it was hoped that there would be no major issues identified in Q4. TC observed that in primary care medicine there was over achievement of the CIP target whereas in intermediate and secondary care there was an under achievement and she queried whether there was any learning that could be shared to improve the position for secondary and intermediate care and sought assurance that the reason for the position was known and action were in place to address this. JL replied that there had been issues with resource and data and whilst the savings had been made, they had not yet been accurately recorded so the figure was expected to improve significantly. There had been some re-structuring in the primary care team and this should also be considered by the secondary and intermediate care team. TC emphasised the need to have a clear formulary that was agreed and complied with. SA stated that a Medicines Optimisations Group had been formed which covered both primary and secondary care and this would assist with defining the formulary particularly regarding the prescribing of high cost drugs.

Looking ahead to 23/24 it would be a more challenging position. As discussed earlier in the meeting the likely funding available to Manx Care fell far short of the funding required to deliver everything Manx Care would like to. It was therefore essential that consensus was achieved between Manx Care and the DHSC as to what services would be provided and what the priorities were. It was likely that there would be some very difficult decisions to be made in the year ahead.

### **17.23 Any Other Business with Prior Agreement of the Chair**

There being no further business the meeting closed.

The Chair noted that several questions had been submitted in writing however due to the close proximity to the meeting date these could not be answered during the meeting and written answers would be provided.

The Chair invited questions from the public observers.

Q. Assurance had been provided in September 2022 that mortality reviews would be carried out and that there was a plan in place to ensure that this happened which would lead to Learning from Death reports being produced however there appeared to be little progress in this area with only 25% of the target being met.

A. 2 Medical examiners had taken up posts in September and they would drive the mortality agenda forward. Since April 2022 all deaths had been reviewed and the backlog of L1 reviews would be cleared by March 2023. L2 reviews would then commence during 2023 and learning from deaths reports would be produced by the year end.

Q. It appeared that there had been a 17% increase in the number of deaths within the hospital. What actions are the Board of Manx Care taking to address this.

A. Manx Care is a committed learning organisation and ever positive or negative experience from each patient is an opportunity for learning. Areas such as mortality, the prevalence and impact of flu, serious incident investigations are all monitored by the standing sub-Committees of the Board. Learning from the OPEL 4 escalations will be reported through the standing Committees and back to the Board as appropriate.

*The following questions were received in advance of the meeting and written answers were provided:*

1. Could Manx Care please detail what approximate total value of equipment, medical, technical, IT, etc. has been provided to Isle of Man Primary Care Network LLC and its members since Manx Care came into being and in return, what Manx Care has received back in payment or envisages receiving back in payment in the current financial year.

*(A) Manx Care has not provided any medical equipment to the PCN. Manx Care has funded £37,553.38 in IT Costs. This covered £3,689 for computers and the remainder was for systems. The systems provided have enhanced patient care within GP Practices, providing patients with the ability to have on-line consultations. They have also enhanced the clinical governance arrangements within GP Practices; providing the ability to record and share anonymised learning from incidents and complaints, audits etc.*

2. Could Manx Care please state what steps it intends to take to ensure that in future email messages between non clinical staff and GP s in GP surgeries do not become admixed or part of a patient's medical record?

*(A) The information input into a patient's record is entirely the decision of the GP concerned. If there is a particular issue that this relates to this it must be taken up by the patient with the Practice concerned, not with Manx Care.*

3. Could Manx Care please state what total value of Covid 19 Lateral Flow kit stock was held at the point at which same ceased to be provided free to patients and the method by which all Island free stock previously held by pharmacies has since been accounted for.  
Oliver

(A) *Government policy changed to no longer provide free LFDs on the 31st August 2022, with the exception of health and care staff and highly vulnerable individuals who are eligible to receive antiviral treatment if they contract Covid-19. At the time of the policy change, the value of the stock held was £126,069. Most pharmacies returned their stock however smaller pharmacies or those with low stock holding retained these so they had a stock to provide to eligible individuals.*

4. Could Manx Care please confirm how excess free Covid 19 Lateral Flow kits have since been sold/retailed, what value of stock has since been sold and what value of stock is still held in reserve?

(A) *Since Government policy changed, no LFDs have been sold to individuals or retail outlets and are being solely used to distribute to eligible individuals. Current stock holding is £152,025 – this includes stock returned by pharmacies hence the increase in value compared to 31st August 2022.*

5. Could Manx Care please confirm the estimated value of PPE held on the Island and the date by which same will become obsolete/time expired? Appropriate stock management procedures are in place.

(A) *The current value of PPE held is [ ]. Different lines of PPE have different expiry dates so it would be difficult to quantify when everything will become obsolete.*

6. Could Manx Care please confirm whether the current storage facility for all Island PPE is adequate and hygienically suitable in all respects?

(A) *Usable PPE is now centrally held at an industrial storage unit on Island prior to distribution. The building was recently inspected by both Health and Safety and the Fire and Safety Compliance Consultant. A recent PPE Audit carried out by Government concluded that all items are checked that they are stored correctly in their packaging in accordance to manufacturer's guidance.*

7. Could Manx Care please confirm whether all PPE purchased since the Covid Pandemic for island use is and has been in every respect fit for purpose and of sufficient quality

(A) *All PPE items were CE marked and relevant European standards met for any PPE that has been issued. Where required guidance was sought from Public Health and IPC*

8. Will Manx Care please conduct an independent survey of all patients who missed appointments at GP surgeries and also verify how many of the missed appointments were telephone appointments where no answer was received on first call, or appointments where the duration of the timescale involved was more than two weeks and no text message was



sent to the patient or appointments where the patient was not given an appointment card or verification text on day of booking or the patient didn't even know they had an appointment.

*(A) This level of information is not easily available and would be prohibitively time consuming to undertake and validate. Secondly Manx Care does not collect or hold patient identifiable information from GPs in relation to appointments.*

9. Will Manx Care please confirm what investigation is being carried out into the huge discrepancies in numbers between GP surgeries as to the reason for appointments being missed by patients taking into account that the forgetfulness of patients is unlikely to change according to regional variation.

*(A) The reasons for DNAs are multi-factorial. Comparative data does show that there are some Practices with higher 'DNA' rates than others and reasons for that have been the subject of discussion with the individual Practices. For example, one Practice had identified that some patients who were due to have a telephone consultation had not answered their phones because patient's mobile phones were displaying the Practice phone call as an 'unknown number', or they had a block on any unknown numbers calling them.*

10. Will Manx Care please confirm how many patients have left A & E in the last three months without treatment through the waiting time being too long or other reasons and if possible, how many of these have been wheel chair users.

*(A) 346 patients have left the Emergency Department without being seen in the three months up to the 31st December 2022. It is not possible to be more specific about the reason for leaving or identify which patients are wheelchair Board*

11. Will Manx Care please confirm the latest timescale for the structural improvement works to A & E and what steps it has taken since the last Manx Care meeting to accelerate the plans through DHSC and Treasury?

*(A) The current plans for the redevelopment of A&E are with the team for review since they have proposed a number of changes. There are some minor works planned within the department in the short term to help improve the existing situation (additional WC, clerical space and anti-ligature room). Capital schemes are discussed at the monthly Capital meeting with DHSC. Once DHSC has agreed the plans, an application is made to the Project Development Fund which will enable the scheme to be developed to a stage where a submission can be made to Treasury for funding. Although there were charitable funds for this scheme works these are no longer available so as it stands the full cost will have to be provided by government.*

12. Will Manx Care please confirm what steps it is taking to re-instate walk in access to MEDS and to add a 24 hour on site pharmacy to alleviate pressure on A & E.

(A) *There are no plans to reinstate walk in attendances at MEDS however all calls to the MEDS service are clinically triaged by a GP following a telephone call between the patient and the MEDS GP – this is to ensure that face to face appointments are allocated to patients who truly need them. Signposting to other services is offered as necessary i.e. patient's own GP, Pharmacy and in some cases more acute assessment/treatment such as Ambulance Service or ED. There is Community Pharmacy provision included in the new Braddan Commissioners Community Centre which is being built on the Noble's Campus which is welcomed.*

13. Will Manx Care please confirm what steps it is taking to developing a 24 hour GP surgery facility to open at critical pressure points when the hospital is at OPEL 4?

*Following an external review of the MEDS service undertaken in 2022, an options appraisal of the MEDS service is currently under development which is considering an expansion of the MEDS service in terms of opening time and further integration into the wider ED service. Wherever possible, salaried GPs are sought to supplement ED medical staffing however given the current shortage of GPs across the island, most salaried GPs are committed to supporting GP practices.*

14. Will Manx Care please confirm what steps it is taking to organise a uniformed trained voluntary hospital support corps (similar to St John Ambulance) to be called upon to assist and support the hospital when at OPEL 4

(A) *There are no current plans to develop a uniformed voluntary corps working within the hospital. Manx Care already works with a number of voluntary organisations to supplement Ambulance Service capacity, such as St John Ambulance and Hogg Motorsport Rescue. In addition, both Ramsey and Noble's Hospitals have a large team of volunteers providing support. Following the recent appointment of a Volunteer Coordinator we are looking for more volunteers.*

15. Given the overall development timescale of ten years involved, will Manx Care please outline what advanced plans it has to extend Ward blocks, outpatients and other hospital facilities to cope with demand into the next 50 years?

(A) Manx Care will be developing an estates strategy later in 2023/24 once the clinical service strategies have been developed which will outline the estates requirements for services in and out of hospital.

16. Given the increased use of the minor injuries facilities at Ramsey Cottage Hospital, will Manx Care now please acknowledge the need for a new Medical Centre for the north of the Island and the complete replacement of the cramped and insufficient existing GP surgery?

(A) As advised on 5 April 2022: *The Ramsey GP surgery is privately owned by the GP's in Ramsey, there has been no approach to Manx Care to provide an alternative surgery.*

- (A) As advised on 24 May 2022: *The North is currently served by two GP Practice Premises, one in Jurby and one in Ramsey. The surgery in Jurby was purpose built by IOM Government in 2010-11 and the Practice Premises in Ramsey which are owned by the Ramsey GP Practice Partnership were recently updated. In addition to the two GP Practice premises the North is currently also served by the Cottage Hospital, which provides a minor injuries unit, phlebotomy service and an in-patient service. Manx Care are currently reviewing the requirements for some additional clinical facilities in the North, South, East and West in order to fulfil the intentions of providing 'Primary Care at Scale'. Any plan for these facilities will be developed in 2022-23 and 23-24.*

DRAFT

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	04.04.23	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.	
9.23/Jan	An update on the remediation of the IT Estate to be presented to the April meeting	KK	04.04.23			

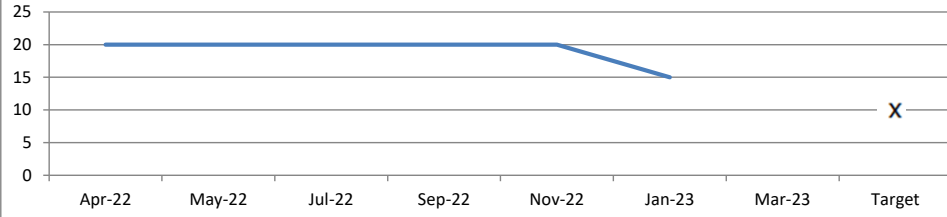
 <div>  <div> <div>manx care</div> <div>Kiarail Vannin</div> </div> </div>	<b>SUMMARY REPORT</b>	<b>Meeting Date:</b> <b>7 February 2023</b>	
		<b>Enclosure Number:</b>	

<b>Meeting:</b> <b>Report Title:</b> <b>Authors:</b> <b>Accountable Director:</b>	<b>Manx Care Board</b> <b>Board assurance framework for 2022-23</b> Elaine Quine, Board Secretary Teresa Cope, CEO						
<b>Other meetings presented to or previously agreed at:</b>	<table border="1"> <thead> <tr> <th>Committee</th> <th>Date Reviewed</th> <th>Key Points/ Recommendation from that Committee</th> </tr> </thead> <tbody> <tr> <td>Exec Team</td> <td></td> <td></td> </tr> </tbody> </table>	Committee	Date Reviewed	Key Points/ Recommendation from that Committee	Exec Team		
Committee	Date Reviewed	Key Points/ Recommendation from that Committee					
Exec Team							

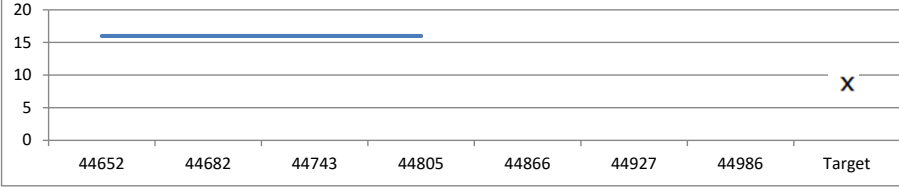
<b>Summary of key points in report</b>								
<p>The Board approved the recognition of six strategic risks to populate the BAF for 2022-23 at its meeting on 5 April 2022. Those risks are as follows:</p> <ol style="list-style-type: none"> <li>1. A failure to provide safe health and social care (split here into 1a healthcare and 1b social care)</li> <li>2. Overwhelming demand.</li> <li>3. Competition for staff leading to critical shortages.</li> <li>4. Major incident.</li> <li>5. Loss of stakeholder support and confidence.</li> <li>6. Failure to achieve financial sustainability.</li> </ol> <p>Each risk was assigned to a Board sub-committee that scrutinises each risk on a regular basis.</p> <p>During the reporting period Risk 1a – Failure to Provide Safe Healthcare has been updated. The remaining risks remain unchanged.</p>								
<table border="1"> <tr> <td>Consider for Action</td> <td></td> <td>Approval</td> <td></td> <td>Assurance</td> <td>x</td> <td>Information</td> <td>x</td> </tr> </table>	Consider for Action		Approval		Assurance	x	Information	x
Consider for Action		Approval		Assurance	x	Information	x	

<b>Is this report relevant to compliance with any key standards? YES OR NO</b>	<b>State specific standard</b>												
<b>IG Governance Toolkit</b>	No												
<b>Others (pls specify)</b>	No												
<b>Impacts and Implications?</b>	<table border="1"> <thead> <tr> <th>YES or NO</th> <th>If yes, what impact or implication</th> </tr> </thead> <tbody> <tr> <td>No</td> <td></td> </tr> <tr> <td>No</td> <td></td> </tr> <tr> <td>No</td> <td></td> </tr> <tr> <td>No</td> <td></td> </tr> <tr> <td>No</td> <td></td> </tr> </tbody> </table>	YES or NO	If yes, what impact or implication	No		No		No		No		No	
YES or NO	If yes, what impact or implication												
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No													
<b>Patient Safety and Experience</b>													
<b>Financial (revenue &amp; capital)</b>													
<b>OD/Workforce including H&amp;S</b>													
<b>Equality, Diversity &amp; Inclusion</b>													
<b>Legal</b>													

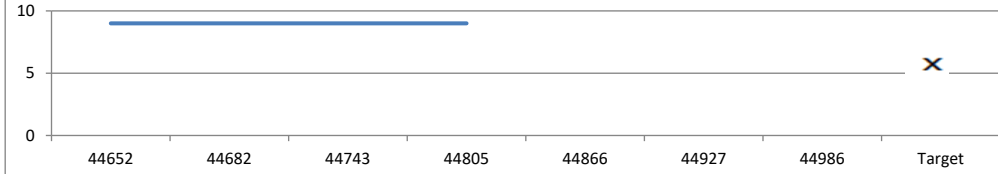


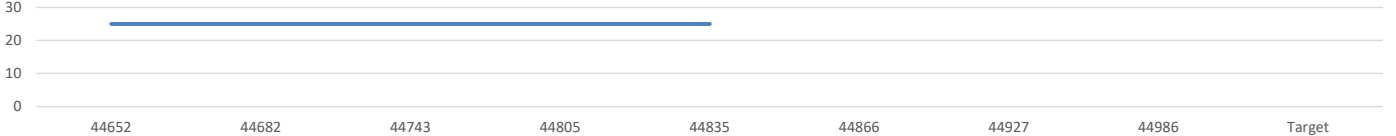
MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK																				
Failure to provide safe health care.		Overall risk owner:		<div>Residual Risk score</div> 				Amendment date:		Oct-22										
		Paul Moore						Committee scrutiny:		QSE Committee										
		Which of the 2022-23 objectives may be impacted:						TARGET: L x I		5 x 2 = 10										
1	Covid-19 response.	x	7	Reducing waiting times.	x					May '22: L x I	5 x 4 = 20									
2	Service user feedback drives improvement.	x	8	Continuous improvement.	x					June '22: L x I	5 x 4 = 20									
3	Transforming health & social care delivery.	x	9	Workforce engagement and development.						Jul '22: L x I	5 x 4 = 20									
4	Corporate, clinical and social care governance.	x	10	Primary Care at scale.	x					Oct '22: L x I	5 x 4 = 20									
5	Transform urgent and emergency care.	x	11	Early interventions.	x					Dec '22: L x I	5x3 = 15									
6	Financial balance.		12	Environmental sustainability contribution.						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. 7. Complaints responsive now under control and compliant with new regulations. L2 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 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 November 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 these 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 maturity of safeguarding procedures 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										
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.										Clinical Audit medical lead(s) and Team established 2. Regular meeting of the Clinical Audit Committee 3. Updated annual plan of clinical audit requirements prioritised in response to any identified quality concerns, national audit priorities or local service improvements 4. Report of the delivery of the Clinical Audit Programme into Operational Clinical Governance Group 5. Agreed Clinical Audit Policy and Clinical Effectiveness strategy directs frontline teams to oversee and improve clinical outcomes 6. Mortality Review process in place to evaluate the safety and effectiveness of care for those who die in hospital. There is a local requirement to carry out a medically-led review of a death in hospital within 1 month of the death being certified.		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 activity linked to UK national audit requirements, this can impede effective clinical benchmarking and comparison - L2 5. No Clinical Audit Policy or Clinical Effectiveness Strategies is yet in place - L2 6. Manx Care is not yet achieving 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 benchmarking availability 5. Clinical outcomes for priority conditions		A	
										Service User Experience, Engagement & Involvement										
										1. Established Manx Care Advice & Liaison Service (MCALS) - aims to signpost and resolve concerns on the spot 2. Service user engagement (discovery interviews, focus groups, liaison with representative groups) 3. Continuous testing of the level of satisfaction using a modified Friends & Family Test (FFT) 4. Complaints handling procedures 5. User representation in meetings where quality of care is reviewed and services redesigned Service User Engagement & Involvement Strategy provides a stakeholder map of representative groups or people Manx Care uses for advice and to help shape future services		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 engage 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. 4. Complaints responsiveness now under control and compliant with new regulations. L2 5. User representation via HCC at QSE, F&P and Mandate		2. No independent advocacy service on Island - L1		None		G	

## 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
Which of the 2022-23 objectives may be impacted:							Committee scrutiny: QSE Committee
							TARGET: L x I 3 x 3 = 9
							May '22: L x I 4 x 4 = 16
							June '22: L x I 4 x 4 = 16
							Aug '22: L x I 4 x 4 = 16
							Oct '22: L x I -
							Dec '22: L x I 3x4 = 12
							Feb '23: L x I

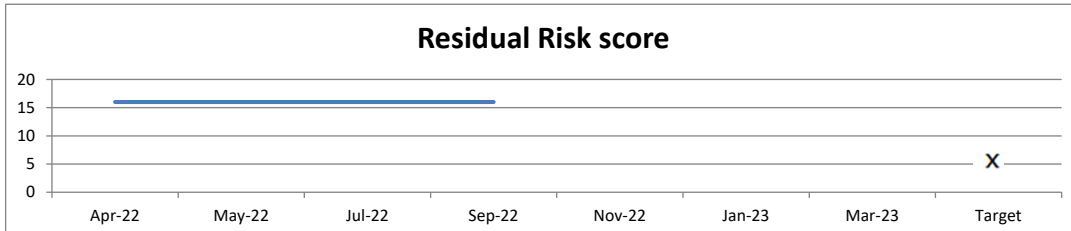


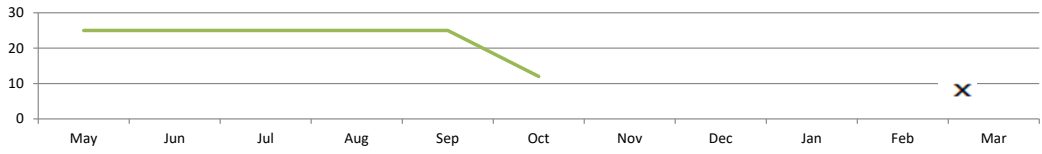
MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK												
2	Overwhelming demand.			Overall risk owner:			<div>Residual Risk score</div> 	Amendment date:		May-22		
				Oliver Radford				Committee scrutiny:		FPC Committee		
Which of the 2022-23 objectives may be impacted:												
1	Covid-19 response.	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:												
#281 CCU demand may exceed capacity.		Main Controls 1-4			Lead	Assurance re: effective control		Gaps in control		Gaps in assurance		Assurance RAG
#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 strenthening 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.			1. Staff Recruitment Controls  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	1. Assurance re Recruitment Controls 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		1. Gaps in Recruitment Controls 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		1. Gaps in recruitment assurance. No established routine reporting to board or sub-committees for following: Overseas recruitment; Talent Acquisition, work of MIAA.		R.	
			2. Workforce Development Controls 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		Leadership  Workforce & Culture team Anne Corkill/OHR Director of Nursing , Medical Director Director of Social Care	2. Assurance re Workforce Development Controls 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		2. Gaps in Workforce Development Controls 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.		R.	
			3. Staff Retention 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.		Workforce and Culture Team Job Evaluation Team/OHR	3. Assurance re Staff Retention Controls 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.		3. GAPS in Staff Retention Controls 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.		3. Gaps in Staff Retention Assurance. 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.		R.	
			4. Absence Management 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. Well defined policies and procedures to support absence management		HR Advisory Team	4. Assurance re Absence Management Controls 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.		4. Gaps in Absence Management Controls 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..		4. Gaps in absence management assurance 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		R.	
			5. Organisational structure and staffing complement matched to service needs. Limited Term Appointments and vacany reports supplied to managers on a monthly basis. Ad hoc service reviews to determine best modesl of service delivery.		Anne Corkill	5. Assurance re Organisational Structure 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.		5. Gaps in Organisational Structure review Controls 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.		5. Gaps in Organisational Structure Assurance Reactive nature of smaller scale service reviews mean that areas may be overlooked.		R.	

# 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 '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 Financ	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  #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		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. 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 likely in 22-23 as is anticipated), the AG's office may not be resourced sufficiently to meet the demand. Operational areas may also not be sufficiently resourced to carry out the full service / contract reviews necessary	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 requirgements 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 unforeseen.  The outcome of CQC inspections is likely to generate significant funding pressures not already identified  Further education and deepening relationships with finance are required to ensure adequate visibility of risks	A	

## **Agenda Item – 23.23**

### **Patient Story – two cataracts:**

Patient B had a cataract surgery on each eye in December (two days apart). Before, she describes having no sight at all, and had nothing she could call her own as she was relying on everyone else, even when going to the toilet.

Patient B said that when she first went into hospital she was petrified, but everyone who looked after her made her feel at ease. They were reassuring and encouraging, which really helped. She walked in using a white stick, and had one cataract procedure that day. When she left, things were a bit blurred, but the next morning when she woke up she could see – all she could do was cry at this point.

She then went in to have it checked, and was told that her other eye couldn't wait until January as planned, so this was operated on the next day, and she was able to leave that evening. She was so overwhelmed that the Theatre Nurses, Doctor and Anaesthetists came to clap for her as she left – recognising it must have had an impact on them too, as they had never seen a transformation like it.

Patient B feels that thanks do not go far enough – she has no words and is in awe of the team. It couldn't have been a better outcome; before she was unable to do things alone, but just yesterday she went to the shop on her own. She's able to read her own letters, so now has more privacy. She'll be able to see her grandchildren's nativity plays and will be able to watch them open their presents – she describes it as a "true Christmas miracle". She'll never take her sight for granted. It's still a bit light outside for her, but it's fantastic – "I can do what I want, when I want."

Patient B cannot fault any of the Doctors or Nurses, and all of the specialists that have worked with her throughout this time have gone above and beyond. It infuriates her to hear people talking negatively about health care workers, as she feels they don't get enough credit. She was a Senior Healthcare Assistant for years herself, and realises it can be thankless, but she cannot rate them all any higher. She thanks them all for this miracle.

Our clinical team had a check-in with the patient this morning prior to the Board meeting and she said that she is doing well and had an 'unbelievable Christmas with her grandchildren' which is wonderful to hear.

### **Words from Mr Kanna Ramesh, who operated on Patient B:**

Patient B came for the consultation sporting a white stick. She was escorted by her friend and she needed help to find the chair. There were bruising on her forehead, result of an accidental fall due to lack of eye sight. Her vision has declined so much she was not able to see the hands moving in front of her eyes. She was just able to discern presence of light, what we call 'perception of light' vision.

The reason for her blindness was cataract in advanced stages. She needed a general anaesthesia for safe cataract surgery. Dr Brown administered the general anaesthesia. I did her first cataract surgery on her left eye. I was assisted by a dedicated team of nurses. The surgery went well.

She came for a post-operative check on the next day. The white cane had disappeared, and she no longer required it. She walked independently and sat on the examination chair. Her face was lit with light and radiant. She said 'Thank you doctor'.

Her other eye was at risk of developing acute glaucoma due to the advanced stage of the cataract. Very advanced cataracts can virtually rupture and the pressure in the eye can become very high. So we did her second eye surgery two days after the first eye.

She came for a second review a completely transformed person, independent and not relying on others to find her way around.

With a radiant smile she said "Doctor this is the best present I have ever received in my life". She went on "thanks for giving me my sight back". I replied gently "Noble's Hospital, the Manx Care Board, and all the staff have made this possible. I just played a minor role".

Personally the work I did on the IOM gave me immense satisfaction. I am glad I was able to help some people see the world better.



Chair's Report

In my role as Interim Chair I provide the following update:

The dedication, hard work and commitment of our staff has been second to none as we start 2023. Dealing calmly and with great focus on continuing to provide care for patients and their families and carers, as the hospital went to OPEL Four on a number of occasions is noted.

The ongoing commitment of our social care staff in ever increasingly challenging circumstances is also noted by the board. And the work of all our teams, in primary care, social care and across Manx Care is worthy of note.

I have had a number of informal and formal meeting with Minister Hooper and I am grateful for his support and challenge as I have stepped up into this role.

I am pleased to be across for this week, and am looking forward to our very first staff awards on Thursday evening when we shall be recognising the work of staff in a very public way; shining a light on unsung heroes as well as those very public facing roles.

I am pleased to report that the Chair, Andrew Foster continues to make good progress in his recovery. And in the meantime I am hugely grateful to my Non-Executive colleagues for their support as I take the role of Interim Chair.

Sarah Pinch  
Interim Chair  
1 February 2023



 <b>SUMMARY REPORT</b>	<b>Meeting Date:</b> 7 <sup>th</sup> February 2023	
	<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

- Following JCVI guidance issued on the 25<sup>th</sup> January, a decision, endorsed by Public Health Isle of Man, has been made to cease delivering the **autumn booster programme** on the 24<sup>th</sup> February. This is to allow preparations to take place to begin the spring booster programme which is planned towards the end of March.
- From 1<sup>st</sup> February an **Edge of Care** offer will be piloted until September 2023. The function of this provision is critical in identifying children and young people who are on verge of becoming accommodated and who we can be supported to remain within their families or with existing carers, or if they are accommodated in a crisis can be returned to their families in a timely manner when is safe and appropriate to do so.
- Manx Care will be celebrating World Social Work Day on 21<sup>st</sup> March 2023 with an all day event to be held at Keyll Daree. A number of external speakers have been identified for the event which has the theme of Inclusivity.
- Ballasalla Medical Centre has taken steps to formally hand back their contract at the end of July 2023 and a range of options have been considered by the Manx Care Executive Leadership Team.

#### 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  
IG Governance Toolkit

#### State specific standard

Yes

The report included an update on Information Governance actions in respond to the penalty notice issued by the ICO in July 2022.

Others (pls specify)		
Impacts and Implications?	YES or NO	If yes, what impact or implication
Patient Safety and Experience	No	
Financial (revenue & capital)	Yes	Winter Plan has been funded from DHSC contingency funding.  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.
OD/Workforce including H&S	No	
Equality, Diversity & Inclusion	No	
Legal	No	

## Section 1: Purpose and Introduction

### Background

- 1.1 This report updates the Manx Care Board on activities undertaken by the Chief Executive Officer and draws the Board's attention to any issues of significance or interest. The report is accompanied by the **CEO Horizon Scan** which provide a summary of key activities in each of the Manx Care Operational Care Groups 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 January 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 57.2% had been reached of the eligible cohort. The UK is currently reporting uptake of 64.5%.

Following JCVI guidance issued on the 25<sup>th</sup> January relating to the Autumn Booster Programme, a decision, endorsed by Public Health Isle of Man, has been made to cease delivering the autumn booster programme on the 24<sup>th</sup> February. This is to allow preparations to take place to begin the spring booster programme which is planned towards the end of March. The implications of this will be that the boosters will be offered only during defined periods of the year to coincide with the spring/autumn booster periods with 'catch up clinics' being offered periodically to vaccinate someone who becomes eligible for a booster, such as due to a change in clinical condition.

Firm 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 and screening programmes delivered across the Isle of Man – this is an approach supported by Public Health Isle of Man. A business case has been developed and will be considered at the Business Case Review Group on the 8<sup>th</sup> February.

## 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 16 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 community spread of Flu A and Covid-19 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.

Agreement of additional funding from DHSC to support the Manx Care Winter Plan (detailed of which have been previously shared with the Manx Care Board) was confirmed on the 22<sup>nd</sup> December with funding being available until the 31<sup>st</sup> March 2023. Locum staff has been secured across many service areas to generate additional capacity to cope with the extra demand however given high demand on locum clinical staff across the UK, some posts have not yet been filled meaning that some services remain under significant pressure such as the Emergency Department. Efforts to recruit into these roles remains a high priority of our Temporary Staffing Office.

Despite this significant increase in non-elective demand, we are maintaining all programmed Synaptik activity will proceed without any disruption so we can maintain our trajectory for elective waiting list recovery as per the Restoration & Recovery (R&R) Phase 2 plan. We are grateful for Synaptik for their flexibility in admitting some elective cases into their wards who are not part of the formal R&R programme in order to avoid a short notice cancellation. However we do apologise to patients whose planned surgery has been cancelled as a result of bed pressures particularly during January and commit to providing new dates for admission as soon as possible.

## Section 4: Information Governance Update

### Executive Lead: Chief Executive Officer

#### Response to the Penalty Notice – issued July 22.

Manx Care made a further formal update on progress to the Information Commissioner on the 26<sup>th</sup> January. Progress remains strong and feedback from the ICO has been encouraging. Manx Care have also gained input from the ICO with regards a revised breach reporting and management process and both parties have agreed to continue to work closely on developments taking place across the organisation. 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 24<sup>th</sup> January 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 and update policies and re-train staff in all areas	All policies will be updated by end of January, associated SOP's in development and staff training to follow and as part of BAU.
6	Global Address List (GAL) audit and cleanse.	Audit and cleanse complete. Opportunity being taken to separate Manx Care GAL from Gov.im to improve email security.
7	Communication Plan	All Actions complete and ongoing as Business as Usual
8	Medical Records Review	Audit recommendations being implemented including changes to QA processes, archiving of paper records and re-audit scheduled for later in 2023.

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

#### **Information Governance Staffing**

The interviews conducted in early January were successful and offers have been accepted for the Risk and Quality Assurance Manager. Advertising has closed for the Information Governance Officer and shortlisting and interviews are planned to complete in early February. The non-recurrent resources providing the surge capacity to support the compliance requirements have also continued to work with Service Areas and the production of the ROPA's and IAR's are now advanced.

#### **FOI / AHR/ Police / Court / SARS / DPIA request backlogs**

All backlogs relating to FOI, AHR, Police and Courts are now cleared. SARS request backlogs have decreased from 19 overdue at the end of December to two overdue currently, both are pending assignment of clinical resource to perform clinical redaction. Significant progress has also been made with open DPIA requests with only four remaining with the IG team to review and process.

## **Section 5: Social Care Update**

### **5. Executive Lead: Chief Executive Officer**

#### **Fostering and adoption team**

There are currently some ongoing staffing issues in the team and consequently it will not be possible to go live with the recruitment strategy to recruit new carers at this time. The staffing establishment is 6wte social workers and the team are currently half capacity. Significant attempts are being made to try to recruit agency social workers but there is little or no interest at this time. Discussion are ongoing regarding within the Social Care Leadership Team as to what other solution may be possible to address this position.

#### **Edge of care**

From 1<sup>st</sup> February an Edge of care offer will be piloted until September 2023. The function of this provision is critical in identifying children and young people who are on verge of becoming

accommodated and who we can be supported to remain within their families or with existing carers, or if they are accommodated in a crisis can be returned to their families in a timely manner when is safe and appropriate to do so. This will be achieved by providing an intense package of support from the social worker, wraparound service (therapeutic intervention) and a skilled experienced support worker. This has been put together internally with funding from children's services to ensure that we sourced a wraparound worker and an identified family support worker.

Over forthcoming months we discuss the Edge of Care service with other agencies with an expectation that they can become part of the key group to support with the time intensive package of support and interventions that the children and families in this situation will require. This kind of intervention helps to move things forward for the family and helps to minimise crisis and inform and maintain change in order to improve outcomes for this vulnerable group.

#### **World Social Work Day – 21<sup>st</sup> March 2023**

Manx Care will be celebrating World Social Work Day on 21<sup>st</sup> March 2023 with an all day event to be held at Keyll Daree. A number of external speakers have been identified for the event which has the theme of Inclusivity.

### **Section 6: Primary Care – Ballasalla Practice**

#### **Executive Lead: Director of Operations**

Ballasalla Medical Centre has taken steps to formally hand back their contract at the end of July 2023 and a range of options have been considered by the Manx Care Executive Leadership Team.

We are working together with the practice to consider all of the options available to us in order to secure the future provision of GP services to the patients currently being served by the practice, as well as those who live within the catchment area for the practice.

We appreciate that this news will undoubtedly cause a lot of uncertainty for the current patients of Ballasalla Medical Centre. However, patients will continue to be able to access their GP services as usual. We have equally urged patients not to try and register with another practice at this time, as this will cause a number of issues for the other GP practices in the South of the Island.

Plans are being put in place to support patients going forward and we will communicate more on these in due course. Ballasalla Medical Centre will not be taking on any new patients at the current time. Enquiries and concerns from the public are being handled by the Manx Care Advice and Liaison Service Team.

**Teresa Cope,  
Chief Executive  
30<sup>th</sup> January 2023**

## Horizon Scan JANUARY 2023

### 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.
- Work continues in ED to define and develop work in response to the issues highlighted by the CQC during their pilot visit
- Service improvement plans will be developed as necessary in response to the final CQC reports once they have been received.
- A paper is being developed for the Executive Team's consideration which will propose options to redesign the overnight operating model of the MEDS following a recent independent review and consultation.
- Aligned to the Information Governance and Data Protection Transformation Project, work continues at pace to strengthen the information governance standards of practice across the Care Group.
- A number of representatives from across the Care Group attended the Hospital Major Incident Medical Management & Support course in January.

### Medicine, Urgent Care and Ambulance Service cont. /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 ongoing with the Service Development team to address Waiting Lists in medical specialities with the assistance of Manx Care staff, Medefor and other groups.
- Jo Standish started in post as the Associate Director of Nursing for the Care Group from 2<sup>nd</sup> January 2023; an interim Senior Nurse for Medicine has been appointed whilst the recruitment for a permanent position takes place.
- The business case to introduce Hear and Treat in the Ambulance Service has been approved by the Treasury; work has now commenced to develop an implementation plan. Concurrently, the business case to introduce 'See, Treat & Leave' is currently out for consultation with the other Care Groups.
- As a newly established team, the Urgent and Emergency Care Leadership Team attended a facilitated workshop to determine their purpose as a team, what roles and skills are currently captured within the team and where the areas for development are.
- As agreed at the January sitting of the Transformation Oversight Group, work has recommenced on the development of the Same Day Emergency Care business case in readiness for submission to the Health and Care Transformation Board in March.

### Integrated Cancer and Diagnostics Services

#### Pathology

- Offer of appointment made for the Consultant Pathologist post. Incumbent Pathologist to stay for another 12 months
- LIMS low level design and UAT on-going.
- Digital pathology project is stalled– talks with NHS supply chain in November but still no reply.
- Talks in October around membership of Merseyside and Cheshire Pathology Network. Still no confirmation.
- Funding for new CL3 facility seems to have stalled with Treasury. Major issues with testing for any new outbreak / pandemic / new Variant.

#### Radiology

- Radiology five year capital equipment replacement programme business case submitted to the DHSC – still awaiting outcome.
- Business case being progressed for a reporting radiographer.
- Advert for Consultant Radiologist to go live this month. Radiographer recruit also underway
- CTCA WLI funding awarded by R&R. Funding discussions for other modalities underway.
- RIS/PACS procurement decision due to go to supply chain by end of January.

- Band 5 nurse appointed to support Radiology CNS

#### Pharmacy

- Internal applicant accepted chief pharmacy technician post
- 2 staff successfully completed their pharmacy technician training and now registering
- Ongoing recruitment for pharmacists (40% vacancy), impact on ward based service with some areas having supply function in coming weeks
- UAT testing started for version update (10.22) of EMIS HAP pharmacy stock system
- Medical Gas Group reconvened with 1<sup>st</sup> meeting 26<sup>th</sup> Jan23

#### Cancer Services

- DPIA now in place to allow administration access to IOM systems to support better communication of test results for Oncology clinic preparation – in the process of setting up a dedicated staff rota to support this

### Integrated Diagnostic and Cancer Services cont. /2

- CCC/IOM nursing teams developing regular meetings together to align competencies/training – this is being led by Cathie Quine
- Recruitment of specialist nursing staff continues to be a challenge within the Oncology Day Unit
- The two vacant Cancer Care Co-ordinator posts have been offered following interviews – once in post this will allow the work to restart around the offer of personalised support in conjunction with the CNSs and Macmillan Cancer Information Centre
- Recruitment of Macmillan Business Support Executive Officer due to start in post in February
- Cancer Screening Programme Board second meeting has taken place with positive work completed as part of QIP – further development towards better governance structure being developed
- Continued high number of suspected cancer referrals is impacting across the Care Group and wider Manx Care.
- Cancer Access Policy and MDT Policy work underway
- MDT team working to improve reporting of patient progress against Cancer Waiting Times targets with clinical teams – new model being trialled currently

### Integrated Primary Care & Community Services

- Ballasalla GP Practice has handed their contract back (contract to end on 31 July 2023) – currently working on a solution
- Vaccine Pharmacist (0.2wte) & NICE TA Pharmacist recruited
- Recruitment progressing for Team Leader position within Medicine Optimisation Team
- Significant work continues with head-hunting GPs
- Bank GP has been offered within Prison Healthcare Service giving the service more resilience
- Various nominations have been made for the Care Awards for services within the Care Group

## Horizon Scan JANUARY 2023 cont. /2

### Integrated Mental Health Services

- Significant success in substantive medical recruitment including an Associate Specialist in Adult Inpatient Acute commencing post in January and an Associate Specialist in CAMHS and Consultant in Older Persons Mental Health commencing their respective posts in February.
- Community Wellbeing Service has successfully recruited 2 Assistant Psychologists, 1 Counsellor and an Occupational Therapist.
- Successful recruitment to the position of CRHTT lead practitioner.
- Two current service users participating in the supported earnings scheme have now commenced full time employment.
- Additional nursing and psychology posts created within CAMHS utilising existing unfilled vacancies within the wider service. A previously submitted CAMHS business case is being re-drafted to demonstrate the need to transform the existing service model to ensure consistency with the THRIVE framework.
- Additional funding secured to temporarily extend restoration and recovery psychological provision within CAMHS in lieu of business case submission.
- Funding for 23/24 has been secured to realise shared care arrangements within CAMHS and Substance Misuse enabling more efficient use of Medical and Non-Medical Prescriber resource.
- The outstanding CQC inspection of the Acute inpatient Service previously delayed due to a incidence of COVID is taking place between the 31/01 & 01/02, this will conclude the current IMHS inspection cycle.
- New mental health service live dashboards now operational enabling far greater analysis of demand/capacity and performance. Work continues with colleagues in BI and performance to support inclusion of a more comprehensive suite of KPI's enabling benchmarking against NHSE standards.
- Sessions planned with Social Care colleagues to explore tangible opportunities to adopt more integrated approach/models within the care groups.
- New Drug and Alcohol team electronic prescribing software now live
- The IMHS has been nominated for 4 Care Awards.



## COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

<b>Committee:</b>	<b>AUDIT COMMITTEE</b>
<b>Meeting Date:</b>	<b>24 January 2023</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 and an overview of the Clinical Audit Group. An update from Internal Audit was received including the report from the PPE Procurement 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>
PPE Procurement Audit	It was the view of the Committee that the report did not consider the highly unusual circumstances in which the procurement was undertaken and had applied best practice standards retrospectively.	For escalation to the Board.	7 February 2023

**ASSURE** (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	Internal Audit had a new tool to track outstanding audit actions. The process would now be automated with e-mails generated to remind action owners when actions were due.	For noting.	

Non-compliance with pre-employment checks.	The Committee reviewed the serious incident reports that had been produced following the investigation and received assurance of the mitigations and actions that had been implemented.	For noting.	
Clinical Audit Group ('CAG')	The joint chairs of the CAG had summarised the governance arrangements around clinical audit and the areas of focus. The Committee would receive a report from the CAG three times each year going forward.	For noting.	
Outstanding Committee Actions	The Social Care Action plan had continued to be delayed and the committee had received no assurance of progress of that work stream to date.	TC undertook to develop an action plan with the senior leadership team in social care and this would be presented to the People Committee and to the Board.	27 January 2023 and 7 February 2023

## 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>24 January 2023</b>
<b>Chair/Report Author:</b>	<b>Tim Bishop</b>

#### KEY ITEMS DISCUSSED AT THE MEETING

Your Committee received updates on the following matters:

- The Board Assurance Framework, risks 1a and 1b
- The ongoing CQC inspection
- Integrated Performance Report
- ERCP service review
- Report from the Operational Clinical Quality Group
- Minutes from the Operational Care Quality Group
- Serious Incident Update
- Home Birth Service
- Neonatal Transfers
- Organ Donation
- Mortality Report
- Review of Day Services

**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)			
Issue	Assurance Received	Action	Timescale
Board Assurance Framework – Risk 1a and 1b	1a – Failure to Provide Safe Health Care - Effective safeguarding measures for vulnerable adults and children to be brought back for discussion at February QSE 1b – Failure to Provide Safe Social Care – has now been re-worked to be more strategic in nature	For noting.	
CQC Inspection	Final CQC inspection (MH inpatient wards) to be carried out 31 Jan – 1 Feb 2023. Standing agenda item to be renamed 'Inspection Update' to encompass inspections of Children's and Adults' Social Care	For noting.	
ERCP Service Review	Continues to be delayed due to pressures being experience by Liverpool.	For noting.	
Report from the Operational Clinical Quality Group	Meeting on 10 January 2023 was cancelled due to OPEL 4 status but all papers were reviewed for the report. The deferred Deteriorating patient report to be expedited now an appropriate lead has been identified.	For noting.	
Minutes from the Operational Care Quality Group.	Summary report to be requested for next QSE. Funding request for Radcliffe Villas has been approved. Risk register to be included in reporting template for future meetings.	For noting	

Serious Incident Update	Two new SIs reported in December 2022. Report on causal factor analysis to be brought to QSE by PM.	For noting	
Home Birth Service – Position Statement	A risk assessment has been performed following receipt of the Tynwald Commissioner for Administration’s report. Position Statement recommends that it is not achievable or safe to reintroduce the option for home birth at the moment. To be brought back to QSE for review in six months.	For noting	
Neo-Natal Transfers	Paper submitted to make Committee aware of significant risk and to give partial assurance on mitigations.	For noting	
Organ Donation	Dr Renate Homewood has been appointed CLOD for the Isle of Man. A successful blood donation appeal avoided the need to buy in the usual small percentage from the UK. Blood donation guidelines for gay/bisexual men are still not in line with the UK and the EDI Group will be asked to pick this up again with the DHSC	For noting	
Mortality Report	Current level of assurance is limited with a noted risk around timely escalation. All L1 reviews to be completed by the end of March 2023, overseen by the monthly Mortality Assurance Group meeting.	For noting	
Review of Day Services	JC is working on Terms of Reference. To be brought back to QSE in March following stakeholder consultation.	For noting	

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## COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

<b>Committee:</b>	<b>FINANCE, PERFORMANCE &amp; COMMISSIONING COMMITTEE</b>
<b>Meeting Date:</b>	<b>25 January 2023</b>
<b>Chair/Report Author:</b>	<b>Nigel Wood</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 and Back to Balance
- 23/24 Funding Indication
- Health and Care long term financial sustainability round table Summary
- December Management Accounts
- Department of Infrastructure Capital Spend
- Integrated performance Report
- Restoration and Recovery
- Demand and Capacity Planning

The committee discussed the Primary Care at Scale Business Case, the covid enquiry and the provision of key worker accommodation.

**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>
23/24 Budget and 23/24 Mandate Objectives	As escalated to the previous board the likely budget allocation that would be awarded for 23/24 would mean that only essential services	Escalation to the Board.	7.02.23

	could be delivered. The budgeted funding fell short of actual spend and even farther short of the funding mechanism recommended by Sir Jonathan Michael. The projection was for the gap to continue to widen and a discussion had been held with DHSC as to how this could be addressed.		
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. This continued to be of concern to the Committee.	Escalation to the Board.	07.02.23
<b>ASSURE (Detail here any areas of assurance that the Committee has received)</b>		<b>Action</b>	<b>Timescale</b>
Covid Inquiry	There was some doubt as to whether Manx Care could meet the timescale of the covid inquiry.	For noting	
Cost Improvement Plan ('CIP')	The plan for 23/24 was being developed in conjunction with MIAA. The infrastructure around CIP management required improvement and MIAA were reviewing what additional resource may be required.	For noting	
Key Worker Accommodation	Discussions with the Manx Development Corporation were ongoing. There was a review as to whether some buildings within the current estate could be repurposed to provide accommodation. This was essential to the recruitment and retention strategy.	For noting.	
Integrated Performance Report ('IPR')	Work on improving the data sets within the IPR was continuing. Good progress had been made.	For noting.	
Restoration and Recovery	Phase two of the project was underway. Due to the unavailability of a Synaptic consultant due to injury some surgeries had to be rescheduled.	For noting.	
Demand and Capacity Modelling	Work to populate models was ongoing and it was hoped this would be complete by the end of February.	For noting.	



## COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

<b>Committee:</b>	<b>PEOPLE COMMITTEE</b>
<b>Meeting Date:</b>	<b>27 January 2023</b>
<b>Chair/Report Author:</b>	<b>Sarah Pinch</b>

**KEY ITEMS DISCUSSED AT THE MEETING**

The meeting received an update on the working relationship between Manx Care and staff side and discussed mandatory training. The committee received papers on the following:

- BMA Action Plan
- Social Care Action Plan
- Staff Awards
- Staff Recognition Scheme
- Retire and return proposals

**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>
Social Care Action Plan	There had been continued delay in the committee receiving any assurance that progress was being made in this area. An action plan has been devised which the committee received and discussed, it is an iterative document.	The social care action plan to be presented to the Board every month and at every meeting of the People Committee for continued monitoring and assurance.	07.02.23
Workforce and Culture	Workforce and Culture had been unable to send a representative to the meeting due to resource constraints. There had also been	To be escalated to the Board.	07.02.23

	specific matters such as the EDI Programme and 3-5 Year recruitment and retention programme that updates were not provided for. The Committee remains concerned about the level of input it will receive from Workforce and Culture going forward due to the unwillingness of Transformation to agree funding for additional resource.		
<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>
Engagement with Staff Side	The Acting Staff Side Lead attended the meeting and gave a full update on the progress that had been achieved in developing the working relationship between the Unions and Manx Care.	The Committee recommends that The Acting Staff Side Lead be invited to the Board to update colleagues directly and be invited to the People Committee on a regular basis. .	07.02.23
Staff Awards	The staff awards would take place on 9 February and some very strong nominations had been received and considered by the panel. The Committee noted that recognising the achievement of staff is important and is grateful for the support from business on island that have made this possible.	For noting.	
Recognition Scheme	A significant amount of work had been undertaken to review the various Ts and Cs of all Manx Care employees to devise an informal recognition scheme that is applicable to all.	For noting	
Mandatory Training	A mandatory training policy had been devised. Work was ongoing to make the required system developments so that training could be correctly recorded.	For noting	
Retire and Return	An approach had been made by the Public Sector Pensions Authority who were considering various options for retired public servants that could allow them to return to work whilst not affecting their pension. This	For noting.	

	may assist in retaining healthcare employees. The Committee was fully supportive of all options being explored.		

## COMMITTEE CHAIR'S REPORT TO BOARD



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

<b>Committee:</b>	<b>Integrated Care Partnership Committee</b>
<b>Meeting Date:</b>	<b>31 January 2023</b>
<b>Chair/Report Author:</b>	<b>Tim Bishop</b>

#### KEY ITEMS DISCUSSED AT THE MEETING OF THE COMMITTEE

Your Committee received updates on the following matters:

- Terms of Reference
- Social Return on Investment
- Monthly reporting
- Intermediate Care – Deep dive

#### 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
Intermediate Care	Risk around funding stream	Business case to be presented under CIP, supported by MIAA	

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

Issue	Assurance Received	Action	Timescale
Terms of Reference	Further amendments to be made to be approved at the next meeting.	For noting.	

Social Return on Investment	SROs to look at how SRol can be incorporated into KPIs	For noting.	
Monthly reporting	Wellbeing Partnerships – Northern, Southern & Western Partnerships now fully established. Eastern Partnership – not yet established. Funding options being explored. Community Frailty – good progress over the past year establishing the basis of the community frailty outreach from Nobles into Wellbeing Partnerships. Palliative & End of Life – not yet underway PCAS – Strategic Business Case not yet approved.	For noting.	
Intermediate Care – Deep Dive	Good progress made however risk remains around funding and reallocation of roles within current service areas	For noting.	

# Integrated Performance Report

December 2022

Version: Final 1.3



**Author:** Performance Improvement & Management Service  
**Contact:** Alistair Huckstep - Head of Performance & Improvement  
**Executive:** Oliver Radford

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# Introduction - 1

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## Integrated Performance Report (IPR) development




The programme of work to develop and improve the content and format of the IPR continues. The aim of this work is to ensure that the IPR continues to improve in its provision of a meaningful context for the levels of performance being achieved across the organisation. A more structured and concise format gives a clearer and greater sense of assurance that areas of challenge are being identified and addressed efficiently and effectively, and that areas of good practice are being highlighted and learned from.

The development of the IPR is an iterative process being undertaken over the coming months. The Performance Improvement & Management Service (PIMS) remain responsive to feedback received from colleagues, the Board and the public with regard to the evolution of the content and format of this report.

## Notes regarding the format of the IPR

### • Red/Amber/Green (RAG) ratings for Reporting Month performance

The achieved performance against each KPI is colour coded to make it clearer whether or not the required standard has been achieved in the reporting month:

-  Achieved performance is equal to, or exceeds the required standard.
-  Achieved performance is 15% or less below the required standard.
-  Achieved performance is more than 15% below the required standard.

It should be noted that the RAG rating is only representative of the performance achieved in the current reporting month, and does not necessarily give the full picture in terms of an improving or worsening position. It should therefore be considered in conjunction with the Variation and Assurance indicators as described on the following page.

Only KPIs and metrics with an associated standard/threshold have been RAG rated.

## Alignment to CQC recognised domains

The key performance metrics are categorised and aligned to the following CQC recognised domains:

Safe - are our service users protected from abuse and avoidable harm.

Effective – does our care, treatment and support achieve good outcomes, help service users to maintain quality of life and is based on the best available evidence.

Caring – do staff involve and treat service users with compassion, kindness, dignity and respect.

Responsive - services are organised so that they meet service user needs.

Well Led - the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around service users' individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

To ensure that the holistic view of a Service Area's performance is not lost, future iterations of the report will also include a Performance Summary for each Service Area. An example of such a summary can be found in Appendix A.

## Structured narrative

Supporting narratives for the performance indicators are structured in a consistent format. This sets out the detail of the issues and factors impacting on the performance, the planned remedial and mitigating actions that Manx Care is taking to address the issues, and the expected recovery timescales in which performance is expected to become compliant with the required standards (through the implementation of the remedial actions).

Issue -> Remedial Action -> Recovery Trajectory

## Key Performance Indicators (KPIs)

PIMS continue to work with Care Group leads to review the KPIs and operational metrics that they are currently monitoring their performance against to ensure that they are aligned with the requirements of Manx Care's Required Outcome Framework (ROF), the DHSC's Single Oversight Framework (SOF) and the government's 'Our Island Plan'. Nominated leads within the Care Groups are being identified to be responsible for the delivery of each KPI.

Where existing reporting does not cover all of the requirements, PIMS are working with the Business Intelligence (BI) team and service area leads to develop the required measurement and reporting mechanisms and processes.



# Introduction - 2

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## Data Validation and Automation




It has been acknowledged that, in its current form, the compilation of the IPR (and the reporting of performance in general) is an extremely manual process, pulling together data from a variety of un-validated reports and data sources without clear definitions of the purpose and value of each Key Performance Indicator (KPI).

The BI team have been working to re-develop, automate and validate the KPI reporting through the construct of datasets. This is a large task and involves spending time in and working with every service area within the department. The plan of works to develop an automated dataset for each area is due to extend until next year.

As each new dataset is developed, new reporting will replace the current reporting and eventually Manx Care will have a fully automated report.

PIMS is working with the BI team to support the development of performance reporting in a format that aligns with the performance monitoring processes and requirements under the Performance & Accountability Framework. This currently involves an interim reporting process requiring some manual input until the BI team have automated all of the required datasets.

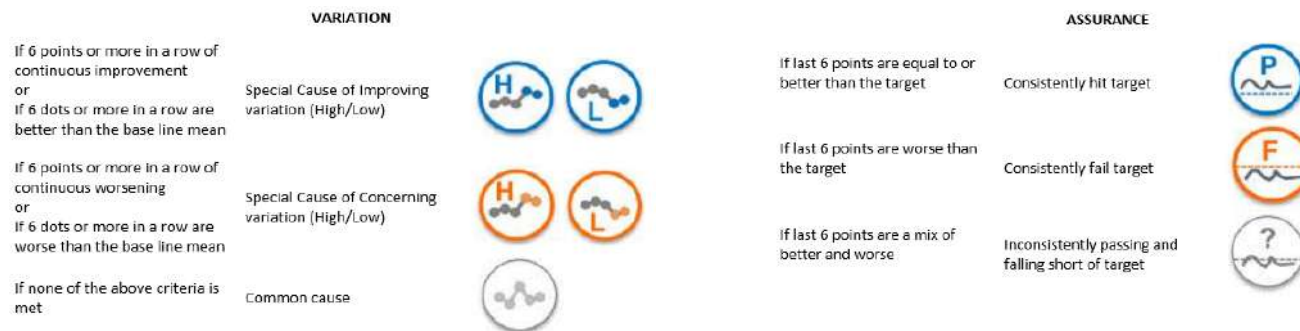
Each domain summary sheet includes a 'B.I. Status' indicator which indicates which KPIs / datasets are still collated manually (or the automated data is still being validated with the service area), those indicators that have been validated and automated and those indicators where the automation work or other issue means that the data is temporarily unavailable:

-  Data automated and validated.
-  Data collated manually or automated data still being validated by service area.
-  Data currently unavailable or validation in initial stages only

## Statistical Process Control (SPC) Charts

The report uses Statistical Process Control (SPC) charts to enable greater analysis of trends and variation in performance. SPC charts are used to measure changes in data over time, and help to overcome the limitations of Red-Amber-Green (RAG ratings) through the use of statistics to identify patterns and anomalies to distinguishing changes worth investigating (Extreme values) from normal and expected variations in monthly performance.

This ensures a consistent approach to assessing both Variation and Assurance for achieved performance:



The process for assigning the categories to each KPI is currently a manual one, but PIMS are currently working with the BI team to automate the process of generating the SPC charts and allocating the appropriate categories for Variation and Assurance.

## Benchmarking

In order to measure Manx Care's performance against recognised best practice and the performance of other peer organisations within Health and Social Care, some initial benchmarks have been added to a number of the KPIs and metrics within the report. This benchmarking will enable Manx Care to identify internal opportunities for improvement.

When making such comparisons, it is vital to ensure that the methodology used to calculate Manx Care's performance exactly matches that of the benchmarked performance to ensure that a like-for-like comparison is being made.

Therefore, the benchmarks included in this month's report should be treated as indicative only until such time as the alignment of the methodologies used has been reconciled and confirmed.

Work to identify appropriate peer organisations and metrics to benchmark Manx Care's performance against is ongoing, and currently many of the benchmark figures within this report use Manx Care's 2021/22 performance as a baseline. Details of the benchmark methodologies applied for each KPI and metric can be found within the 'Assurance / Recovery Trajectory' section of the supporting performance narratives.

# Executive Summary

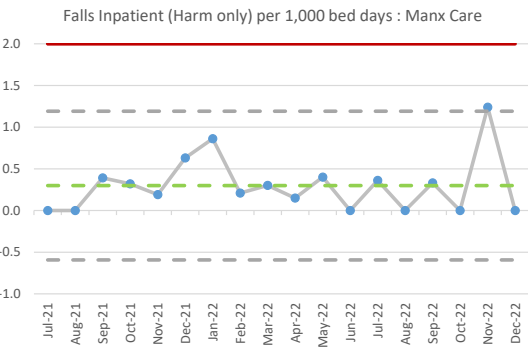
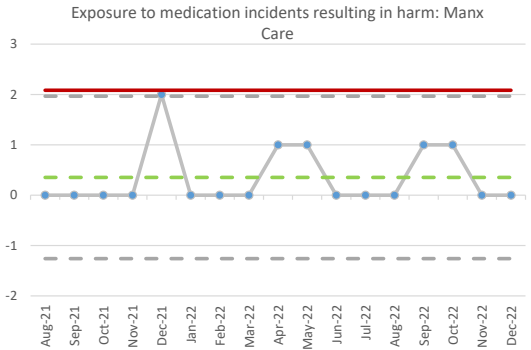
Domain	Going Well	Cause for Concern
Safe	<ul style="list-style-type: none"> <li>Exposure to serious incidents remains lower than threshold and is further improving.</li> <li>17-consecutive months without a Never Event.</li> <li>Maintained 100% Duty of Candour since February 2022.</li> <li>Exposure to the risk of Healthcare Associated Infections from alert organisms remains low for patients.</li> <li>No Medication Errors or Falls that resulted in Harm.</li> <li>Positive achievement against Safety Thermometer.</li> <li>Good Hand Hygiene compliance.</li> </ul>	<ul style="list-style-type: none"> <li>48-72 hr senior medical review of antibiotic prescription remains below threshold. However, this indicator has significantly improved during 2022.</li> </ul>
Effective	<ul style="list-style-type: none"> <li>Mental Health and Adult Social Care re-referral rates remain within expected levels.</li> <li>High proportion of Looked After Children reviews within Social Care completed within timescales.</li> </ul>	<ul style="list-style-type: none"> <li>Access to surgical bed base continues to challenge theatre efficiency and utilisation.</li> <li>Consultant anaesthetic staffing and theatre staffing position remains a challenge and will do for some time.</li> <li>Completion rates of Hospital Learning From Death (LFD) reviews remain low.</li> <li>A low proportion of Complex Needs Reviews are being completed within timescale in Social Care.</li> </ul>
Caring	<ul style="list-style-type: none"> <li>Manx Care has consistently met gender appropriate accommodation standards in the year to date.</li> <li>All standards under the new Complaint Regulations have been achieved in December.</li> <li>MCALS is responding to a high proportion of queries within the same day (92%).</li> <li>Service user satisfaction remained high: 74% of service users rated their experience as 'Very Good' or 'Good' using the Friends &amp; Family Test in month.</li> </ul>	
Responsive	<ul style="list-style-type: none"> <li>Inpatient and Daycase waiting list numbers and waiting times are continuing to reduce as a result of the Restoration &amp; Recovery activity for Orthopaedics, Ophthalmology and General Surgery.</li> <li>Good Ambulance service performance against Category 2 - 5 response times despite increasing demand.</li> <li>Mental Health caseloads remain within expected levels.</li> <li>The 6 hour Average Total Time in Emergency Department standard continues to be achieved.</li> </ul>	<ul style="list-style-type: none"> <li>Emergency care demand remains high and ED footprint does not meet the needs of the service (e.g. no CDU). Staffing has also impacted on KPI delivery but recruitment to all grades of doctor within ED and nurses is ongoing.</li> <li>There were 55 12-Hour Trolley Waits in December.</li> <li>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.</li> <li>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.</li> <li>Access to routine diagnostics within 6 weeks remains challenging due to increasing demand exceeding current capacity.</li> <li>Ambulance service responded to 67 calls in one day. Busiest day on record.</li> <li>Category 1 Ambulance response times remain above threshold, and there were 48 breaches of the 60 minute handover time in December.</li> </ul>
Well Led (People)	<ul style="list-style-type: none"> <li>Sickness absence remains above the required threshold but has continued on an improvement trajectory since June '22.</li> <li>Data breaches are being reported robustly by staff enabling the continuous review and strengthening of the way the organisation manages and secures data subjects' information.</li> </ul>	<ul style="list-style-type: none"> <li>There were 10 Data Breaches in December.</li> <li>Continuing to receive high number of Information Governance related requests.</li> <li>19 Information Governance requests were not responded to within the required timescales in December. However, additional resource has now been put in place by the I.G. team to improve the timeliness of such responses.</li> </ul>
Well Led (Finance)	<ul style="list-style-type: none"> <li>86% of CIP target delivered to date.</li> <li>Efficiency savings of £900k have also been delivered so far this year.</li> <li>Costs moved favourably in the month by £1.0m, mainly due to an improvement in Tertiary spend.</li> </ul>	<ul style="list-style-type: none"> <li>Operational overspend of (£1.6m) with the YTD position now being an overspend of (£10.5m).</li> <li>YTD Employee Costs are currently (£5.3m) over budget.</li> </ul>

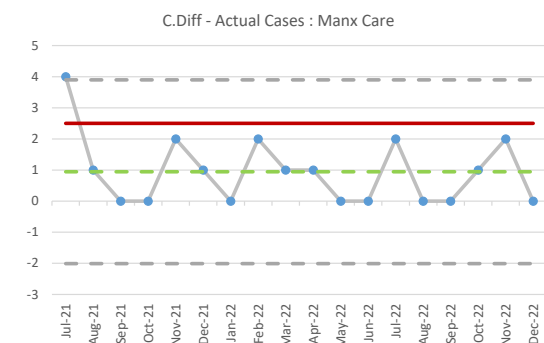
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Safe Performance Summary																					
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
SA001		Exposure to Serious Incidents	Dec-22		2	3	25	< 40 PA			SA013		Harm Free Care Score (Safety Thermometer) - Adult	Dec-22		100%	98%	-	95%		
SA002		Duty of Candour - application within 10 days (%)	Dec-22		100%	100%	-	> 98%			SA014		Harm Free Care Score (Safety Thermometer) - Maternity	Dec-22		100%	100%	-	95%		
SA003		% Eligible patients having VTE risk assessment within 12 hours of decision to admit	Dec-22		87%	87%	-	95%			SA015		Harm Free Care Score (Safety Thermometer) - Children	Dec-22		96%	96%	-	95%		
SA004		% Adult Patients (within general hospital) with VTE prophylaxis prescribed	Dec-22		92%	95%	-	95%			SA016		Hand Hygiene Compliance	Dec-22		98%	97%	-	96%		
SA005		Never Events	Dec-22		0	0	0	0			SA017		48-72 hr review of antibiotic prescription complete	Dec-22		71%	66%	-	>= 98%		
SA006		Inpatient Health Service Falls (with Harm) per 1,000 occupied bed days reported on Datix	Dec-22		0.0	0.3	-	< 2													
SA007		Clostridium Difficile - Total number of acquired infections	Dec-22		0	1	6	< 30 PA													
SA008		MRSA - Total number of acquired infections	Dec-22		0	0	0	0													
SA009		E-Coli - Total number of acquired infections	Dec-22		6	6	57	< 72 PA													
SA010		No. confirmed cases of Klebsiella spp	Dec-22		0	1	12	-													
SA011		No. confirmed cases of Pseudomonas aeruginosa	Dec-22		1	1	6	-													
SA012		Exposure to medication incidents resulting in harm	Dec-22		0	0	4	<= 25 PA													

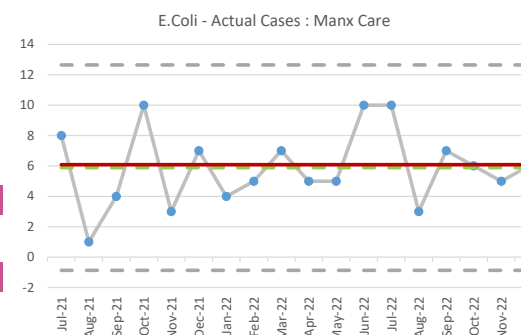
Safe	Serious Incidents	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis												
<div>Serious Incidents - Exposure to Serious Incidents : Manx Care</div> <table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Dec-22</td><td>2</td><td>3.1</td></tr></tbody></table> <div><div>Threshold</div><div>&lt; 40 PA</div><div>(Lower value represents better performance)</div></div> <div>+ Variation Description</div> <div>Common cause</div> <div>+ Assurance Description</div> <div>Inconsistently passing and falling short of target</div>		Reporting Date	Performance	ROF #	Dec-22	2	3.1	<div>Serious Incidents - Duty of Candour compliance: Manx Care</div> <table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Dec-22</td><td>100.0%</td><td>3.1</td></tr></tbody></table> <div><div>Threshold</div><div>&gt; 98%</div><div>(Higher value represents better performance)</div></div> <div>+ Variation Description</div> <div>Special Cause of Improving variation (High)</div> <div>+ Assurance Description</div> <div>Consistently hit target</div>		Reporting Date	Performance	ROF #	Dec-22	100.0%	3.1		
Reporting Date	Performance	ROF #															
Dec-22	2	3.1															
Reporting Date	Performance	ROF #															
Dec-22	100.0%	3.1															
<div>Issues / Performance Summary</div> <div>Serious Incidents:</div> <ul style="list-style-type: none"><li>2 Serious incidents declared in December.</li><li>Serious incidents are managed through Manx Care's Serious Incident Review Group.</li></ul> <div>Duty of Candour application within 10 days:</div> <ul style="list-style-type: none"><li>Across all Manx Care care groups compliance has remained at 100% for the 11th consecutive month.</li></ul>		<div>Planned / Mitigation Actions</div> <div>Serious Incidents:</div> <ul style="list-style-type: none"><li>All incidents are investigated in accordance with the Manx Care Serious Incident Framework. Learning through RCA's will be disseminated as appropriate.</li></ul> <div>Duty of Candour application within 10 days:</div> <ul style="list-style-type: none"><li>To continue with high standards.</li></ul>		<div>Assurance / Recovery Trajectory</div> <div>Serious Incidents:</div> <ul style="list-style-type: none"><li>Forecast (33) remains within annual threshold (40). Monthly SI report, demonstrating activity and compliance, submitted to QSE Committee by CQS Team.</li></ul> <div>Duty of Candour application within 10 days:</div> <ul style="list-style-type: none"><li>To continue to monitor.</li></ul> <div>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</div>													

Safe	Venous thromboembolism (VTE)	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis
<p>Patients having VTE risk assessment within 12 hours of decision to admit: Manx Care</p>		<p><b>Reporting Date</b> Dec-22</p> <p><b>Performance</b> 86.7%</p> <p><b>ROF #</b> 3.1</p>		<p><b>Reporting Date</b> Dec-22</p> <p><b>Performance</b> 92.0%</p> <p><b>ROF #</b> 3.1</p>	
<p><b>Threshold</b> 95.0%</p> <p><b>Mean</b> 87.0%</p> <p><b>Benchmark</b> 90.4%</p> <p>(Higher value represents better performance)</p>		<p><b>Threshold</b> 95.0%</p> <p><b>Mean</b> 87.0%</p> <p><b>Benchmark</b> 90.4%</p> <p>(Higher value represents better performance)</p>		<p><b>Threshold</b> 95.0%</p> <p><b>Mean</b> 95.5%</p> <p><b>Benchmark</b> 94.3%</p> <p>(Higher value represents better performance)</p>	
<p>- <b>Variation Description</b> Common cause</p>		<p>- <b>Variation Description</b> Common cause</p>		<p>- <b>Variation Description</b> Common cause</p>	
<p>- <b>Assurance Description</b> Inconsistently passing and falling short of target</p>		<p>- <b>Assurance Description</b> Inconsistently passing and falling short of target</p>		<p>- <b>Assurance Description</b> Inconsistently passing and falling short of target</p>	
<p><b>Issues / Performance Summary</b></p> <p><b>VTE risk assessment within 12 hours:</b></p> <ul style="list-style-type: none"> <li>VTE risk assessments undertaken in pre-operative clinic are not currently recorded. This will be reviewed.</li> </ul> <p><b>VTE Prophylaxis:</b></p> <ul style="list-style-type: none"> <li>92% of patients had prophylaxis prescribed if appropriate, with performance remaining just below the target of 95%. YTD average remains positive at 95.5%.</li> </ul>		<p><b>Planned / Mitigation Actions</b></p> <p><b>VTE risk assessment within 12 hours:</b></p> <ul style="list-style-type: none"> <li>To include assessments undertaken in pre-operative clinics.</li> </ul> <p><b>VTE Prophylaxis:</b></p> <ul style="list-style-type: none"> <li>To continue to raise awareness with care groups. Clinical Directors addressing with junior doctors.</li> </ul>		<p><b>Assurance / Recovery Trajectory</b></p> <p><b>VTE risk assessment within 12 hours:</b></p> <ul style="list-style-type: none"> <li>Future data will include compliance where VTE assessments are undertaken pre-operatively in pre assessment clinic.</li> </ul> <p><b>VTE Prophylaxis:</b></p> <ul style="list-style-type: none"> <li>Reasonable confidence in improved compliance.</li> </ul>	

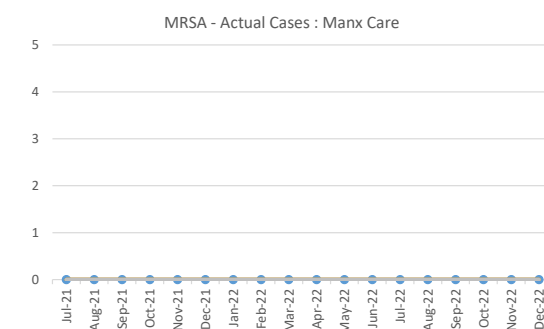
Safe	Falls; Medication Errors	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis		
<div>Falls Inpatient (Harm only) per 1,000 bed days : Manx Care</div> 		<div>Reporting Date Dec-22</div> <div>Performance 0.0</div> <div>ROF # 3.1</div> <div>Threshold &lt; 2</div> <div>Mean 0.3</div> <div>Benchmark 0.3</div> <div>(Lower value represents better performance)</div> <div>+ Variation Description Common cause</div> <div>+ Assurance Description Consistently hit target</div>		<div>Exposure to medication incidents resulting in harm: Manx Care</div> 		<div>Reporting Date Dec-22</div> <div>Performance 0</div> <div>ROF # 3.1</div> <div>Threshold &lt;= 25 PA</div> <div>Mean 0</div> <div>Benchmark 0</div> <div>(Lower value represents better performance)</div> <div>+ Variation Description Common cause</div> <div>+ Assurance Description Consistently hit target</div>	
Issues / Performance Summary		Planned / Mitigation Actions		Assurance / Recovery Trajectory			
<div>Falls (with Harm):</div> <ul style="list-style-type: none"><li>There were zero falls with moderate or above harm for December.</li></ul> <div>Medication Errors (with Harm):</div> <ul style="list-style-type: none"><li>Zero medication errors with harm across Manx Care in December.</li></ul>		<div>Falls (with Harm):</div> <ul style="list-style-type: none"><li>Continue with risk reduction activity to minimise harm.</li></ul> <div>Medication Errors (with Harm):</div> <ul style="list-style-type: none"><li>To continue to monitor.</li></ul>		<div>Falls (with Harm):</div> <ul style="list-style-type: none"><li>Performance exceeding target.</li></ul> <div>Medication Errors (with Harm):</div> <ul style="list-style-type: none"><li>Medication Safety Pharmacist is raising awareness with regular safety bulletins.</li></ul>			



Reporting Date	Performance	ROF #
Dec-22	0	3.1
Threshold	Mean	Benchmark
< 30 PA	1	1
(Lower value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		



Reporting Date	Performance	ROF #
Dec-22	6	3.1
Threshold	Mean	Benchmark
< 72 PA	6	5
(Lower value represents better performance)		
- Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		



Reporting Date	Performance	ROF #
Dec-22	0	3.1
Threshold	Mean	Benchmark
0	0	0
(Lower value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<b>C.Diff:</b> <ul style="list-style-type: none"> <li>There were no cases in December.</li> </ul> <b>E.Coli:</b> <ul style="list-style-type: none"> <li>There have been six cases reported this month, two were hospital associated and four were community associated. The sources include a diabetic foot ulcer, biliary disease and urinary tract infections (without catheters).</li> </ul> <b>MRSA:</b> <ul style="list-style-type: none"> <li>There have been no MRSA bacteraemia cases reported since Feb 2021.</li> </ul> <b>Pseudomonas aeruginosa:</b> <ul style="list-style-type: none"> <li>There was one case reported this month. It was community associated. The patient died on admission to hospital and had underlying conditions. Cause of death was sepsis.</li> </ul>	<b>C.Diff:</b> <ul style="list-style-type: none"> <li>To continue with high standards of Infection Prevention and Control measures.</li> </ul> <b>E.Coli:</b> <ul style="list-style-type: none"> <li>Sources of infection have been identified.</li> <li>The recommendations of the urinary catheter prevalence audit is being driven forward.</li> </ul> <b>MRSA:</b> <ul style="list-style-type: none"> <li>To continue with high standards of Infection Prevention and Control measures.</li> </ul> <b>Pseudomonas aeruginosa:</b> <ul style="list-style-type: none"> <li>To investigate the source of the bacteraemia and determine if there are any potential learning outcomes.</li> </ul>	<b>C.Diff:</b> <ul style="list-style-type: none"> <li>Positive assurance for this area of performance. Root cause analysis will continue to be undertaken if any cases occur.</li> </ul> <b>E.Coli:</b> <ul style="list-style-type: none"> <li>The rates remain comparable to those reported in the UK.</li> </ul> <b>MRSA:</b> <ul style="list-style-type: none"> <li>A post infection review will be undertaken if any cases occur.</li> </ul> <b>Pseudomonas aeruginosa:</b> <ul style="list-style-type: none"> <li>There is no national threshold set. To continue to undertake surveillance.</li> </ul>

Safe	Safety Thermometer	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis
<p>Harm Free Care Score (Safety Thermometer) - Adult: Manx Care</p> <p>Harm Free Care Score (Safety Thermometer) - Children: Manx Care</p>		<p><b>Reporting Date</b> Dec-22</p> <p><b>Performance</b> 99.5%</p> <p><b>ROF #</b> 3.1</p> <p><b>Threshold</b> 95.0%</p> <p><b>Mean</b> 98.1%</p> <p><b>Benchmark</b> 96.3%</p> <p>(Higher value represents better performance)</p> <p><b>+ Variation Description</b> Common cause</p> <p><b>+ Assurance Description</b> Inconsistently passing and falling short of target</p>		<p>Harm Free Care Score (Safety Thermometer) - Maternity: Manx Care</p> <p><b>Reporting Date</b> Dec-22</p> <p><b>Performance</b> 100.0%</p> <p><b>ROF #</b> 3.1</p> <p><b>Threshold</b> 95.0%</p> <p><b>Mean</b> 100.0%</p> <p><b>Benchmark</b> 99.3%</p> <p>(Higher value represents better performance)</p> <p><b>+ Variation Description</b> Common cause</p> <p><b>+ Assurance Description</b> Consistently hit target</p>	
<p><b>Issues / Performance Summary</b></p> <p><b>Adult:</b></p> <ul style="list-style-type: none"> <li>99% of adult inpatients were kept free from harm. Standard achieved for 8 out of 9 reporting months YTD.</li> </ul> <p><b>Maternity:</b></p> <ul style="list-style-type: none"> <li>100% of maternity patients were kept free from harm.</li> </ul> <p><b>Children:</b></p> <ul style="list-style-type: none"> <li>95.8% of children were kept free from harm.</li> </ul>		<p><b>Reporting Date</b> Dec-22</p> <p><b>Performance</b> 95.8%</p> <p><b>ROF #</b> 3.1</p> <p><b>Threshold</b> 95.0%</p> <p><b>Mean</b> 96.2%</p> <p><b>Benchmark</b> 98.9%</p> <p>(Higher value represents better performance)</p> <p><b>- Variation Description</b> Common cause</p> <p><b>+ Assurance Description</b> Inconsistently passing and falling short of target</p>		<p><b>Planned / Mitigation Actions</b></p> <p><b>Adult:</b></p> <ul style="list-style-type: none"> <li>To continue with high standards.</li> </ul> <p><b>Maternity:</b></p> <ul style="list-style-type: none"> <li>To continue with high standards.</li> </ul> <p><b>Children:</b></p> <ul style="list-style-type: none"> <li>Senior Sister to raise with staff importance of documenting reasons if unable to record complete set of observations.</li> </ul>	
				<p><b>Assurance / Recovery Trajectory</b></p> <p><b>Adult:</b></p> <ul style="list-style-type: none"> <li>Performance is exceeding target.</li> </ul> <p><b>Maternity:</b></p> <ul style="list-style-type: none"> <li>Performance is exceeding target.</li> </ul> <p><b>Children:</b></p> <ul style="list-style-type: none"> <li>Though this was a drop in performance from the previous month, it remains above the expected standard.</li> </ul> <p>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</p>	



Safe	Hand Hygiene; Antibiotic Review	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis														
<div><div>Hand Hygiene Compliance: Manx Care</div><div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Dec-22</td><td>98.0%</td><td>3.1</td></tr></tbody></table><div><div>Threshold</div><div>96.0%</div></div><div><div>Mean</div><div>96.8%</div></div><div><div>Benchmark</div><div>95.6%</div></div><div>(Higher value represents better performance)</div><div>+Variation Description</div><div>Common cause</div><div>+Assurance Description</div><div>Inconsistently passing and falling short of target</div></div></div> <div><div>48-72 hr review of antibiotic prescription complete: Manx Care</div><div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Dec-22</td><td>71.0%</td><td>3.1</td></tr></tbody></table><div><div>Threshold</div><div>&gt;= 98%</div></div><div><div>Mean</div><div>66.1%</div></div><div><div>Benchmark</div><div>34.5%</div></div><div>(Higher value represents better performance)</div><div>-Variation Description</div><div>Special Cause of Improving variation (High)</div><div>-Assurance Description</div><div>Consistently fail target</div></div></div>		Reporting Date	Performance	ROF #	Dec-22	98.0%	3.1	Reporting Date	Performance	ROF #	Dec-22	71.0%	3.1	<div>Issues / Performance Summary</div> <div>Hand Hygiene:</div> <div><div><div>The hand hygiene (WHO five moments of hand hygiene) compliance score was 97% and the bare below the elbow audit was 99%.</div></div></div> <div>Review of Antibiotic Prescribing:</div> <div><div><div>At 71% this was a slight drop on the previous month.</div></div></div>		<div>Planned / Mitigation Actions</div> <div>Hand Hygiene:</div> <div><div><div>To continue to raise education and awareness in relation to hand hygiene and bare below the elbow. To continue with monthly audits.</div></div></div> <div>Review of Antibiotic Prescribing:</div> <div><div><div>To continue with Microbiology Ward rounds and offering advice.</div></div></div>		<div>Assurance / Recovery Trajectory</div> <div>Hand Hygiene:</div> <div><div><div>Showing good compliance.</div></div></div> <div>Review of Antibiotic Prescribing:</div> <div><div><div>Regular microbiology ward rounds are having a positive effect with interventions made when appropriate.</div></div></div>	
Reporting Date	Performance	ROF #																	
Dec-22	98.0%	3.1																	
Reporting Date	Performance	ROF #																	
Dec-22	71.0%	3.1																	

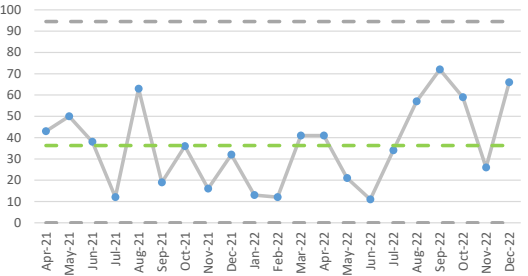
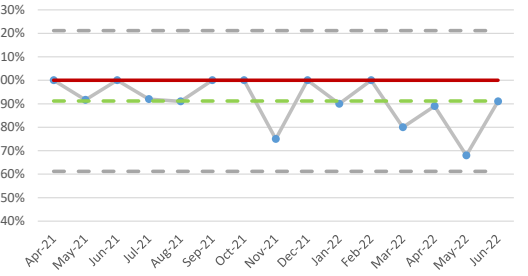
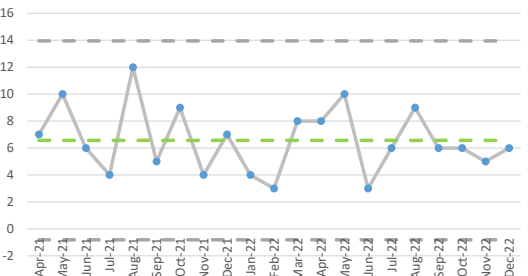
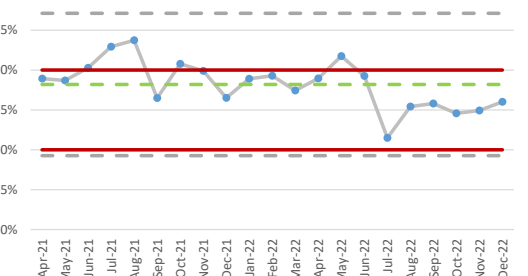
Effective Performance Summary																					
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
EF001		Planned Care - DNA Rate (Consultant Led outpatient appointments)	Dec-22		9%	11%	-	5% by Apr '23			EF019		CFSC - % Complex Needs Reviews held on time	Dec-22		63%	51%	-	85%		
EF002		Planned Care - Total Number of Cancelled Operations	Dec-22		357	288	2592	-			EF021		CFSC - % Total Initial Child Protection Conferences held on time	Dec-22		100%	96%	-	90%		
EF003		Theatres - Number of Cancelled Operations on Day	Dec-22		38	34	310	-			EF022		CFSC - % Child Protection Reviews held on time	Dec-22		71%	96%	-	90%		
EF004		Theatres - Theatre Utilisation	Dec-22		76%	74%	-	85%			EF023		CFSC - % Looked After Children reviews held on time	Dec-22		92%	92%	-	90%		
EF005		Length of Stay (LOS) - No. patients with LOS greater than 21 days	Dec-22		118	98	-	-													
EF024		Mortality - Hospitals LFD (Learning from Death reviews)	Dec-22		40%	32%	-	80%													
EF008		ASC -West Wellbeing Contribution to reduction in ED attendance	Dec-22		9%	3%	-	-5%													
EF009		ASC - West Wellbeing Reduction in admission to hospital from locality	Dec-22		17%	8%	-	-10%													
EF010		IPCC - % Dental contractors on target to meet UDA's	Dec-22		75%	-	-	40%													
EF011		MH - Average Length of Stay (LOS) in MH Acute Inpatient Service	Dec-22		66.0	43.0	-	-													
EF012		MH - Length of Stay (LOS) - No. patients with LOS greater than 21 days	Dec-22		6	7	-	-													
EF013		MH - % service users discharged from MH inpatient to have follow up appointment	Jun-22		91%	83%	-	100%													
EF014		MH - % Re-referrals within 6 months	Dec-22		16%	16%	-	10-20 %													
EF015		ASC - % of Re-referrals	Dec-22		6%	11%	-	10%													
EF016		ASC - % of all Adult Community Care Assessments completed in Agreed Timescales	Dec-22		68%	73%	-	80%													
EF017		ASC - % of individuals (or carers) receiving a copy of their Adult Community Care Assessment	Dec-22		13%	11%	-	100%													
EF018		ASC - % of all Residential Beds Occupied	Dec-22		69%	78%	-	85%													
EF025		Nutrition and Hydration - complete at 7 days (Acute Hospitals and Mental Health)	Dec-22		84%	82%	-	95%													
EF026		MH - Crisis Team one hour response to referral from ED	Dec-22		87%	92%	-	90%													

Effective	Planned Care	Executive Lead	Oliver Radford	Lead	J.Watson; M.Cox; L.Thompson
<p><b>Planned Care - Total No. Cancelled Operations</b></p>		<p><b>Reporting Date</b> Dec-22</p> <p><b>Performance</b> 357</p> <p><b>ROF #</b> 4.3</p>		<p><b>Reporting Date</b> Dec-22</p> <p><b>Performance</b> 118</p> <p><b>ROF #</b> 4.3</p>	
<p><b>Threshold</b> -</p> <p><b>Mean</b> 288</p> <p><b>Benchmark</b> 321</p> <p>(Lower value represents better performance)</p>		<p><b>Threshold</b> -</p> <p><b>Mean</b> 98</p> <p><b>Benchmark</b> 69</p> <p>(Lower value represents better performance)</p>		<p><b>Threshold</b> -</p> <p><b>Mean</b> 98</p> <p><b>Benchmark</b> 69</p> <p>(Lower value represents better performance)</p>	
<p><b>+ Variation Description</b> Common cause</p>		<p><b>- Variation Description</b> Common cause</p>		<p><b>- Variation Description</b> Common cause</p>	
<p><b>Assurance Description</b></p>		<p><b>Assurance Description</b></p>		<p><b>Assurance Description</b></p>	
<p><b>Planned Care - Cancelled Operations by source</b></p>		<p><b>Reporting Date</b> Dec-22</p> <p><b>Performance</b> -</p> <p><b>ROF #</b> 4.3</p>		<p><b>Reporting Date</b> Dec-22</p> <p><b>Performance</b> Noble's : 4.9 days RDCH : 32.5 days</p> <p><b>ROF #</b> 4.3</p>	
<p><b>Threshold</b> -</p> <p><b>Mean</b> -</p> <p><b>Benchmark</b> -</p> <p>(Lower value represents better performance)</p>		<p><b>Threshold</b> -</p> <p><b>Mean</b> Noble's : 5 days RDCH : 41.4 days</p> <p><b>Benchmark</b> -</p>		<p><b>Threshold</b> -</p> <p><b>Mean</b> Noble's : 5 days RDCH : 41.4 days</p> <p><b>Benchmark</b> -</p>	
<p><b>+ Variation Description</b></p>		<p><b>Variation Description</b></p>		<p><b>Variation Description</b></p>	
<p><b>Assurance Description</b></p>		<p><b>Assurance Description</b></p>		<p><b>Assurance Description</b></p>	
<p><b>Average Length of Stay (ALOS) by site</b></p>		<p><b>Reporting Date</b> Dec-22</p> <p><b>Performance</b> Noble's : 4.9 days RDCH : 32.5 days</p> <p><b>ROF #</b> 4.3</p>		<p><b>Reporting Date</b> Dec-22</p> <p><b>Performance</b> Noble's : 4.9 days RDCH : 32.5 days</p> <p><b>ROF #</b> 4.3</p>	
<p><b>Threshold</b> -</p> <p><b>Mean</b> -</p> <p><b>Benchmark</b> -</p> <p>(Lower value represents better performance)</p>		<p><b>Threshold</b> -</p> <p><b>Mean</b> Noble's : 5 days RDCH : 41.4 days</p> <p><b>Benchmark</b> -</p>		<p><b>Threshold</b> -</p> <p><b>Mean</b> Noble's : 5 days RDCH : 41.4 days</p> <p><b>Benchmark</b> -</p>	
<p><b>+ Variation Description</b></p>		<p><b>Variation Description</b></p>		<p><b>Variation Description</b></p>	
<p><b>Assurance Description</b></p>		<p><b>Assurance Description</b></p>		<p><b>Assurance Description</b></p>	
<p><b>Issues / Performance Summary</b></p> <p><b>Length of Stay:</b></p> <ul style="list-style-type: none"> <li>Staffing pressures</li> <li>Closures of ward 12</li> <li>Re-enablement delays</li> <li>Lack of availability of residential and nursing care beds.</li> <li>The acuity of patients being admitted has increased for surgical patients driving longer lengths of stay in hospital. Given the overall pressure on beds for medical admissions coupled with reduction in number of surgical patients, the majority of beds in the hospital have been occupied by Medical and not Surgical patients.</li> <li>Access to surgical bed base continues to be a challenge - continuing high levels of medical patients being admitted means that medical patients are having to be accommodated on surgical wards with a direct impact on number of elective surgical procedures that can be undertaken.</li> <li>Regularly have 30-50 medical outliers in surgical beds – which creates pressures on medical staffing establishments to review and care for the additional patients as not staffed with medics for these additional patients; staffed according to the number of medical wards.</li> </ul>		<p><b>Planned / Mitigation Actions</b></p> <p><b>Length of Stay:</b></p> <ul style="list-style-type: none"> <li>Daily activity to ensure surgical patients discharged as soon as clinically appropriate to do so.</li> <li>Spot purchasing of community beds</li> <li>Implementation of enhanced recovery pathways under the Restoration &amp; Recovery (R&amp;R) programme.</li> <li>Increasing throughput through Day Procedures Suite by using it to start the perioperative surgical journey for the first patient on each operating list to facilitate starting the operating list on time plus reducing number of inpatient procedure where appropriate.</li> <li>Ward 12 is being used as an escalation ward when required – however there are challenges ensuring safe nursing staffing levels to allow the ward to open. Ward 12 is being staffed by Synaptik nursing teams as part of R &amp; R for specific weeks – in these instances Synaptik nursing staff are able to accommodate a limited number of suitable surgical patients as part of escalation plan.</li> </ul>		<p><b>Assurance / Recovery Trajectory</b></p> <p><b>Length of Stay:</b></p> <ul style="list-style-type: none"> <li>Significant improvements in the reduction of length of stays for both R&amp;R and BAU activity (e.g. orthopaedic hip &amp; knee ALOS from 4.5 days down to 1.3 days) will start to deliver overall decreases in length of stay at both Noble's Hospital and Ramsey &amp; District Cottage Hospital.</li> <li>Reduced LOS on the R&amp;R pathway have allowed all patients to be accommodated on the 15 bed private patient ward (PPU).</li> </ul> <p>Note - Benchmarks are the Manx Care monthly average for 2021/22.</p>	

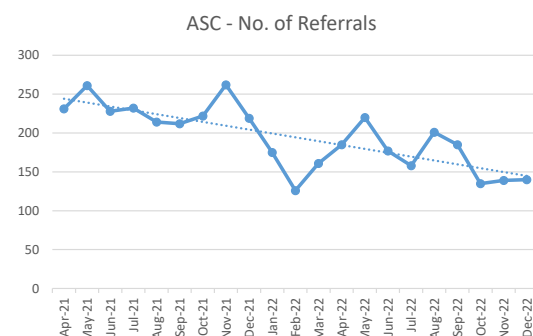
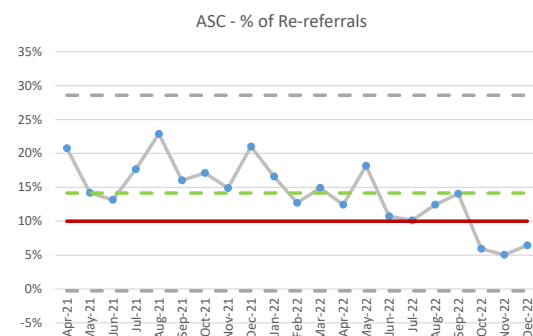
Effective	Theatres	Executive Lead	Oliver Radford	Lead	James Watson		
<div><div>Theatres - % Theatre Utilisation</div></div>		<div><div>Reporting Date Dec-22</div><div>Performance 76.3%</div><div>ROF # 3.5</div></div> <div><div>Threshold 85.0%</div><div>Mean 73.8%</div><div>Benchmark 73.5%</div></div> <div>(Higher value represents better performance)</div> <div><div>+</div><div>Variation Description Common cause</div></div> <div><div>-</div><div>Assurance Description Consistently fail target</div></div>		<div><div>Theatres - No. of Cancelled Operations on Day</div></div>		<div><div>Reporting Date Dec-22</div><div>Performance 38</div><div>ROF # 3.5</div></div> <div><div>Threshold -</div><div>Mean 34</div><div>Benchmark 32</div></div> <div>(Lower value represents better performance)</div> <div><div>-</div><div>Variation Description Common cause</div></div> <div><div></div><div>Assurance Description</div></div>	
<div><div>Theatres - Delivered (vs Cancelled Sessions)</div></div>		<div><div>Reporting Date Dec-22</div><div>Performance 67</div><div>ROF # 3.5</div></div> <div><div>Threshold -</div><div>Mean 69</div><div>Benchmark 65</div></div> <div>(Higher value represents better performance)</div> <div><div></div><div>Variation Description</div></div> <div><div></div><div>Assurance Description</div></div>		<div><div>Theatres - Cancelled Operations on Day by source</div></div>		<div><div>Reporting Date Dec-22</div><div>Performance -</div><div>ROF # 3.5</div></div> <div><div>Threshold -</div><div>Mean -</div><div>Benchmark -</div></div> <div>(Lower value represents better performance)</div> <div><div></div><div>Variation Description</div></div> <div><div></div><div>Assurance Description</div></div>	
<div>Issues / Performance Summary</div> <div><ul style="list-style-type: none"><li>Access to surgical bed base continues to challenge theatre efficiency and utilisation which is resultant in late start to operating lists whilst beds are sourced for elective inpatients, on the day cancellation of patients or entire elective list cancellations. Ultimately these issues are increasing the surgical speciality waiting lists.</li><li>Consultant anaesthetic staffing and theatre staffing position remains a challenge and will do so for some time. This will represent a significant cost pressure for the care group for the remainder of this financial year.</li><li>Maternity Theatre staffing - maternity is severely short staffed resulting in theatre teams supporting C Section lists 24/7 to mitigate the risk to mother and baby. In order to facilitate this additional activity theatre BAU activity has been reduced.</li></ul></div>		<div>Planned / Mitigation Actions</div> <div><ul style="list-style-type: none"><li>Increasing throughput through Day Procedures Suite by using it to start the perioperative surgical journey for the first patient on each operating list to facilitate starting the operating list on time – surgical teams informed to Allocate first patient on the To Come In (TCI) list. BAU is being supported with Synatic nursing teams on ward 12 where beds are ring fenced to designated specialties.</li><li>Planning still in progress for an admissions lounge where all surgical patients will be admitted, prepared for theatre and returned to a surgical ward post operatively. This will provide time for Bed Flow &amp; Capacity team to source a bed without delaying the start to operating sessions, reduce the need to cancel and increase theatre efficiency &amp; utilisation.</li><li>Synaptic continues to support the Restoration &amp; Recovery (R&amp;R) waiting list initiatives for ophthalmic, orthopaedic and Genereal surgery through the provision of theatre teams, surgeons &amp; anaesthetists to undertake the surgical activity. Recruitment remains in progress for substantive and Agency staff to sustain the BAU activity in 4 theatres. The vacancy position has improved slightly with successful appointments recently made.</li><li>Theatre staff continues to support Maternity to mitigate the risk to mother and baby until the situation improves.</li><li>Enhanced recovery pathway for orthopaedic patients delivering significantly reduced Length of Stay (LOS) – from approx 4.5 days to 1.3 days.</li><li>Synaptik supported Ophthalmology cataracts all run through ambulatory care pathway facilitated by use of topical anaesthesia no use of the Noble’s bed base.</li></ul></div>		<div>Assurance / Recovery Trajectory</div> <div><ul style="list-style-type: none"><li>The implementation of a surgical admissions lounge which is in the project stages.</li><li>Synaptic support is anticipated to continue through to end of March 2023 and beyond. General Surgery procedures commenced in December 2022.</li><li>Business case development is in progress to increase the funded establishment to staff 7 theatres which is inclusive of maternity theatre.</li><li>Proposal to staff the maternity theatre entirely from the main theatre staffing establishment to mitigate risk as above.</li><li>Reinforced 48 Hour call out pathway with the rebooking of short notice cancellations into slots where patient has cancelled.</li><li>Exploration of Red to Green Criteria led discharge and assertive in-reach.</li></ul></div> <div>Note - Benchmarks are the Manx Care monthly average for 2021/22.</div>			

Effective	Mortality	Executive Lead	Sree Andole	Lead	David Hedley; Alison Hool
<p>Hospitals LFD (Learning from Death reviews)</p>		<p>Reporting Date Dec-22</p> <p>Performance <b>40.0%</b></p> <p>ROF # 3.6</p>		<p>Age Adjusted Mortality : 01/01/21 to 31/12/22</p>	
<p>Threshold 80.0%</p> <p>Mean 31.8%</p> <p>Benchmark 88.0%</p> <p>(Higher value represents better performance)</p>		<p>Reporting Date -</p> <p>Performance 686 in Total</p> <p>ROF # 3.6</p>		<p>Threshold -</p> <p>Mean -</p> <p>Benchmark -</p>	
<p>+ Variation Description Special Cause of Concerning variation (Low)</p>		<p>+ Variation Description</p>		<p>+ Variation Description</p>	
<p>- Assurance Description Consistently fail target</p>		<p>- Assurance Description</p>		<p>- Assurance Description</p>	
Issues / Performance Summary		Planned / Mitigation Actions		Assurance / Recovery Trajectory	
<p><b>Hospitals LFD (Learning from Death) Reviews:</b></p> <ul style="list-style-type: none"> <li>Achieved performance continues to be below target.</li> </ul>		<p><b>Hospitals LFD (Learning from Death) Reviews:</b></p> <ul style="list-style-type: none"> <li>An improved system has been put in place to improve compliance and decrease backlog.</li> <li>Plan in place to improve compliance with completing level 1 reviews initially</li> </ul>		<ul style="list-style-type: none"> <li>Reporting casemix adjusted mortality rates in line with Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) methodologies is being considered for future reporting.</li> </ul> <p><b>Hospitals LFD (Learning from Death) Reviews:</b></p> <ul style="list-style-type: none"> <li>Assurance is limited. Confident that prospective reviews will be undertaken but retrospective are challenging.</li> </ul>	

Effective	Wellbeing Services; Dental	Executive Lead	Sally Shaw; Oliver Radford	Lead	Michele Mountjoy; Annmarie Cubbon
<p>West Wellbeing service contribution to reduction in ED attendance</p>		<p><b>Reporting Date</b> Dec-22</p> <p><b>Performance</b> 8.9%</p> <p><b>ROF #</b> 4.11.1</p>		<p>West Wellbeing service reduction in admission to hospital from locality</p>	
		<p><b>Threshold</b> -5.0%</p> <p><b>Mean</b> 2.8%</p> <p><b>Benchmark</b> -</p> <p>(Lower value represents better performance)</p>		<p><b>Reporting Date</b> Dec-22</p> <p><b>Performance</b> 17.5%</p> <p><b>ROF #</b> 4.11.1</p>	
		<p><b>Threshold</b> -10.0%</p> <p><b>Mean</b> 7.7%</p> <p><b>Benchmark</b> -</p> <p>(Lower value represents better performance)</p>			
		<p>- <b>Variation Description</b> Common cause</p>			
		<p>- <b>Assurance Description</b> Inconsistently passing and falling short of target</p>			
<p>% Dental contractors on target to meet Units of Dental Activity (UDA's)</p>		<p><b>Reporting Date</b> Dec-22</p> <p><b>Performance</b> 75.0%</p> <p><b>ROF #</b> 4.8.3</p>			
		<p><b>Threshold</b> 40.0%</p> <p><b>Mean</b> -</p> <p><b>Benchmark</b> -</p> <p>(Higher value represents better performance)</p>			
		<p><b>Variation Description</b></p>			
		<p>+ <b>Assurance Description</b> Consistently hit target</p>			
<p><b>Issues / Performance Summary</b></p> <p><b>Wellbeing Services:</b></p> <ul style="list-style-type: none"> <li>The goal of integrated care is to reduce reliance on ED in the long term. Attendance will naturally fluctuate throughout the year due to seasonal variation.</li> <li>Significant Covid impact where ED attendances artificially lower for that period, as people were discouraged from attending ED. Also an increase in admissions across the Isle of Man, as patients' conditions during that period were not being addressed in as timely a manner and have become more acute.</li> <li>Patients may be attending A&amp;E due to capacity in community services, e.g. dementia patient unable to access Community Occupational Therapy services, falling and attending A&amp;E.</li> <li>Concern re: metric with data collected on short term basis (6 months).</li> </ul> <p><b>Dental Contractors:</b></p> <ul style="list-style-type: none"> <li>6 out of 8 providers have delivered over 60% of their contracted UDAs by 31st December 2022.</li> </ul>		<p><b>Planned / Mitigation Actions</b></p> <p><b>Wellbeing Services:</b></p> <ul style="list-style-type: none"> <li>The service is raising awareness regarding the impact the lack of capacity in community services has on ED.</li> <li>New frailty service identifying patients at an earlier stage.</li> <li>Targeting of nursing homes specifically for falls.</li> </ul> <p><b>Dental Contractors:</b></p> <ul style="list-style-type: none"> <li>Meeting has taken place with one of the providers and a proposal made for the provider to reduce their contract for the remainder of 22-23. This provider has had a significant reduction in dentists this financial year which has hindered them being able to meet target. Meeting to be arranged to discuss the same with the remaining provider.</li> </ul>		<p><b>Assurance / Recovery Trajectory</b></p> <p><b>Wellbeing Services:</b></p> <ul style="list-style-type: none"> <li>The service will look to refer more patients to third sector services, e.g. respite services as appropriate.</li> <li>Need to review the technical specification of this metric during Q4 to ensure that the 6 month timescale is an appropriate indicator of the service's performance.</li> <li>Impact of new frailty service to be reviewed in Q4.</li> </ul> <p><b>Dental Contractors:</b></p> <ul style="list-style-type: none"> <li>Awaiting agreement from practice to reduce their contract and meeting to take place to agree a similar arrangement with the other provider who is behind on target. The other 6 providers are on target.</li> </ul> <p>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</p>	

Effective	Mental Health	Executive Lead	Sally Shaw	Lead	Ross Bailey		
<div>MH - Average Length of Stay (ALOS) in MH Acute Inpatient Service</div> 		<div>Reporting Date Dec-22</div> <div>Performance 66.0</div> <div>ROF # 4.7.7</div> <div>Threshold -</div> <div>Mean 43.0</div> <div>Benchmark 31.3</div> <div>(Lower value represents better performance)</div> <div>- Variation Description Common cause</div> <div>Assurance Description</div>		<div>MH - % service users discharged from MH inpatient that have follow up appointment</div> 		<div>Reporting Date Jun-22</div> <div>Performance 91.0%</div> <div>ROF # 4.7.6</div> <div>Threshold 100.0%</div> <div>Mean 82.7%</div> <div>Benchmark 93.3%</div> <div>(Higher value represents better performance)</div> <div>+ Variation Description Common cause</div> <div>- Assurance Description Inconsistently passing and falling short of target</div>	
<div>MH - Length of Stay (LOS) - No. patients with LOS greater than 21 days</div> 		<div>Reporting Date Dec-22</div> <div>Performance 6</div> <div>ROF # 4.7.7</div> <div>Threshold -</div> <div>Mean 7</div> <div>Benchmark 7</div> <div>(Lower value represents better performance)</div> <div>- Variation Description Common cause</div> <div>Assurance Description</div>		<div>MH - % Re-referrals within 6 months</div> 		<div>Reporting Date Dec-22</div> <div>Performance 16.0%</div> <div>ROF # 4.7.6</div> <div>Threshold 10-20 %</div> <div>Mean 16.5%</div> <div>Benchmark 19.5%</div> <div>(Lower value represents better performance)</div> <div>- Variation Description Special Cause of Improving variation (Low)</div> <div>- Assurance Description Consistently hit target</div>	
<div>Issues / Performance Summary</div> <div>Average Length of Stay (ALOS):</div> <ul style="list-style-type: none"><li>ALOS has increased in December, driven predominantly by the discharge of patients from Glen Suite who had average lengths of stay of 247 days.</li><li>Relatively small bed volume can have a significant impact on interpretation of data.</li></ul> <div>3 Day follow up:</div> <ul style="list-style-type: none"><li>Currently unable to report due to current revisions to counting and reporting via the BI team.</li></ul> <div>Length of Stay greater than 21 days:</div> <ul style="list-style-type: none"><li>The number of current service users with a LOS of 21 days or more has remained low in December, and continues to represent an improvement against the 2021/22 position.</li></ul> <div>Re-referrals:</div> <ul style="list-style-type: none"><li>Continue to remain within the expected range.</li></ul>		<div>Planned / Mitigation Actions</div> <div>3 Day follow up:</div> <ul style="list-style-type: none"><li>Reporting of this metric to recommence in Q4.</li></ul>		<div>Assurance / Recovery Trajectory</div> <div>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</div>			

Effective	Adult Social Work	Executive Lead	Sally Shaw	Lead	Michele Mountjoy
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Reporting Date Dec-22 Performance 6.4% ROF # 4.10

Threshold 10.0% Mean 10.6% Benchmark 16.8%

(Lower value represents better performance)

- Variation Description  
Special Cause of Improving variation (Low)

+ Assurance Description  
Inconsistently passing and falling short of target

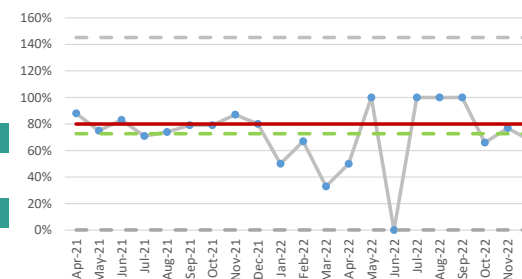
Reporting Date Dec-22 Performance 140 ROF # 4.10

Threshold - Mean 171 Benchmark -

Variation Description

Assurance Description

ASC - % of all Adult Community Care Assessments completed in Agreed Timescales



Reporting Date Dec-22 Performance 67.5% ROF # 4.10

Threshold 80.0% Mean 73.4% Benchmark 72.2%

(Higher value represents better performance)

- Variation Description  
Common cause

- Assurance Description  
Inconsistently passing and falling short of target

Reporting Date Dec-22 Performance 12.5% ROF # 4.10

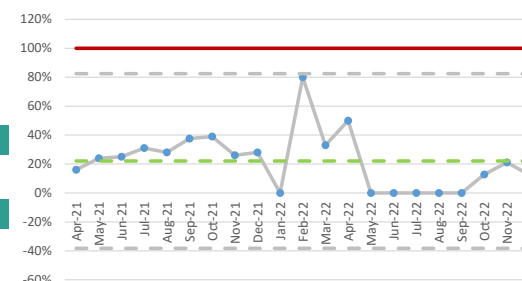
Threshold 100.0% Mean 10.7% Benchmark 30.6%

(Higher value represents better performance)

- Variation Description  
Special Cause of Concerning variation (Low)

- Assurance Description  
Consistently fail target

ASC - % of individuals (or carers) receiving a copy of their Adult Community Care Assessment



#### Issues / Performance Summary

The number of new referrals received in December 2022 was 140.

#### Re-Referrals:

- Re-referral rates remain within the expected threshold. There has been a change to the reporting methodology, with the ASAT team now no longer being included in the re-referral figures due to the fact that they act as a "front door" for all referrals received, which was resulting in a double count of re-referrals.
- There were 9 re-referrals in December, with the majority requiring a reassessment following a change in circumstances/ care needs.

#### Assessments completed within Timescales:

- The completion of Wellbeing Partnership assessments in December remained slightly below the required threshold.

#### Individuals receiving copy of Assessment:

- The reported number of individuals receiving copies of their Wellbeing Partnership assessments in December remained significantly below the required threshold.

#### Planned / Mitigation Actions

- Processes are being continually reviewed to make them more streamlined.

#### Assessments completed within Timescales:

- Team members have been reminded to complete the appropriate assessment related data sets on Wellbeing Partnership assessments to ensure continued accuracy of data.

#### Individuals receiving copy of Assessment:

- Following a change in assessment type from FAC to Wellbeing Partnership, work is ongoing with the BI team to reconcile and validate the reported data to ensure that the reported position accurately reflects the change in process.

#### Assurance / Recovery Trajectory

- Making Safeguarding personal (MSP) continues to be a positive area.
- Better recording of involvement with family and friends is being seen.
- Triage is working well in terms of collaborative decision making and MDT working.

#### Individuals receiving copy of Assessment:

- The number of assessments being shared with individuals and carers is depicted as artificially low. This low number is caused by a systems issue. Social Care are actively working with the Live Systems Team to resolve, with an improvement expected by the February 2023 IPR.

#### Note -

Benchmarks are the Manx Care monthly averages for 2021/22.



Effective	Social Work (Children & Families)	Executive Lead	Sally Shaw	Lead	Julie Gibney
<p><b>% Complex Needs Reviews held on time</b></p> <p>Reporting Date Dec-22 <b>Performance 62.5%</b> ROF # 4.10.6</p> <p>Threshold 85.0% Mean 50.8% Benchmark 68.8%</p> <p>(Higher value represents better performance)</p> <p><b>+ Variation Description</b> Common cause</p> <p><b>- Assurance Description</b> Consistently fail target</p>			<p><b>% Total Child Protection Review Conferences held on time</b></p> <p>Reporting Date Dec-22 <b>Performance 71.4%</b> ROF # 4.10.6</p> <p>Threshold 90.0% Mean 90.0% Benchmark 84.4%</p> <p>(Higher value represents better performance)</p> <p><b>- Variation Description</b> Common cause</p> <p><b>- Assurance Description</b> Consistently fail target</p>		
<p><b>% Total Initial Child Protection Conferences held on time</b></p> <p>Reporting Date Dec-22 <b>Performance 100.0%</b> ROF # 4.10.6</p> <p>Threshold 90.0% Mean 95.8% Benchmark 63.3%</p> <p>(Higher value represents better performance)</p> <p><b>- Variation Description</b> Common cause</p> <p><b>- Assurance Description</b> Inconsistently passing and falling short of target</p>			<p><b>% Looked After Children reviews held on time</b></p> <p>Reporting Date Dec-22 <b>Performance 92.3%</b> ROF # 4.10.6</p> <p>Threshold 90.0% Mean 92.4% Benchmark 86.0%</p> <p>(Higher value represents better performance)</p> <p><b>- Variation Description</b> Common cause</p> <p><b>+ Assurance Description</b> Inconsistently passing and falling short of target</p>		
<p><b>Issues / Performance Summary</b></p> <p><b>Complex Needs Reviews held on time:</b></p> <ul style="list-style-type: none"> <li>The number of reviews undertaken within timescale in December increased to 62.5% but remains below the required threshold.</li> <li>The majority of Child with Complex Needs Reviews take place in respect of children with disabilities. The Disability Team has been impacted by staffing issues since July 2022, as has the Initial Response Team.</li> <li>Other factors that have negatively impacted this area of performance are the unavailability of family, the Chairperson's availability and notification by the child's Social Worker not being timely.</li> </ul> <p><b>Initial Child Protection Conferences held on time:</b></p> <ul style="list-style-type: none"> <li>All conferences were held within the timescales in December.</li> </ul> <p><b>Child Protection Review Conferences held on time:</b></p> <ul style="list-style-type: none"> <li>71.4% of conferences were completed within the timescales in November.</li> </ul> <p><b>Looked After Children reviews held on time:</b></p> <ul style="list-style-type: none"> <li>92.3% of reviews were held within the timescales in December.</li> </ul>			<p><b>Planned / Mitigation Actions</b></p> <p><b>Complex Needs Reviews held on time:</b></p> <ul style="list-style-type: none"> <li>Recruitment has taken place in the Initial Response Team to support the Child With Complex Needs process. A new Team Manager is due to start in post in March 2023, together with admin support recruited in January 2023. Both roles are permanent rather than agency. IRT are managing a heavy duty workload at present, this recruitment is a positive step forward in relieving the immediate pressure on the 'front door' of the service allowing focus to move to CWCN.</li> <li>The new Group Manager for IRT will have a particular focus on this area to ensure that these Complex Reviews are taking place when they should.</li> </ul>		
			<p><b>Assurance / Recovery Trajectory</b></p> <ul style="list-style-type: none"> <li>The work programme to improve data collection accuracy, and the ongoing work with the BI team to reconcile and validate the reported position is scheduled to be completed in Q4.</li> </ul> <p>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</p>		

Effective	Nutrition & Hydration; Crisis Team	Executive Lead	Paul Moore; Sally Shaw	Lead	Paul Hurst, Sue Davis; Ross Bailey
<p>Nutrition &amp; Hydration - complete at 7 days (Acute Hospitals &amp; Mental Health)</p>		<p><b>Reporting Date</b> Dec-22</p> <p><b>Performance</b> 83.8%</p> <p><b>ROF #</b> 3.1</p> <p><b>Threshold</b> 95.0%</p> <p><b>Mean</b> 81.6%</p> <p><b>Benchmark</b> 83.7%</p> <p>(Higher value represents better performance)</p> <p><b>+ Variation Description</b> Common cause</p> <p><b>- Assurance Description</b> Consistently fail target</p>		<p>Crisis Team one hour response to referral from ED</p>	
<p><b>Reporting Date</b> Dec-22</p> <p><b>Performance</b> 87.0%</p> <p><b>ROF #</b> 3.1</p> <p><b>Threshold</b> 90.0%</p> <p><b>Mean</b> 92.0%</p> <p><b>Benchmark</b> 85.6%</p> <p>(Higher value represents better performance)</p> <p><b>- Variation Description</b> Common cause</p> <p><b>- Assurance Description</b> Inconsistently passing and falling short of target</p>					
Issues / Performance Summary		Planned / Mitigation Actions		Assurance / Recovery Trajectory	
<p><b>Nutrition &amp; Hydration:</b></p> <ul style="list-style-type: none"> <li>Overall compliance has continued to improve in December to 83.8%, but remains below the target of 95%.</li> <li>Due to significant challenges with staffing and prioritizing direct care.</li> <li>Main areas with issues are gynaecology and the surgical wards</li> </ul> <p><b>Crisis Team:</b></p> <ul style="list-style-type: none"> <li>Continues to perform well. 87% compliance with one hour response for ED referrals.</li> <li>Months where the standard is below target are driven by clinical prioritisation.</li> </ul>		<p><b>Nutrition &amp; Hydration:</b></p> <ul style="list-style-type: none"> <li>Head of CQS has contacted individual ward managers and senior Nurses in Nobles Hospital to explore the barriers to achieving compliance in this fundamental aspect of care.</li> <li>Ward managers and senior Nurses in Nobles Hospital have agreed to undertake hot spot audits to pick up compliance issues early, so they can be addressed within month.</li> <li>Physical health audits continue to take place on a monthly basis to ensure that MUST is being completed for all patients within Manannan Court.</li> <li>Executive Director of Nursing has held discussion at senior nurse nursing team.</li> <li>Increased focus on completion of MUST standards.</li> <li>Increased care group accountability applied to nutrition &amp; hydration performance.</li> <li>Focussed work to be undertaken in surgery</li> </ul> <p><b>Crisis Team:</b></p> <ul style="list-style-type: none"> <li>To continue with current risk management strategies to prioritise referrals and allocations.</li> </ul>		<p><b>Nutrition &amp; Hydration:</b></p> <ul style="list-style-type: none"> <li>Reasonable confidence that practice support will result in target performance.</li> <li>Head of CQS has requested that ward managers with high performance liaise with peers to share how they are achieving this. Medical areas are sharing good practice regarding the checking of random notes with wider hospital.</li> </ul> <p><b>Crisis Team:</b></p> <p>Confident that actions are taken to address risk and the team will continue to perform well.</p> <p>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</p>	

## Caring Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
CA001		Mixed Sex Accomodation - No. of Breaches	Dec-22		0	0	0	0			CA012		FFT - How was your experience? No. of responses	Dec-22	-	63	153	610	-		
CA002		Complaints - Total number of complaints received	Dec-22		19	29	262	<= 450 PA			CA013		FFT - Experience was Very Good or Good	Dec-22		74%	73%	-	80%		
CA007		Complaint acknowledged within 5 working days	Dec-22		100%	100%	-	100%			CA014		FFT - Experience was neither Good or Poor	Dec-22		8%	6%	-	10%		
CA008		Written response to complaint within 20 days	Dec-22		100%	100%	-	100%			CA015		FFT - Experience was Poor or Very Poor	Dec-22		18%	22%	-	<10%		
CA010		No. complaints exceeding 6 months	Dec-22		0	0	0	0			CA016		Manx Care Advice and Liaison Service contacts	Dec-22	-	432	512	4,612	-		
CA011		No. complaints referred to HSCOB	Dec-22	-	0	0	0	-			CA017		Manx Care Advice and Liaison Service same day response	Dec-22		92.0%	89.0%	-	80%		

Caring	Complaints	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis
<p>Complaints - Number of complaints: Manx care</p>		<p>Reporting Date Dec-22</p> <p>Performance 19</p> <p>ROF # 3.2</p> <p>Threshold &lt;= 450 PA</p> <p>Mean 29</p> <p>Benchmark 38</p> <p>(Lower value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>+ Assurance Description Inconsistently passing and falling short of target</p>	<p>Complaint - Written response within 20 days: Manx Care</p>		<p>Reporting Date Dec-22</p> <p>Performance 100.0%</p> <p>ROF # 3.2</p> <p>Threshold 100.0%</p> <p>Mean 100.0%</p> <p>Benchmark -</p> <p>(Higher value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>+ Assurance Description Consistently hit target</p>
<p>Complaint acknowledged within 5 working days: Manx Care</p>		<p>Reporting Date Dec-22</p> <p>Performance 100.0%</p> <p>ROF # 3.2</p> <p>Threshold 100%</p> <p>Mean 100.0%</p> <p>Benchmark -</p> <p>(Higher value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>+ Assurance Description Consistently hit target</p>	<p>Complaint - No. complaints exceeding 6 months: Manx Care</p>		<p>Reporting Date Dec-22</p> <p>Performance 0</p> <p>ROF # 3.2</p> <p>Threshold 0.0%</p> <p>Mean 0</p> <p>Benchmark -</p> <p>(Lower value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>+ Assurance Description Consistently hit target</p>
<p><b>Issues / Performance Summary</b></p> <p>November was the first full month of reporting under the new Complaint Regulations. So far there have been no issues or concerns to report with the change over to the new methodologies and processes.</p> <p><b>Number of Complaints:</b></p> <ul style="list-style-type: none"> <li>The total of complaints received during December (19) was down significantly on the YTD monthly average of 29 and the lowest since reporting in the Quality Dashboard commenced. It is possible that the lower figure is explained by seasonal variation or another possibility is that we are managing contacts/concerns more effectively.</li> </ul> <p><b>Acknowledged within 5 Days:</b></p> <ul style="list-style-type: none"> <li>No issues or concerns to report. Full compliance with Regulatory requirement.</li> </ul> <p><b>Written Response within 20 days:</b></p> <ul style="list-style-type: none"> <li>No issues or concerns to report. Full compliance with Regulatory requirement.</li> </ul> <p><b>No. Complaints Exceeding 6 Months:</b></p> <ul style="list-style-type: none"> <li>No issues or concerns to report. Full compliance with Regulatory requirement. No complaint will exceed 6 months until after April 2023.</li> </ul>		<p><b>Planned / Mitigation Actions</b></p> <p><b>Number of Complaints:</b></p> <ul style="list-style-type: none"> <li>CQS Team to continue to monitor performance in order to identify emerging patterns / themes.</li> </ul> <p><b>Acknowledged within 5 Days:</b></p> <ul style="list-style-type: none"> <li>CQS Team to continue to monitor daily performance to ensure compliance.</li> </ul> <p><b>Written Response within 20 days:</b></p> <ul style="list-style-type: none"> <li>CQS Team to continue to monitor daily performance to ensure compliance.</li> </ul> <p><b>No. Complaints Exceeding 6 Months:</b></p> <ul style="list-style-type: none"> <li>CQS Team to continue to monitor daily performance to ensure compliance.</li> </ul>		<p><b>Assurance / Recovery Trajectory</b></p> <ul style="list-style-type: none"> <li>Any referral activity to the HSCOB will be monitored and reported.</li> <li>Heads of CQS Team have offered to meet with Chair of HSCOB to establish working relationship and points of contact.</li> <li>Nil referrals to HSCOB.</li> </ul> <p><b>Number of Complaints:</b></p> <ul style="list-style-type: none"> <li>Assurance continues to be good.</li> </ul> <p><b>Acknowledged within 5 Days:</b></p> <ul style="list-style-type: none"> <li>100% compliance. 70% acknowledged on day of receipt; 22% within 1 working day and 8% within 2 working days.</li> </ul> <p><b>Written Response within 20 days:</b></p> <ul style="list-style-type: none"> <li>100% compliance achieved.</li> </ul> <p><b>No. Complaints Exceeding 6 Months:</b></p> <ul style="list-style-type: none"> <li>100% compliance achieved.</li> </ul> <p>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</p>	

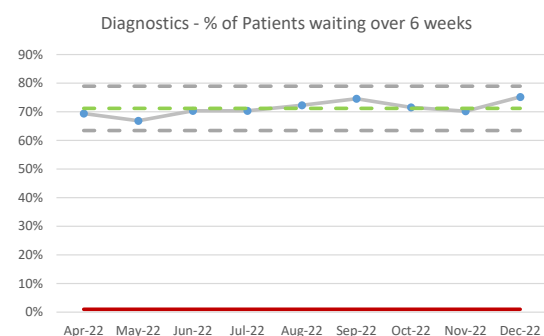
Caring	Friends & Family Test	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis																																
<div>FFT - No. of responses</div> <table><thead><tr><th>Month</th><th>No. of responses</th></tr></thead><tbody><tr><td>Sep-22</td><td>175</td></tr><tr><td>Oct-22</td><td>210</td></tr><tr><td>Nov-22</td><td>165</td></tr><tr><td>Dec-22</td><td>65</td></tr></tbody></table>		Month	No. of responses	Sep-22	175	Oct-22	210	Nov-22	165	Dec-22	65	<div>Reporting Date</div> <div>Dec-22</div> <div>Performance</div> <div>63</div> <div>ROF #</div> <div>3.1</div> <div>Threshold</div> <div>-</div> <div>Mean</div> <div>153</div> <div>Benchmark</div> <div>-</div> <div>Variation Description</div> <div>Assurance Description</div>		<div>FFT Experience - Outcomes</div> <table><thead><tr><th>Month</th><th>Very Good, Good</th><th>Neither Good or Poor</th><th>Poor or Very Poor</th></tr></thead><tbody><tr><td>Sep-22</td><td>65%</td><td>5%</td><td>30%</td></tr><tr><td>Oct-22</td><td>65%</td><td>5%</td><td>30%</td></tr><tr><td>Nov-22</td><td>90%</td><td>5%</td><td>5%</td></tr><tr><td>Dec-22</td><td>75%</td><td>5%</td><td>20%</td></tr></tbody></table> <div>Very Good, Good</div> <div>Poor or Very Poor</div> <div>Target: Very Good, Good</div> <div>Target: Neither Good or Poor</div> <div>Target: Poor or Very Poor</div>		Month	Very Good, Good	Neither Good or Poor	Poor or Very Poor	Sep-22	65%	5%	30%	Oct-22	65%	5%	30%	Nov-22	90%	5%	5%	Dec-22	75%	5%	20%	<div>Reporting Date</div> <div>Dec-22</div> <div>Performance</div> <div>74.0%</div> <div>ROF #</div> <div>3.1</div> <div>Threshold</div> <div>80.0%</div> <div>Mean</div> <div>72.8%</div> <div>Benchmark</div> <div>-</div> <div>(Higher value represents better performance)</div> <div>Variation Description</div> <div>Common cause</div> <div>Assurance Description</div> <div>Inconsistently passing and falling short of target</div>	
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Dec-22	75%	5%	20%																																		
Issues / Performance Summary		Planned / Mitigation Actions		Assurance / Recovery Trajectory																																	
<p>The Manx Care Friends and Family Test (FFT) launched on 01 August 2022.</p> <ul style="list-style-type: none"><li>63 Responses received in December which is a reduction from November but not unexpected due to the time of year.</li><li>74% of feedback received rated as good or very good.</li></ul>		<ul style="list-style-type: none"><li>Further rollout across Manx Care and awareness via drop in sessions for staff and service users, further amalgamation with Integrated Primary and Community Care regarding GP Practices, Pharmacy's and Dental Services planned.</li><li>Scoping work underway to add the QR code to discharge summaries.</li></ul>		<ul style="list-style-type: none"><li>Quarterly reviews with Care Group Leads in mid-January to address any poor/very poor ratings with action plans to continue to be monitored.</li></ul>																																	

Caring	MCALS	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis
<p><b>MCALS No. of Contacts</b></p>		<p><b>Reporting Date</b> Dec-22</p> <p><b>Performance</b> 432</p> <p><b>ROF #</b> 3.2</p>	<p><b>MCALS same day response</b></p>		<p><b>Reporting Date</b> Dec-22</p> <p><b>Performance</b> 92.0%</p> <p><b>ROF #</b> 3.2</p>
		<p><b>Threshold</b> -</p> <p><b>Mean</b> 512</p> <p><b>Benchmark</b> 412</p>	<p><b>Threshold</b> 80.0%</p> <p><b>Mean</b> 89.0%</p> <p><b>Benchmark</b> -</p> <p>(Higher value represents better performance)</p>		
		Variation Description	+		Variation Description
		Assurance Description	+		Assurance Description
					Common cause
					Consistently hit target
<b>Issues / Performance Summary</b> <p><b>Number of Contacts:</b></p> <ul style="list-style-type: none"> <li>432 contacts received in December which is a drop of 231 contacts this month compared to November. This is possibly due to the Holiday season, and the MCALS office being closed over the Christmas and New Year bank holidays.</li> </ul> <p><b>Same Day Response:</b></p> <ul style="list-style-type: none"> <li>Response exceeds target.</li> </ul>		<b>Planned / Mitigation Actions</b> <p><b>Number of Contacts:</b></p> <ul style="list-style-type: none"> <li>MCALS continues to provide excellent support in ensuring that where possible patient issues are addressed.</li> </ul> <p><b>Same Day Response:</b></p> <ul style="list-style-type: none"> <li>Continue high level of responsiveness.</li> </ul>		<b>Assurance / Recovery Trajectory</b> <p><b>Number of Contacts:</b></p> <ul style="list-style-type: none"> <li>Continued good performance in dealing with patient contacts.</li> </ul> <p><b>Same Day Response:</b></p> <ul style="list-style-type: none"> <li>Assurance regarding the achievement of this metric is high.</li> </ul> <p>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</p>	

Responsive Performance Summary																					
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
RE001		RTT - No. patients waiting for first Consultant Led Outpatient appointment	Dec-22	-	14,952	14,348	-	-			RE017		CWT - % patients referral for suspected cancer to first outpatient attendance within 2 weeks	Dec-22		51%	60%	-	93%		
RE002		RTT - No. patients waiting for Daycase procedure	Dec-22	-	2,726	3,073	-	-			RE018		CWT - % patients decision to treat to first definitive treatment within 31 days	Dec-22		82%	84%	-	96%		
RE003		RTT - No. patients waiting for Inpatient procedure	Dec-22	-	612	767	-	-			RE019		CWT - % patients urgent referral for suspected cancer to first treatment within 62 days (RTT)	Dec-22		39%	37%	-	85%		
RE004		RTT - % Urgent GP referrals seen for first appointment within 6 weeks	Dec-22		53%	56%	-	85%			RE020		CWT - % Two Week Wait (Breast Symptomatic)	Dec-22		26%	46%	-	93%		
RE005		Diagnostics - % requests completed within 6 weeks	Dec-22	-	87%	86%	86%	-			RE021		CWT - % 31 Day Subsequent Treatment (Surgical)	Dec-22		-	-	-	94%		
RE006		Diagnostics - % Patients waiting over 6 weeks	Dec-22		75%	71%	-	1%			RE022		CWT - % 31 Day Subsequent Treatment (Drugs)	Dec-22		100%	88%	-	98%		
RE007		ED - % 4 Hour Performance	Dec-22		68%	69%	69%	95%			RE023		CWT - % 31 Day Subsequent Treatment (Radiotherapy)	Dec-22		67%	83%	-	94%		
RE008		ED - % 4 Hour Performance (Non Admitted)	Dec-22	-	79%	78%	78%	-			RE024		CWT - % patients urgent referral Cancer Screening Programme to First Treatment within 62 days	Dec-22		75%	89%	-	90%		
RE009		ED - % 4 Hour Performance (Admitted)	Dec-22	-	12%	19%	19%	-			RE025		CWT - % 28 Days to diagnosis or ruling out of cancer	Dec-22		67%	66%	-	75%		
RE010		ED - Average Total Time in Emergency Department	Dec-22		301	266	-	360 mins			RE026		IPCC - % patients seen by Community Adult Therapy Services within timescales	Dec-22		75%	53%	-	80%		
RE011		ED - Average number of minutes between Arrival and Triage (Noble's)	Dec-22		27	24	-	15 mins			RE027		IPCC - No. patients waiting for a dentist	Dec-22	-	2,651	2,104	-	-		
RE012		ED - Wait time to see first Doctor in ED	Dec-22		181	186	-	180 mins			RE031		IPCC - % of patients registered with a GP	Dec-22		5.3%	5.2%	-	5.0%		
RE013		ED - 12 Hour Trolley Waits	Dec-22		55	11	95	0			RE028		MH - No. service users on Current Caseload	Dec-22		4,809	4,881	-	4500 - 5500		
RE014		Ambulance - Category 1 Response Time at 90th Percentile	Dec-22		23	20	-	15 mins			RE029		MH - Number of Discharges	Dec-22		452	543	-	650-667		
RE015		Ambulance - Category 1 Mean Response Time	Dec-22		10	10	-	7 mins			RE030		W&C - % New Birth Visits within timescale	Dec-22	-	87.5%	87.7%	-	-		
RE016		Ambulance - % patients with CVA/Stroke symptoms arriving at hospital within 60 mins of call	Dec-22		17%	48%	-	100%													

Responsive	Referral to Treatment (RTT)	Executive Lead	Oliver Radford	Lead	J.Watson; M.Cox; L.Thompson
<p>RTT - No. patients waiting for 1st Consultant Led Outpatient Appointment</p>		<p><b>Reporting Date</b> Dec-22</p> <p><b>Performance</b> 14,952</p> <p><b>ROF #</b> 4.4.5</p>	<p>RTT - No. patients waiting for Inpatient procedures</p>		<p><b>Reporting Date</b> Dec-22</p> <p><b>Performance</b> 612</p> <p><b>ROF #</b> 4.4.5</p>
<p><b>Threshold</b> -</p> <p>(Lower value represents better performance)</p> <p><b>Avg Wait Time (Referral to 1st Cons Led OP Appt.)</b> 49 weeks</p> <p><b>No. patients waiting 52 weeks or more for 1st OP</b> 4,806</p>		<p><b>Threshold</b> -</p> <p>(Lower value represents better performance)</p> <p><b>Avg Wait Time (Decision to Treat to Treatment - IP)</b> 6 weeks</p> <p><b>No. patients waiting 52+ weeks from Decision to Treat</b> 165</p>	<p><b>Threshold</b> -</p> <p>(Lower value represents better performance)</p> <p><b>Avg Wait Time (Decision to Treat to Treatment - IP)</b> 6 weeks</p> <p><b>No. patients waiting 52+ weeks from Decision to Treat</b> 165</p>		<p><b>Threshold</b> -</p> <p>(Lower value represents better performance)</p> <p><b>Avg Wait Time (Decision to Treat to Treatment - IP)</b> 6 weeks</p> <p><b>No. patients waiting 52+ weeks from Decision to Treat</b> 165</p>
<p>RTT - No. patients waiting for Daycase procedures</p>		<p><b>Reporting Date</b> Dec-22</p> <p><b>Performance</b> 2,726</p> <p><b>ROF #</b> 4.4.5</p>	<p>% Urgent GP referrals seen for 1st appointment within 6 weeks</p>		<p><b>Reporting Date</b> Dec-22</p> <p><b>Performance</b> 53.4%</p> <p><b>ROF #</b> 4.4.5</p>
<p><b>Threshold</b> -</p> <p>(Lower value represents better performance)</p> <p><b>Avg Wait Time (Decision to Treat to Treatment - DC)</b> 7 weeks</p> <p><b>No. patients waiting 52+ weeks from Decision to Treat</b> 879</p>		<p><b>Threshold</b> -</p> <p>(Lower value represents better performance)</p> <p><b>Avg Wait Time (Decision to Treat to Treatment - DC)</b> 7 weeks</p> <p><b>No. patients waiting 52+ weeks from Decision to Treat</b> 879</p>	<p><b>Threshold</b> 85.0%</p> <p>(Higher value represents better performance)</p> <p><b>+ Variation Description</b> Common cause</p> <p><b>- Assurance Description</b> Consistently fail target</p>		<p><b>Threshold</b> 85.0%</p> <p>(Higher value represents better performance)</p> <p><b>+ Variation Description</b> Common cause</p> <p><b>- Assurance Description</b> Consistently fail target</p>
<p><b>Issues / Performance Summary</b></p> <ul style="list-style-type: none"> <li>Reduction in outpatient clinic capacity due to: <ul style="list-style-type: none"> <li>Staff vacancies, annual leave and other absences.</li> <li>Difficulties in recruiting locum cover</li> </ul> </li> <li>Ensuring prioritisation of doctor resource for 24/7 on call cover, inpatient, theatre and endoscopy activity.</li> <li>Following the ease on Covid restrictions, GP practices have been seeing more patients face to face which has led to an overall increase in referrals.</li> <li>Many outpatient pathways require considerable diagnostic intervention to enable their progression.</li> </ul>		<p><b>Planned / Mitigation Actions</b></p> <ul style="list-style-type: none"> <li>Dedicated waiting list validation team established and programme of waiting list validation commenced in October '22. To date over 4,000 referrals have been through technical validation and over 2,500 letters have been sent to patients checking if they still require to be on the waiting list. No patient is removed from the waiting list without a clinical decision being made.</li> <li>ENT recovery plan commenced in November, including weekend clinics.</li> <li>Exploring creation of a 3rd ENT outpatient clinic based in Ramsey to further support the recovery.</li> <li>Outpatient recovery plans are being developed to provide support to Dermatology, Pain Clinic and Orthopaedics.</li> <li>Addition diagnostic capacity has been commissioned for approximately 1,300 scans (Echocardiograms, Cardiac Computed Tomography and Ultrasound) to improve outpatient pathway progression.</li> <li>In Q4 Ward 12 will provide additional bed capacity to Urology, Gynaecology and ENT elective inpatients.</li> <li>R&amp;R Phase 3 Business Case being developed which will include modelling of demand, capacity and sustainability of outpatient services and waiting lists across all specialities.</li> <li>R&amp;R Phase 2 delivery of 371 Ophthalmic and 228 Othopaedic procedures (Aug-Nov 2022)</li> </ul>		<p><b>Assurance / Recovery Trajectory</b></p> <ul style="list-style-type: none"> <li>General Surgery R&amp;R activity commenced with 42 pre-assessment patients reviewed in Nov and 20 hernia procedures completed in Dec.</li> <li>The reinvigoration of the recovery programme for Gastroenterology, Cardiology and Respiratory Medicine should deliver a significant improvement in outpatient performance by the end of March 23.</li> <li>Recovery of ENT waiting times from November with the start of weekend clinics.</li> <li>Enhanced Waiting List Management programme established to implement procedural and operational improvements to embed Access policy and improve waiting list management. This includes: <ul style="list-style-type: none"> <li>Waiting List Validation; started in October '22.</li> <li>Patient Tracking List (PTL) meetings (non Cancer); Pilot of PTL process for Orthopaedics commenced in November '22.</li> <li>Referral &amp; Booking</li> <li>RTT Rules and System implementation;</li> <li>Harm Review</li> </ul> </li> </ul> <p><b>Note -</b> Benchmark for '% Urgent GP referrals seen for 1st Outpatient' is the Manx Care monthly average for 2021/22. The benchmarks for the OP, IP and DC waiting lists are currently the waiting list sizes in Apr '22. In future reporting the benchmark will be a comparison to UK waiting list sizes using the numbers waiting per 1,000 population.</p>	

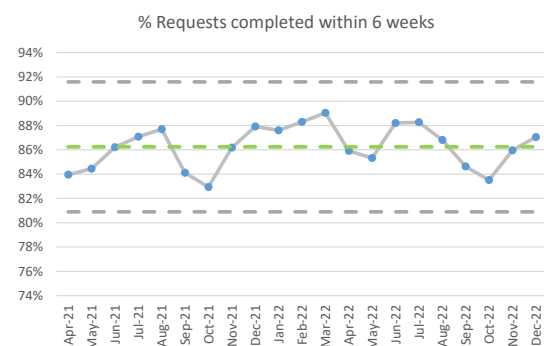




Reporting Date	Performance	ROF #
Dec-22	75.2%	4.5.3
Threshold*	Mean	Benchmark
1%	70.6%	26.9%
(Lower value represents better performance)		

- Variation Description  
Common cause

- Assurance Description  
\*Consistently fail target

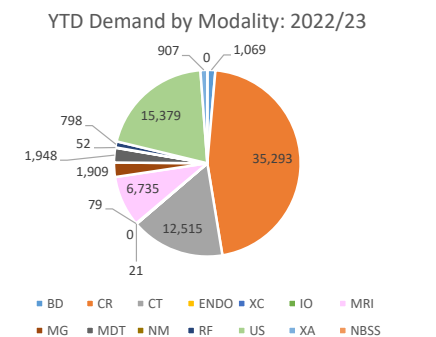
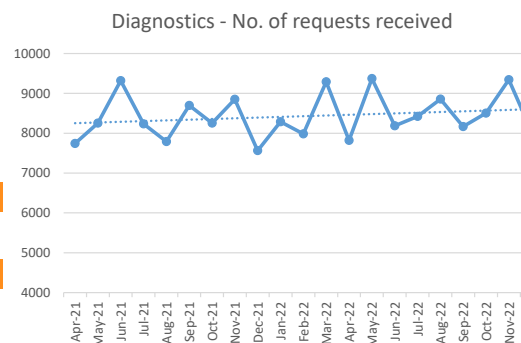


Reporting Date	Performance	ROF #
Dec-22	87.0%	4.5.3
Threshold	Mean	Benchmark
-	86.2%	86.3%
(Higher value represents better performance)		

- Variation Description  
Common cause

- Assurance Description

Modality	Dec-22		
	WL	>6 wks	% >6 wks
Bone Densitometry	305	224	73%
Computed Radiography	709	301	42%
Computed Tomography	1,376	1,014	74%
Endoscopy	0	0	-
Intra-oral Radiography	6	3	50%
Magnetic Resonance Imaging	827	506	61%
Mammography	1,160	1,125	97%
Miscellaneous	0	0	-
Nuclear Medicine	46	37	80%
Radiofluoroscopy	78	47	60%
Ultrasound Breast	24	5	21%
Ultrasound Non Obs	3,039	2,411	79%
Ultrasound Obs	365	294	81%
X-ray Angiography	299	225	75%
Total	8,234	6,192	75%



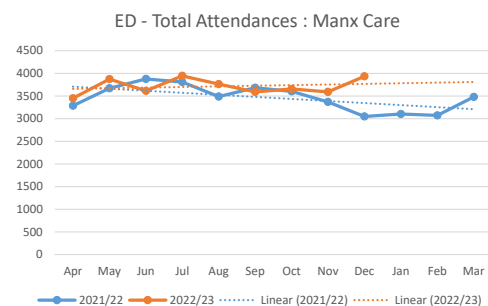
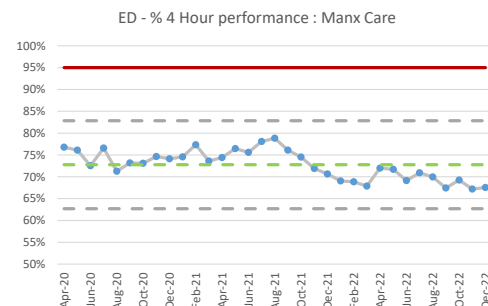
Reporting Date	Performance	ROF #
Dec-22	8,035	4.5.3
Threshold	Mean	Benchmark
-	8,523	8,356

- Variation Description

- Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<ul style="list-style-type: none"><li>Overall demand continues to exceed capacity, with demand for services continuing to increase. Demand was 26% higher than capacity in December.</li><li>2.7% increase in YTD demand against the same period last year. CT is the area currently seeing the biggest increase in demand (11%).</li><li>Emergency Department (ED), Outpatient Department (OPD) and General Practitioner (GP) are the primary source of referrals.</li><li>Inpatient referrals continue to rise.</li><li>42% of exams were reported within 2 hours (consistent with recent months). 13% have taken 96 hours or longer which represents an improvement against recent months likely due to the return of reporting staff from leave.</li><li>Of the 6,353 exams (includes all modalities), just under 50% were turned around on the same day and, a further 35% in 1-28 days (similar performance to previous months).</li><li>Cohort of exams (1,605) are currently on hold for a variety of reasons (including COVID).</li></ul>	<ul style="list-style-type: none"><li>Projects ongoing to increase capacity to reduce waiting times further.</li><li>Engaging with third parties under the Restoration &amp; Recovery (R&amp;R) programme Phase 1 with regard to potential insourcing options to address high Cardiac CT and Ultrasound waiting times.</li><li>Waiting list validation process implemented in October. Will validate all aspects of the diagnostic waiting list - technical, administrative and clinical validation of the waiting list.</li><li>Bone Densitometry service restarted in November '22 having been suspended from July to October.</li></ul>	<ul style="list-style-type: none"><li>Requirements for sustainable increased Radiology capacity being scoped as part of the demand &amp; capacity element of the Phase 3 Restoration &amp; Recovery (R&amp;R) business case.</li><li>* Manx Care aspires to deliver a maximum six-week wait for all routine diagnostic tests; however, the baseline position identified that waiting times for routine diagnostics were significantly longer than six weeks. Therefore, Manx Care has committed to initially reduce the overall waiting list to a maximum of 26 weeks for the key modalities, with the development of credible, costed plans for reduction to a maximum of six weeks by the end of 2023/24. Reporting of achievement against the 26 week threshold will be included in future reports.</li><li>Note - Benchmark for '% Patients Waiting over 6 Weeks' is the UK NHSE performance figures for Nov' 22. Benchmarks for '% Requests &lt; 6 Weeks' and 'No. of requests received' are the Manx Care monthly average for 2021/22.</li></ul>

Responsive	Emergency Department	Executive Lead	Oliver Radford	Lead	Mark Cox
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Reporting Date	Performance	ROF #
Dec-22	67.5%	4.2.1

Threshold	Mean	Benchmark
95.0%	69.5%	65.0%

(Higher value represents better performance)

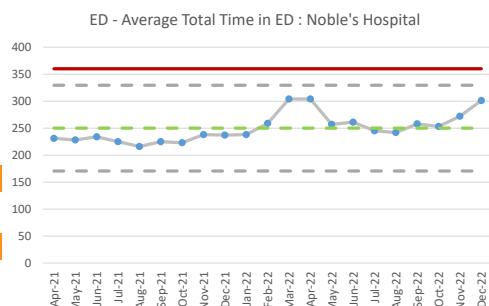
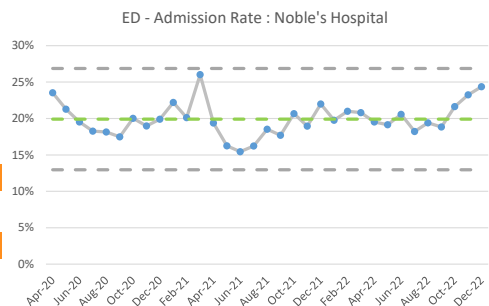
+	Variation Description
	Special Cause of Concerning variation (Low)

Reporting Date	Performance	ROF #
Dec-22	3,936	4.2.1

Threshold	Mean	Benchmark
-	3,713	3,458

	Variation Description

	Assurance Description



Reporting Date	Performance	ROF #
Dec-22	24.4%	4.2.1

Threshold	Mean	Benchmark
-	20.6%	19.0%

-	Variation Description
	Common cause

Reporting Date	Performance	ROF #
Dec-22	301	4.2.1

Threshold	Mean	Benchmark
360 mins	266	238

(Lower value represents better performance)

-	Variation Description
	Common cause

+	Assurance Description
	Consistently hit target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<ul style="list-style-type: none"> <li>December's performance of 67.5% remained below the 95% threshold but was slightly higher than the UK's performance of 65.0%. <ul style="list-style-type: none"> <li>Admitted Performance: 12.0%;</li> <li>Non Admitted Performance: 78.7%;</li> </ul> </li> <li>The service was on OPEL 4 escalation level for 2.5 days in December.</li> <li>High number of 12 Hour Trolley Waits: 55 (1.4% of attendances; UK 2.7%)</li> </ul> <p>Performance due to:</p> <ul style="list-style-type: none"> <li>Lack of ED observation space (Clinical Decision Unit space)</li> <li>Lack of physical space to see patients</li> <li>Lack of Ambulatory Emergency Care capability and capacity.</li> <li>Limited Same Day Emergency Care (SDEC) capability.</li> <li>Delays in transfer of patients to in-patient wards due to a lack of available beds.</li> <li>Staffing availability (particularly nursing) and sickness.</li> <li>Elderly case mix.</li> <li>Lack of urgent surgical pathway.</li> </ul> <p>Certain patient groups are managed actively in the department beyond 4 hours if it is in their interest. This includes elderly patients at night, intoxicated patients, back pain requiring mobilisation etc.</p> <p>However, in December, the average admission rate from ED of 24.4% was higher than that of the UK (19%).</p>	<ul style="list-style-type: none"> <li>New staff are being recruited to positions in ED, both doctors and nurses - this includes two new ED Consultants, the roles have been advertised (one with a specialised interest in Paediatric Care and one with a specialised interest in Pre-Hospital Care) interviews will be conducted in February '23.</li> <li>The newly appointed Lead Nurse for ED has returned from a visit to the UK, where she observed the operation of 2 separate Emergency Departments in the Liverpool area prior to taking up her post.</li> <li>Locum consultants in place within ED to ensure consultant presence 16h per day.</li> <li>A business case for safer medical staffing is being completed.</li> <li>Further embedding of Ambulatory Emergency Care and MACU to divert patients away from the main ED department for practitioner led and ambulatory treatment that would normally require inpatient admission such as IV therapy or deep vein thrombosis treatment.</li> <li>Review of ED demand, acuity and complexity – identify if any increase in what would previously have been GP activity.</li> <li>Introduction of Acute Physician Inreach service so that senior decisions around admission/ambulation/discharge for medical referrals can be made within ED.</li> <li>Work on accuracy of time stamps for triage and treatment at briefings.</li> <li>Work streams around time of discharge – Non EM work stream.</li> <li>Other work streams around exit block - Non EM work stream.</li> <li>Facilities review in progress re CDU</li> <li>Review of GIRFT Programme National Specialty Report (Emergency Medicine) and potential for alignment with current processes and metrics.</li> </ul>	<ul style="list-style-type: none"> <li>Average total time in department remains within the required 360 minute standard.</li> <li>Expectation that performance will remain in line with the UK, with some improvement in some metrics in Q4, but it should be noted that as expected the position has worsened over the winter period due to the additional seasonal pressures.</li> <li>Implementation of Winter Plan for 22/23 to reduce impact on ED.</li> <li>Application for Healthcare Transformation Funding to pump prime Intermediate Care for year 1 of operation (£1.2m) which will develop diversionary pathways away from ED and invest in community services.</li> <li>Result of increase to Nursing Staffing availability and reducing sickness levels.</li> <li>ED recruitment has been successful with 5 Band 6 Nurses recruited to, and 6 Band 5 Nurses. In addition to this 5 TSRs for agency nurses have been approved to bridge the gap for new recruits beginning in the dept.</li> <li>Secured funding to make improvements to the infrastructure. In the planning stages at present.</li> </ul> <p>Note - Benchmarks for '4 Hour' and 'Admission Rate' are UK NHSE performance figures for Dec' 22. Benchmarks for 'Total Attendances' and 'Average time in ED' are the Manx Care monthly averages for 2021/22.</p>

Responsive

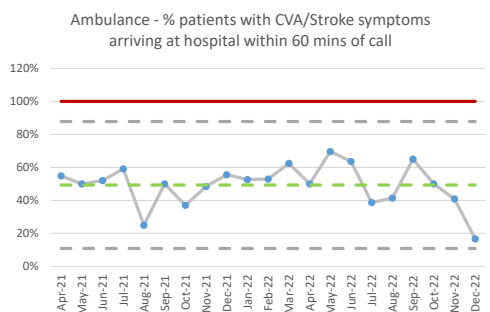
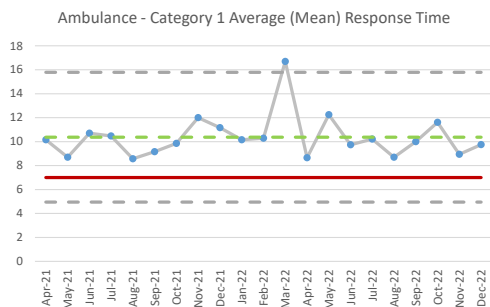
Ambulance

Executive Lead

Oliver Radford

Lead

Will Bellamy



Reporting Date

Dec-22

Performance

00:09:45

ROF #

4.2.7

Threshold

7 mins

Mean

00:09:59

Benchmark

00:10:57

(Lower value represents better performance)

-

Variation Description

Common cause

-

Assurance Description

Consistently fail target

Reporting Date

Dec-22

Performance

16.7%

ROF #

4.2.7

Threshold

100.0%

Mean

48.4%

Benchmark

50.0%

(Higher value represents better performance)

-

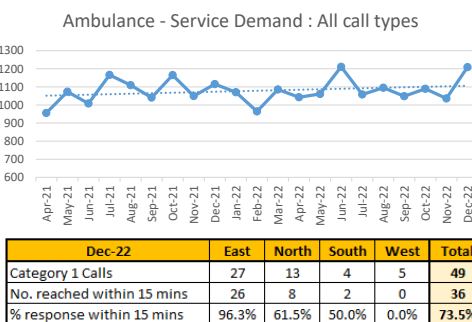
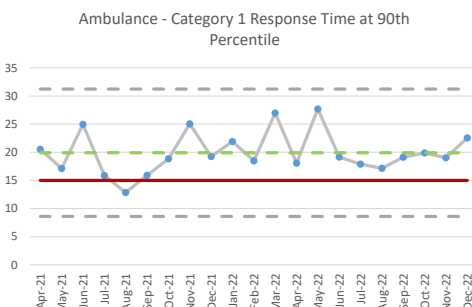
Variation Description

Common cause

-

Assurance Description

Consistently fail target



Reporting Date

Dec-22

Performance

00:22:33

ROF #

4.2.7

Threshold

15 mins

Mean

00:20:04

Benchmark

00:19:25

(Lower value represents better performance)

-

Variation Description

Common cause

-

Assurance Description

Consistently fail target

Reporting Date

Dec-22

Performance

1,209

ROF #

4.2.7

Threshold

-

Mean

1,095

Benchmark

1,067

-

Variation Description

-

Assurance Description

Issues / Performance Summary

- Demand for Ambulance services has increased in 2022/23. YTD 2021/22 = 9,683; YTD 2022/23 = 9,851; The average number of calls per month is approximately 2% higher than in the previous year.
- 67 Incidents responded to within one day (21st Dec). Busiest day since Ambulance Service records began.
- Category 1 Performance standards remain adrift from the required 7 minute key performance indicator. We are hampered in this area by geography, resource availability and access to care (only one hospital on Island). However, we remain bench marking well against the other category standards. :
  - Category 2; Standard < 40 mins; 90th percentile = 00:30:58.
  - Category 3; Standard < 120 mins; 90th percentile = 00:57:32.
  - Category 4; Standard < 180 mins; 90th percentile = 01:45:03.
  - Category 5; Standard < 180 mins; 90th percentile = 01:35:08.
- CQC have advised that Category 1 'See and Treat' proportion (18.00%) is high in comparison to UK (approx. 1%).
- There were 48 instances where handover Turnaround Times were greater than 60 mins. 9 (19%) occurred on Dec 31st.
- Stroke data based on information given to non-clinical call handler who selects "Stroke or TIA" as the primary issue for prioritisation. The actual patient condition found once on scene, and whether it was a confirmed Stroke needing rapid transportation or not may differ.

Planned / Mitigation Actions

- Business case to have clinical presence in the Emergency Services Joint Control Room (Hear & Treat) has been approved and funded by the Teasury Healthcare Transformation Fund.
- Initial root cause analysis of handover breaches has been undertaken. Headline findings are:
  - Delays increase and peak between 3pm to 6pm
  - Fridays are when the highest 30 min breaches occur
  - Sundays are when the least 30 min breaches occur both in count and percentage terms
  - Falls and Sick Person (low acuity but in need of a bed) patients may experience longer delays
  - Turnaround times for complex cases (e.g. Cardiac Arrest / Chest pain) can legitimately be longer as crews have more to do before coming clear
- Review and develop process for management of ambulance handovers to ensure it is robust.
- KPIs and associated reporting mechanisms regarding Handover and Turnaround times to be developed as per Required Outcome Framework (ROF).
- Clearly defined pathways exist for the rapid assessment, pre alert to the stroke team and transfer under blue light conditions of patients with new onset unresolved stroke symptoms so they can be assessed and scanned as rapidly as possible. Reporting to be developed for patients that may have had a stroke but initially presented with something else (such as a fall where stroke was later found to be the cause).

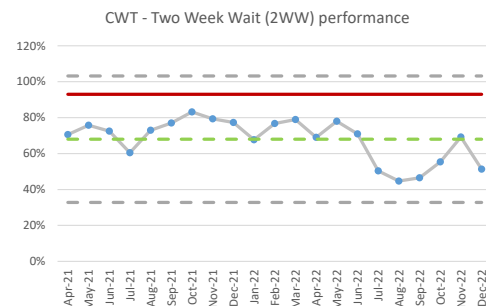
Assurance / Recovery Trajectory

- Development of supporting processes for robust management and reporting of Handover and Turnaround times to be completed by end Q4.
- Reviewing the current limitations with Stroke performance data capture and reporting to improve accuracy. Will align reporting metrics with recognised best practice KPIs as appropriate.

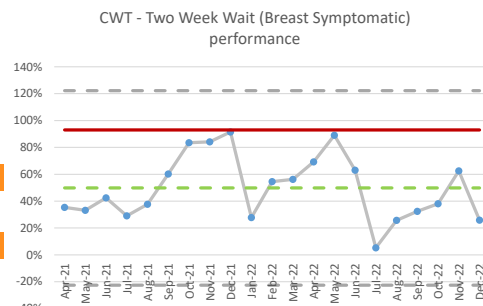
Note -

Benchmarks for Category 1 'Average Response Time' and 'Response time at 90th Percentile' are UK NHSE performance figures for Dec' 22.

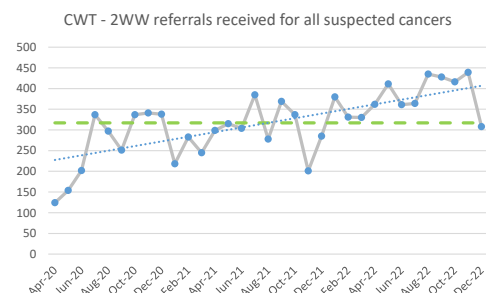
Benchmarks for 'CVA/Stroke' and 'Service Demand' are the Manx Care monthly averages for 2021/22.



Reporting Date	Performance	ROF #
Dec-22	51.3%	4.6.4
Threshold	93.0%	Benchmark 78.8%
(Higher value represents better performance)		
-	Variation Description	Common cause
-	Assurance Description	Consistently fail target



Reporting Date	Performance	ROF #
Dec-22	25.9%	4.6.4
Threshold	93.0%	Benchmark 75.3%
(Higher value represents better performance)		
-	Variation Description	Common cause
-	Assurance Description	Consistently fail target



Reporting Date	Performance	ROF #
Dec-22	308	4.6.4
Threshold	Mean 392	Benchmark 318
(Higher value represents better performance)		
-	Variation Description	
-	Assurance Description	

Tumour Group	2WW Referrals									
	Dec-22	Apr - Dec 2022/23	Apr - Dec 2021/22	Year on Year Increase	Monthly Avg. 2022/23	Monthly Avg. 2021/22	*Forecast 2022/23	Total 2021/22	Forecast Demand Growth	
Colorectal	68	684	576	18.8%	86	72	941	771	22.0%	
Dermatology	61	741	653	13.5%	93	82	1,019	846	20.4%	
Gynaecology	30	347	262	32.4%	43	33	477	359	32.9%	
Haematology	4	52	85	48.6%	7	4	72	55	30.0%	
Head & Neck	24	324	240	35.0%	41	30	446	335	33.0%	
Lung	8	97	79	22.8%	12	10	133	119	12.1%	
Other	2	41	25	64.0%	5	3	56	29	94.4%	
Upper GI	26	302	227	33.0%	38	28	415	306	35.7%	
Urology	38	307	321	-4.4%	38	40	422	420	-0.9%	
Sub-Total	262	2,895	2,418	19.7%	362	302	3,981	3,246	22.6%	

**Tumour Group	Monthly number of	
	Dec-22	12 month Avg.
Breast	39	52
Breast symptomatic (non-suspected cancer)	8	14
Sub-Total	47	66

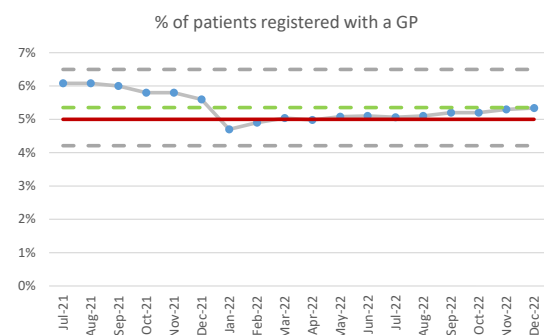
\*Forecast is straight line 12ths only - based on actuals plus avg referrals per month received Apr - Dec 2022.  
 \*\*Monthly referral figures for Breast and Breast Symptomatic are shown separately as the methodology for recording and reporting them changed in Oct 21, meaning that a YTD year on year comparison would not be appropriate.  
 Previously breast symptomatic were 'upgraded' but these are now reported on the Somerset Cancer Registry in line with the 'exhibited breast symptoms - cancer not suspected' category in line with UK reporting.

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<b>2 Week Wait (2WW) Performance:</b> <ul style="list-style-type: none"> <li>633 patients on a cancer pathway. 536 on a 2WW pathway.</li> <li>Continued high number of referrals. 20% increase in referrals YTD in 2022/23 compared to same period in previous year.</li> <li>Lack of specialist staff impacted on Outpatient and Endoscopy capacity for colorectal/upper GI/Gynaecology referrals.</li> <li>Lack of Dermatologist on IOM has led to redesign of service – patients are seen in a preparation clinic and clinically reviewed by remote Consultant Dermatologist due to lack of locum availability locally currently. This does not count as first appointment for 2WW target but the patients have been seen and the patient pathway is progressing.</li> <li>Volatility of percentages due to small numbers</li> <li>The 93% standard allows 7% for patient choice – currently we are seeing a greater percentage of patient choice breaches. For Dec '22: Reason for Breach - Hospital: 88% Reason for Breach - Patient Choice: 12%</li> <li>Locum requests have been approved but currently having difficulties with recruitment with specialist staff.</li> </ul>	<b>2 Week Wait (2WW) Performance:</b> <ul style="list-style-type: none"> <li>Reviewing increased referrals weekly at Patient Tracking List (PTL) meeting and flagging issues with relevant teams re: capacity. PTL has also discussed planning for expected peaks in referrals.</li> <li>Consultants recruited within Breast Surgery/Radiology, Plastics, Respiratory Medicine, Colorectal Surgery and Staff Grade in Haemato-Oncology which will improve the resilience of service delivery within these tumour groups.</li> <li>Second Consultant Breast Surgeon post with the Royal College for review ahead of re-advertisement.</li> <li>Consultant Dermatologist job is at advert stage.</li> <li>Dermatology team working with GP with Specialist Interest to provide additional face to face clinics for 2WW pathway to improve patient experience and 2WW performance.</li> </ul> <p>Moving the preparation clinic appointment (No clinical assessment) earlier in the pathway so clinical appointment can occur within the 14 days.</p> <ul style="list-style-type: none"> <li>Significant investment in Cancer Tracking and MDT Coordination Workforce including introduction of a Team Manager post, 4 additional MDT Coordinator/Cancer Trackers.</li> <li>Additional clinics have been provided for Colorectal and Gynaecology to reduce the waiting times.</li> </ul>	<ul style="list-style-type: none"> <li>Reporting data now taken directly from the Somerset Cancer Registry and automated.</li> <li>KPIs and performance management governance brought in line with the National Cancer Waiting Times Monitoring Dataset Guidance.</li> <li>Weekly PTL meetings have been enhanced; cancer specific PTL updates held with clinical teams to improve comms re: actions needed to advance patients to next step in their pathways.</li> <li>Expected improvement in performance following further recruitment.</li> <li>Cancer service transformation workshops have been held to identify service improvements such as a rapid access diagnostic service. Supporting business cases are being developed to identify the resource and costs requirements of implementing such services.</li> <li>Manx Care is already undertaking a number of remedial actions to address the demand related pressures in the short term, and is undertaking further analysis of the demand and capacity of these services which will inform the longer term restoration &amp; recovery and transformational work-streams for cancer services.</li> <li>These actions and the outcomes of the demand &amp; capacity review will be used to support the formulation of a detailed service-wide remedial/transformational action plan by the end of 2022/23, to be enacted in 2023/24.</li> </ul> <p>Note -            Benchmarks for '2WW Performance' and 'Breast Symptomatic' are UK NHSE performance figures for Nov' 22.            Benchmark for '2WW referrals received' is the Manx Care monthly average for 2021/22.</p>

Responsive	Cancer Wait Times (2 of 2)	Executive Lead	Oliver Radford	Lead	Lisa Airey																																																		
<div>CWT - 62 Day Referral to Treatment</div> <table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Dec-22</td><td>38.9%</td><td>4.6.4</td></tr></tbody></table> <table><thead><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>85.0%</td><td>37.1%</td><td>61.0%</td></tr></tbody></table> <p>(Higher value represents better performance)</p> <div>- Variation Description Common cause</div> <div>- Assurance Description Consistently fail target</div>		Reporting Date	Performance	ROF #	Dec-22	38.9%	4.6.4	Threshold	Mean	Benchmark	85.0%	37.1%	61.0%	<div>CWT - 31 Day Diagnosis to Treatment</div> <table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Dec-22</td><td>82.4%</td><td>4.6.4</td></tr></tbody></table> <table><thead><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>96.0%</td><td>84.3%</td><td>91.6%</td></tr></tbody></table> <p>(Higher value represents better performance)</p> <div>- Variation Description Common cause</div> <div>- Assurance Description Consistently fail target</div>		Reporting Date	Performance	ROF #	Dec-22	82.4%	4.6.4	Threshold	Mean	Benchmark	96.0%	84.3%	91.6%	<div>CWT - 62 Day Screening to Treatment</div> <table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Dec-22</td><td>75.0%</td><td>4.6.4</td></tr></tbody></table> <table><thead><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>90.0%</td><td>89.5%</td><td>67.1%</td></tr></tbody></table> <p>(Higher value represents better performance)</p> <div>- Variation Description Common cause</div> <div>+ Assurance Description Inconsistently passing and falling short of target</div>		Reporting Date	Performance	ROF #	Dec-22	75.0%	4.6.4	Threshold	Mean	Benchmark	90.0%	89.5%	67.1%	<div>CWT - 28 Days to diagnosis or ruling out of cancer</div> <table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Dec-22</td><td>66.5%</td><td>4.6.4</td></tr></tbody></table> <table><thead><tr><th>Threshold</th><th>Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>75.0%</td><td>66.4%</td><td>69.7%</td></tr></tbody></table> <p>(Higher value represents better performance)</p> <div>- Variation Description Common cause</div> <div>- Assurance Description Consistently fail target</div>		Reporting Date	Performance	ROF #	Dec-22	66.5%	4.6.4	Threshold	Mean	Benchmark	75.0%	66.4%	69.7%
Reporting Date	Performance	ROF #																																																					
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<div>Issues / Performance Summary</div> <div><ul style="list-style-type: none"><li>Performance for these pathways has been impacted by the delays to the first appointment.</li><li>Impact on capacity of the Oncology Day Unit where tertiary providers are advising complex treatments for patients that may take up to 6 hours to administer at a time.</li><li>Volatility of percentages due to small numbers at Tumour Group level.</li></ul><div>Key Issues Identified in Patient Tracking List (PTL) Meetings</div><ul style="list-style-type: none"><li>Breast – breach position is continuing to improve with clinic capacity back to capacity. Clinic cancellations due to lack of specialist staff cover at short notice, however additional clinics were provided to minimise the impact on the breach position.</li><li>Colorectal; Upper GI – Capacity has continued to be reported as issue due to staff leave and lack of Locum cover impacting on Outpatient capacity and Endoscopy capacity. Issues with decontamination for Endoscopy were also noted. The high number of referrals in November has impacted on the breach position.</li><li>Gynaecology – Capacity but limited by Outpatient capacity, nursing support and equipment for clinics. Care Group reviewing. Additional Post-Menopausal Bleeding (PMB) clinics have been accommodated in December to improve the breach position.</li></ul></div>		<div>Planned / Mitigation Actions</div> <div><ul style="list-style-type: none"><li>The detailed breach information obtained via the Patient Tracking List (PTL) meetings is being analysed by the clinical teams using a tumour site by tumour site break down to identify the root causes of breaches to get a detailed understanding of the performance against these indicators.</li><li>Significant investment in Oncology workforce including Associate Director of Nursing for Cancer Services, strengthening the Chemotherapy and Infusion Unit nurse establishment, increasing establishment within Acute Oncology including development of a Systematic Anti Cancer Therapy CNS role.</li><li>Securing of Macmillan funding for a Gynae Cancer Clinical Nurse Specialist and Care Coordinator post, and replacement of key CNS posts within Haemato-Oncology and Lung Cancer.</li><li>A remedial action plan with corresponding timescales will be produced as part of the site by site review being undertaken by the clinical teams.</li><li>Data recording issues for second and subsequent treatments are being addressed via a review of how the team works and the processes involved to ensure more timely and accurate data capture.</li></ul></div>		<div>Assurance / Recovery Trajectory</div> <div><ul style="list-style-type: none"><li>Reporting data now taken directly from the Somerset Cancer Registry and automated.</li><li>KPIs and performance management governance brought in line with the National Cancer Waiting Times Monitoring Dataset Guidance.</li><li>Site by Site Remedial action plan to be implemented by the end of Q4.</li></ul><div>For 31 Day, re-design of how team works will lead to improved data capture, but may have resource implications that would require sustained investment.</div><ul style="list-style-type: none"><li>Action plan for improved data capture for 31 Day to be implemented in conjunction with wider remedial / transformational plans by the end of Q4.</li></ul><div>Note - Benchmarks are UK NHSE performance figures for Nov' 22.</div></div>																																																			

Responsive	Integrated Primary & Community Care (1 of 2)	Executive Lead	Oliver Radford	Lead	Annmarie Cubbon
<p>% patients seen by Community Adult Therapy Services within timescales</p>		<p><b>Reporting Date</b> Dec-22</p> <p><b>Performance</b> 75.5%</p> <p><b>ROF #</b> 4.8</p>		<p><b>Reporting Date</b> Dec-22</p> <p><b>Performance</b> 2,651</p> <p><b>ROF #</b> 4.8.3</p>	
<p><b>Threshold</b> 80.0%</p> <p><b>Mean</b> 52.5%</p> <p><b>Benchmark</b> 57.2%</p> <p>(Higher value represents better performance)</p>		<p><b>Threshold</b> -</p> <p><b>Mean</b> 2,104</p> <p><b>Benchmark</b> 1,994</p> <p>(Lower value represents better performance)</p>			
+ Variation Description		Common cause		Variation Description	
- Assurance Description		Consistently fail target		Assurance Description	
<p>% seen by Community Adult Therapy Services within timescale - by category</p>		<p><b>Reporting Date</b> Dec-22</p> <p><b>Performance</b> -</p> <p><b>ROF #</b> 4.8</p>		<p><b>Reporting Date</b> Dec-22</p> <p><b>Performance</b> 170</p> <p><b>ROF #</b> 4.8.3</p>	
<p><b>Threshold</b> -</p> <p><b>Mean</b> -</p> <p><b>Benchmark</b> -</p> <p>(Higher value represents better performance)</p>		<p><b>Threshold</b> -</p> <p><b>Mean</b> 140</p> <p><b>Benchmark</b> 113</p> <p>(Lower value represents better performance)</p>			
+ Variation Description				- Variation Description	
- Assurance Description				Special Cause of Concerning variation (High)	
				Assurance Description	
<p>Issues / Performance Summary</p> <p><b>Community Adult Therapy:</b></p> <ul style="list-style-type: none"> <li>The complexity of patients being seen remains high, with therapists needing to spend longer with each patient and consequently being able to see fewer patients each week.</li> <li>Reduction of inpatient beds in Hospice from (10 to 3) has impacted the team as they are now getting referrals for palliative and end of life patients, which of course may be intensely time-consuming.</li> <li>Focus on Urgent and Soon categories in December has resulted in significant improvement in response times across those categories. Some offset against the Routine category.</li> <li>82.6% of Urgent 1 patients were seen within the required timescales in December.</li> </ul> <p><b>Dental:</b></p> <ul style="list-style-type: none"> <li>In December 123 patients were added to the dental allocation list.</li> </ul>		<p>Planned / Mitigation Actions</p> <p><b>Community Adult Therapy:</b></p> <ul style="list-style-type: none"> <li>Recording and reporting of Urgent referrals split into 2 categories from July '22; 'Urgent 1 - Seen within 3 working days' and 'Urgent 2 - Seen within 5 working days'.</li> <li>Continued focus on response times for Urgent and Soon categories.</li> </ul> <p><b>Dental:</b></p> <ul style="list-style-type: none"> <li>To re-assess the KPIs re new patients, ensuring that lists are cleansed regularly and patients allocated in their place from the waiting list.</li> <li>To cleanse the dental allocation list to contact all those waiting longer than 6-12 months to see whether patients still require an NHS dentist, whether they have made alternative arrangements for their dental care or whether they have left the island.</li> </ul>		<p>Assurance / Recovery Trajectory</p> <p><b>Dental:</b></p> <ul style="list-style-type: none"> <li>To update and review figures once dental allocation list cleansed</li> <li>Work continues on the waiting list and cross checking of allocations made where letters had been returned.</li> </ul> <p>Note -</p> <p>Benchmarks for '% patients seen by CAT' and 'Longest time waiting for GDP' are the Manx Care monthly averages for 2021/22.</p> <p>Benchmark for 'No. patients waiting for dentist' is the number waiting in Apr '22.</p>	

Responsive	Integrated Primary & Community Care (2 of 2)	Executive Lead	Oliver Radford	Lead	Annmarie Cubbon
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Reporting Date  
Dec-22

Performance  
5.3%

ROF #  
4.8.8

Threshold  
5.0%

Mean  
5.2%

Benchmark  
5.6%

(Lower value represents better performance)

- Variation Description

Common cause

- Assurance Description

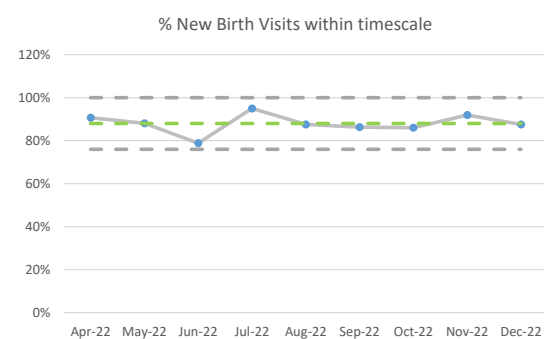
Consistently fail target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p><b>% of patients registered with a GP:</b></p> <ul style="list-style-type: none"> <li>Slightly above the 5% tolerance.</li> </ul>	<p><b>% of patients registered with a GP:</b></p> <ul style="list-style-type: none"> <li>List cleansing is fully operational, with monthly / quarterly and annual checking. An additional validation is conducted with practices by the Primary Care GP registrations team to ensure that practices patient lists match the GP registration system.</li> <li>The GP Contracts manager has also discussed with practices in making contact with any patients on their list who haven't been into the practice in the last 3-5 years to establish if they are still on the Island, in order to reduce the lists further.</li> </ul>	<p><b>% of patients registered with a GP:</b></p> <ul style="list-style-type: none"> <li>The 2021 Census identified that there was a resident population of 84,069, and there has been movement on and off the Island since that date. Whilst we can continue to list cleanse and work with the practices to remove 'Ghost patients' to bring it back under 5% we are working to a 2021 Census figure and have also received a number of Ukrainian guests who have registered since the Census.</li> <li>We will continue to review the % on a monthly basis, working to the list cleansing timetable and with practices accordingly.</li> </ul> <p>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</p>

Responsive	Mental Health	Executive Lead	Sally Shaw	Lead	Ross Bailey
<p>MH - No. service users on Current Caseload</p>		<p>Reporting Date Dec-22</p> <p>Performance 4,809</p> <p>ROF # 4.7</p>		<p>Reporting Date Dec-22</p> <p>Performance 452</p> <p>ROF # 4.7</p>	
<p>Threshold 4500 - 5500</p> <p>Mean 4,881</p> <p>Benchmark -</p> <p>(Value within range represents better performance)</p>		<p>Threshold 650-667</p> <p>Mean 543</p> <p>Benchmark 556</p> <p>(Value within range represents better performance)</p>			
<p>+ Variation Description</p> <p>Common cause</p>		<p>+ Assurance Description</p> <p>Consistently hit target</p>		<p>+ Variation Description</p> <p>Common cause</p>	
<p>+ Assurance Description</p> <p>Consistently hit target</p>		<p>- Assurance Description</p> <p>Consistently fail target</p>			
<p>MH - Caseload by service</p>		<p>Reporting Date Dec-22</p> <p>Performance -</p> <p>ROF # -</p>		<p>Reporting Date Dec-22</p> <p>Performance -</p> <p>ROF # -</p>	
<p>Threshold -</p> <p>Mean -</p> <p>Benchmark -</p>		<p>Threshold -</p> <p>Mean -</p> <p>Benchmark -</p>			
<p>+ Variation Description</p> <p>Common cause</p>		<p>+ Assurance Description</p> <p>Consistently hit target</p>		<p>- Assurance Description</p> <p>Consistently fail target</p>	
<p>+ Assurance Description</p> <p>Consistently hit target</p>		<p>- Assurance Description</p> <p>Consistently fail target</p>			
<p>Issues / Performance Summary</p> <p><b>Caseload:</b></p> <ul style="list-style-type: none"> <li>Caseload remains within the expected range.</li> <li>Revisions made to how the caseload is counted from Jul '22 as part of the ongoing data and reporting work with the BI team. The caseload is now a count of individual patients; previously a patient may have been counted more than once if they had a referral open to multiple teams.</li> </ul> <p><b>Discharges:</b></p> <ul style="list-style-type: none"> <li>Referrals are down by 7.6% when compared to the same period in 2021/22.</li> <li>Correspondingly, discharges are 3.7% lower than in the same period in the previous year.</li> </ul>		<p>Planned / Mitigation Actions</p> <p><b>3 Day follow up:</b></p> <ul style="list-style-type: none"> <li>Reporting of this metric to recommence in January '23.</li> </ul>		<p>Assurance / Recovery Trajectory</p> <p>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</p>	



Responsive	Women & Children	Executive Lead	Oliver Radford	Lead	Linda Thompson
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Reporting Date	Performance	ROF #
Dec-22	87.5%	4.9
Threshold	Mean	Benchmark
-	87.7%	-
(Higher value represents better performance)		

- Variation Description  
Common cause

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p><b>New Birth Visits:</b></p> <ul style="list-style-type: none"> <li>In December we conducted 40 new birth visits, 35 of which were within timeframe of up to 14 days and 5 were out of timeframe of 15 days and over.</li> </ul> <p>• Performance Within timeframe – 87.5% Out of Timeframe – 12.5%</p> <p>• Breach Data 2 x Baby in NNU (although primary visit not completed contact made); 1 x Baby in NNU in the UK (contact made via TC); 1 x Rescheduled due to adverse weather (management advice); 1 x Rescheduled, Mum missed original appointment;</p>	<p><b>New Birth Visits:</b></p> <ul style="list-style-type: none"> <li>There are currently no concerns around NBV. All breaches were patient choice or for safety reasons.</li> </ul>	<p><b>New Birth Visits:</b></p> <ul style="list-style-type: none"> <li>All new birth visits will be conducted within timeframe where within our control.</li> </ul>











## Well Led (People) Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
WP001		Workforce - % Hours lost to staff sickness absence	Nov-22		6.8%	7.9%	-	4.0%		
WP002		Workforce - Number of staff on long term sickness	Dec-22	-	83	86	-	-		
WP003		Workforce - % Staff not on permanent contract	-	-	-	-	-	-		
WP004		Workforce - Number of staff leavers	Nov-22	-	22	20	161	-		
WP005		Workforce - Number of staff on disciplinary measures	Dec-22	-	3	6	56	-		
WP006		Workforce - Number of suspended staff	Dec-22	-	0	1	6	-		
WP007		Governance - Number of Data Breaches	Dec-22		10	13	115	0		
WP008		Governance - Number of Data Subject Access Requests (DSAR)	Dec-22	-	51	45	404	-		
WP009		Governance - Number of Access to Health Record Requests (AHR)	Dec-22	-	5	4	33	-		
WP010		Governance - Number of Freedom of Information (FOI) Requests	Dec-22	-	8	9	85	-		
WP011		Governance - Number of Enforcement Notices from the ICO	Dec-22	-	0	0	0	-		
WP012		Governance - Number of SAR, AHR and FOI's not completed within their target	Dec-22	-	19	7	64	-		

Well Led	Sickness Absence & Discipline	Executive Lead	Anne Corkill	Lead	Hannah Leighton																																																													
<div><div>% Hours lost to staff sickness absence</div><div><table><thead><tr><th>Month</th><th>% Hours lost</th></tr></thead><tbody><tr><td>Apr-21</td><td>5.5</td></tr><tr><td>May-21</td><td>7.0</td></tr><tr><td>Jun-21</td><td>7.5</td></tr><tr><td>Jul-21</td><td>7.5</td></tr><tr><td>Aug-21</td><td>7.8</td></tr><tr><td>Sep-21</td><td>7.5</td></tr><tr><td>Oct-21</td><td>8.2</td></tr><tr><td>Nov-21</td><td>8.5</td></tr><tr><td>Dec-21</td><td>8.2</td></tr><tr><td>Jan-22</td><td>10.0</td></tr><tr><td>Feb-22</td><td>10.2</td></tr><tr><td>Mar-22</td><td>10.2</td></tr><tr><td>Apr-22</td><td>9.8</td></tr><tr><td>May-22</td><td>8.0</td></tr><tr><td>Jun-22</td><td>10.0</td></tr><tr><td>Jul-22</td><td>8.0</td></tr><tr><td>Aug-22</td><td>7.0</td></tr><tr><td>Sep-22</td><td>7.0</td></tr><tr><td>Oct-22</td><td>6.5</td></tr><tr><td>Nov-22</td><td>6.8</td></tr></tbody></table></div></div>		Month	% Hours lost	Apr-21	5.5	May-21	7.0	Jun-21	7.5	Jul-21	7.5	Aug-21	7.8	Sep-21	7.5	Oct-21	8.2	Nov-21	8.5	Dec-21	8.2	Jan-22	10.0	Feb-22	10.2	Mar-22	10.2	Apr-22	9.8	May-22	8.0	Jun-22	10.0	Jul-22	8.0	Aug-22	7.0	Sep-22	7.0	Oct-22	6.5	Nov-22	6.8	<div><div>Reporting Date Nov-22</div><div>Performance 6.8%</div><div>ROF # 5.1</div></div> <div><div>Threshold 4.0%</div><div>Mean 7.9%</div><div>Benchmark 7.9%</div></div> <div>(Lower value represents better performance)</div> <div>+<div>Variation Description Common cause</div></div> <div>-<div>Assurance Description Consistently fail target</div></div> <div><div>Reporting Date Dec-22</div><div>Performance 83</div><div>ROF # 5.1</div></div> <div><div>Threshold -</div><div>Mean 86</div><div>Benchmark -</div></div> <div>(Lower value represents better performance)</div> <div>-<div>Variation Description Common cause</div></div> <div><div>Assurance Description</div></div>	<div><div>Number of staff on disciplinary measures : Manx Care</div><div><table><thead><tr><th>Month</th><th>Number of staff</th></tr></thead><tbody><tr><td>Apr-22</td><td>3</td></tr><tr><td>May-22</td><td>5</td></tr><tr><td>Jun-22</td><td>7</td></tr><tr><td>Jul-22</td><td>8</td></tr><tr><td>Aug-22</td><td>9</td></tr><tr><td>Sep-22</td><td>9</td></tr><tr><td>Oct-22</td><td>6</td></tr><tr><td>Nov-22</td><td>6</td></tr><tr><td>Dec-22</td><td>3</td></tr></tbody></table></div></div>	Month	Number of staff	Apr-22	3	May-22	5	Jun-22	7	Jul-22	8	Aug-22	9	Sep-22	9	Oct-22	6	Nov-22	6	Dec-22	3	<div><div>Reporting Date Dec-22</div><div>Performance 3</div><div>ROF # 5.1</div></div> <div><div>Threshold -</div><div>Mean 6</div><div>Benchmark -</div></div> <div>(Lower value represents better performance)</div> <div>+<div>Variation Description Common cause</div></div> <div><div>Assurance Description</div></div> <div><div>Reporting Date Dec-22</div><div>Performance 0</div><div>ROF # 5.1</div></div> <div><div>Threshold -</div><div>Mean 1</div><div>Benchmark -</div></div> <div>(Lower value represents better performance)</div> <div>+<div>Variation Description Common cause</div></div> <div><div>Assurance Description</div></div>
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<div>Issues / Performance Summary</div> <div><div>• Worktime lost in November '22 by sickness category:</div><div>Stress, Anxiety &amp; Depression - 1.7%</div><div>Musculoskeletal - 1.1%</div><div>Cough, Cold &amp; Flu - 0.9%</div><div>Covid-19 - 0.7%</div><div>Other sickness - 2.4%</div></div> <div><div>• Worktime lost in November '22 by Area:</div><div>Integrated Social Care Services - 8.5%</div><div>Medicine, Urgent Care &amp; Ambulance Services - 7.6%</div><div>Surgery, Theatres, Critical Care &amp; anaesthetics - 7.6%</div><div>Integrated Mental Health Services - 6.8%</div><div>Infrastructure - 5.9%</div><div>Integrated Women, Children &amp; Families - 5.8%</div><div>Integrated Cancer &amp; Diagnostic Services - 5.6%</div><div>Integrated Primary &amp; Community Care Services - 4.9%</div><div>Support &amp; Corporate Services - 2.7%</div></div> <div><div>Planned / Mitigation Actions</div><div><div>• Review of monthly absence data by OHR, cross referencing long term absence data with current OHR caseload and active communication with management regarding case management.</div><div>• Review and targeting of support for long term and frequent short term absence by management in conjunction with OHR .</div><div>• OHR proactively setting up meetings to support managers.</div><div>• Conducting absence management/capability briefing sessions to improve management competence and confidence application of procedures</div><div>• CARE for Managers training which will involve tools for managing staff (e.g. performance management and managing absence)</div></div></div> <div><div>Assurance / Recovery Trajectory</div><div><div>• Wellbeing initiatives being developed at organisational and care group level.</div><div>• Working with Change Coaches to look at local level actions re wellbeing – targeted around return to work after absence.</div></div></div>																																																																		

Well Led	Governance	Executive Lead	Simon Collins	Lead	Gaye Miller
<p>Governance - Number of Data Breaches : Manx Care</p> <p>Governance - Information requests by type : Manx Care</p>		<p>Reporting Date Dec-22</p> <p>Performance <b>10</b></p> <p>ROF # 7.1</p> <p>Threshold 0</p> <p>Mean 13</p> <p>Benchmark -</p> <p>(Lower value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>- Assurance Description Consistently fail target</p>	<p>Governance - DSAR, AHR and FOI's not completed within timescale : Manx Care</p>		<p>Reporting Date Dec-22</p> <p>Performance 19</p> <p>ROF # 7.1</p> <p>Threshold -</p> <p>Mean 7</p> <p>Benchmark -</p> <p>(Lower value represents better performance)</p> <p>- Variation Description Common cause</p> <p>Assurance Description</p>
		<p>Reporting Date Dec-22</p> <p>Performance -</p> <p>ROF # 7.1</p> <p>Threshold -</p> <p>Mean -</p> <p>Benchmark -</p> <p>Variation Description</p> <p>Assurance Description</p>			
<p><b>Issues / Performance Summary</b></p> <p><b>Data Breaches:</b></p> <ul style="list-style-type: none"> <li>There were 10 Data Breaches in December, but levels have remained below the year to date average.</li> <li>22 data subjects were affected by the breaches (6 informed; DPO awaiting completion of other investigation reports which contain the information regarding informing data subjects).</li> <li>Where investigations are in early stages. Mitigation\root cause analysis will be established upon their completion.</li> <li>The breaches in December relate to : <ul style="list-style-type: none"> <li>5 x Written communication (e.g. Appointment letters)</li> <li>2 x Email (e.g. incorrect address)</li> <li>2 x Technology (e.g. lost mobile phone)</li> <li>1 x Social Media (e.g. posting of info on social media page)</li> </ul> </li> <li>Where a breach has occurred, the Data Subjects affected are contacted by telephone, with follow up by letter. If the service area could not telephone the data subject, they are still informed of the breach via letter.</li> <li>Key breach themes this year have included; <ul style="list-style-type: none"> <li>Written communication</li> <li>Email</li> </ul> </li> </ul> <p><b>Requests completed within Timescale:</b></p> <ul style="list-style-type: none"> <li>4 reviews were still in progress at month end in December.</li> </ul>		<p><b>Planned / Mitigation Actions</b></p> <ul style="list-style-type: none"> <li>Weekly meeting of Remediation Group to implement the ICO Remedial Plan.</li> <li>Recruiting an Audit and Assurance Officer who will look at the mitigations provided in the data breach investigation reports.</li> <li>Data breach training will form part of the IG training roll out.</li> <li>Where breaches have occurred, the Information Governance team work with the service area to review the Lessons learned and improve the area's internal process as appropriate.</li> </ul>		<p><b>Assurance / Recovery Trajectory</b></p> <ul style="list-style-type: none"> <li>Staff are actively encouraged to report any data breaches (including reporting them to the ICO) should one occur, and therefore consideration should be given to the number of breaches being reported also representing a positive reflection of the increased reporting by staff as it ensures that Manx Care is continuously reviewing and strengthening the way the organisation manages and secures data subjects' information.</li> <li>IG training roll out is due to take place over the next few months.</li> <li>Achievement of the timescales for Data Subject Access Requests (DSARs) has been challenging due to a historic lack of staffing resources. However, additional resource has been put in place by the I.G. team to improve the timeliness of such responses, and as at 13th January 2023 the I.G. team currently have no DSARs passed their deadline. The IG Team further endeavour to remain ahead of DSAR deadlines through improved processes and procedures currently being developed and implemented.</li> <li>It should also be noted that the ICO does have an expectation that Manx Care will always be one of their significant areas regarding data breaches given the size of organisation and the sensitivity of data that is handled.</li> </ul>	

## Well Led (Finance) Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
WF001		% Progress towards Cost Improvement Target (CIP)	Nov-22		86%	-	86%	100% (equiv. 1%)		
WF002		Total income (£)	Nov-22	-	-£1,169,900	-£1,154,494	-	-		
WF003		Total staff costs (£)	Nov-22	-	£15,981,428	£15,802,341	-	-		
WF004		Total other costs (£)	Nov-22	-	£11,884,586	£11,421,650	-	-		
WF005		Agency staff costs (proportion %)	Nov-22	-	8.1%	8.8%	-	-		

Well Led	Finance	Executive Lead	Jackie Lawless	Lead	Samantha Allibone
<p><b>% Progress towards Cost Improvement Target (CIP)</b></p>		<p><b>Reporting Date</b> Nov-22    <b>Performance</b> 86.0%    <b>ROF #</b> 6.1</p> <p><b>Threshold</b> 100% (equiv. 1%)    <b>Mean</b> -    <b>Benchmark</b> -</p> <p>(Higher value represents better performance)</p> <p><b>Variation Description</b></p> <p><b>+ Assurance Description</b> Consistently hit target</p>		<p><b>Reporting Date</b> Nov-22    <b>Performance</b> £15,981,427.72    <b>ROF #</b> 6.1</p> <p><b>Threshold</b> -    <b>Mean</b> £15,802,341.18    <b>Benchmark</b> -</p> <p>(Lower value represents better performance)</p> <p><b>- Variation Description</b> Common cause</p> <p><b>Assurance Description</b></p>	
<p><b>Total income (£)</b></p>		<p><b>Reporting Date</b> Nov-22    <b>Performance</b> -£1,169,900.12    <b>ROF #</b> 6.1</p> <p><b>Threshold</b> -    <b>Mean</b> -£1,154,494.03    <b>Benchmark</b> -</p> <p>(Higher value represents better performance)</p> <p><b>+ Variation Description</b> Common cause</p> <p><b>Assurance Description</b></p>		<p><b>Reporting Date</b> Nov-22    <b>Performance</b> 8.1%    <b>ROF #</b> 6.1</p> <p><b>Threshold</b> -    <b>Mean</b> 8.8%    <b>Benchmark</b> -</p> <p>(Lower value represents better performance)</p> <p><b>+ Variation Description</b> Common cause</p> <p><b>Assurance Description</b></p>	
<p><b>Issues / Performance Summary</b></p> <p><b>% Progress towards Cost Improvement Target (CIP):</b></p> <ul style="list-style-type: none"> <li>The CIP target for 22/23 has been set at £4.3m, which is reflected in the forecast. This is made up of the 1% efficiency target of £2.7m plus an additional £1.5m as part of the agreed growth funding.</li> <li>Staffing gaps (particularly in Secondary Care Pharmacy) and competing priorities around supporting CQC inspections and Transformation activity continues to hamper the capacity that Manx Care staff have to deliver against the CIP.</li> <li>The original CIP plan identified £7.3m of potential cash out savings. However, there are a number of risks associated with these projects that may impact delivery, so the totals have been adjusted based on those risks. The risk adjusted total is £4.7m.</li> </ul> <p><b>Total income (£):</b></p> <ul style="list-style-type: none"> <li>Operational overspend of (£1.6m) in December with the YTD position now being an overspend of (£10.5m). Costs moved favourably in the month by £1.0m, mainly due to an improvement in Tertiary spend.</li> </ul> <p><b>Total staff costs (£):</b></p> <ul style="list-style-type: none"> <li>YTD Employee Costs are currently (£5.3m) over budget.</li> <li>Largest spend are Medicine (£2.5m), Surgery (£2.2m) and Mental Health (£1.7m).</li> </ul> <p><b>Agency staff costs (proportion %):</b></p> <ul style="list-style-type: none"> <li>YTD £9.4m.</li> <li>Over 75% of Agency spend is associated with Medical, Nursing &amp; Midwifery staff, highlighting the workforce gaps in these areas.</li> </ul>		<p><b>Planned / Mitigation Actions</b></p> <p><b>% Progress towards Cost Improvement Target (CIP):</b></p> <ul style="list-style-type: none"> <li>To date, £3.7m of cash-out savings have been delivered, representing 86% of the total target of £4.3m. Efficiency savings of £900k have also been delivered so far this year.</li> <li>Internal PMO resource has recently been re-allocated to support delivery of the key workstreams</li> </ul> <p><b>Total income (£):</b></p> <ul style="list-style-type: none"> <li>DHSC hold a Reserve Fund of £6.5m that is not shown as part of Manx Care's financials. Applications to this fund are currently being finalised and until approved, all cost pressures (actual and forecast) will be held in Manx Care's figures. These pressures are currently forecast at £5.0m and cover the loss of PPU income (due to the ward being used for restoration work), high cost &amp; nursing placements, additional requirements for TT/Grand Prix including off-island activity and the Information Commissioners fine.</li> </ul> <p><b>Agency staff costs (proportion %):</b></p> <ul style="list-style-type: none"> <li>A key focus this year is on recruitment activity to address the 20% vacancy rate across the organisation. Care Groups are producing recruitment plans to address key vacancies and there is a project underway to drive international nurse recruitment.</li> </ul>		<p><b>Assurance / Recovery Trajectory</b></p> <p><b>% Progress towards Cost Improvement Target (CIP):</b></p> <ul style="list-style-type: none"> <li>In order to address the projected overspend position, additional opportunities totalling £13.5m have been identified. Each of these opportunities has been validated and risk assessed to determine the likely delivery in 22/23, which is now £7.5m. This includes the original £4.3m so represents an additional £3.2m of savings.</li> <li>Much of the £13.5m will deliver in 23/24 rather than 22/23 so forms the basis of the 23/24 CIP Plan, which currently stand at £7.7m with further opportunities to be explored. The target for 23/24 is £4.5m so this represents an opportunity to deliver above target savings next year.</li> </ul> <p><b>Total income (£):</b></p> <ul style="list-style-type: none"> <li>Should the £5.0m be approved from the Reserve Fund, the overspend position will reduce to £3.9m. The Tertiary forecast position has improved by £2.5m compared to last month. However there is a change of (£1.2m) across some of the other service areas which has netted against this positive movement. Further work is being undertaken to understand whether any of this increase can be mitigated. Also included in this month's forecast are costs relating to winter pressures and additional placements which are expected to be recovered from the DHSC reserve fund.</li> </ul> <p><b>Agency staff costs (proportion %):</b></p> <ul style="list-style-type: none"> <li>The CIP programme will provide oversight and co-ordination to support delivery of those plans. As these start to take effect, we will expect to see spend on temporary resource such as Bank &amp; Agency as a proportion of total spend to reduce. Last year the proportion of this spend ranged from 14% to 22% with an average of 17%.</li> </ul>	

## APPENDIX A - Care Group 1 Performance Summary (Example)

SAFE												EFFECTIVE											
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance		KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	
CG1001	<input type="radio"/>	Serious Incidents declared	Dec-22	<input type="radio"/>								CG1007	<input type="radio"/>	Number of Cancelled Operations on Day (non-clinical reason)	Dec-22	<input type="radio"/>							
CG1002	<input type="radio"/>	Never Events	Dec-22	<input type="radio"/>								CG1008	<input type="radio"/>	No. of patients cancelled on the day of surgery who are not re-booked within 28 days	Dec-22	<input type="radio"/>							
CG1003	<input type="radio"/>	Inpatient Health Service Falls (with Harm) per 1,000 occupied bed days	Dec-22	<input type="radio"/>								CG1009	<input type="radio"/>	Theatre Utilisation	Dec-22	<input type="radio"/>							
CG1004	<input type="radio"/>	No. of Medication Errors (with Harm)	Dec-22	<input type="radio"/>								CG1010	<input type="radio"/>	DNA Rate (Consultant Led outpatient appointments)	Dec-22	<input type="radio"/>							
CG1005	<input type="radio"/>	Inpatient Pressure Ulcers (per 1,000 bed days)	Dec-22	<input type="radio"/>								CG1011	<input type="radio"/>	No. patients with LOS greater than 21 days	Dec-22	<input type="radio"/>							
CG1006	<input type="radio"/>	Sepsis - % Inpatients receiving antibiotic within 60 mins	Dec-22	<input type="radio"/>								CG1012	<input type="radio"/>	% of Clinical Letters to GP completed within 10 days	Dec-22	<input type="radio"/>							
												CG1013	<input type="radio"/>	Mortality - % completion Hospitals Learning from Death reviews (LFDs)	Dec-22	<input type="radio"/>							
												CG1014	<input type="radio"/>	Total Hospital Deaths	Dec-22	<input type="radio"/>							
CARING												RESPONSIVE											
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance		KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	
CG1015	<input type="radio"/>	Mixed Sex Accommodation - No. of Breaches	Dec-22	<input type="radio"/>								CG1024	<input type="radio"/>	RTT - No. patients waiting for first Consultant Led Outpatient appointment	Dec-22	<input type="radio"/>							
CG1016	<input type="radio"/>	Total No. Complaints Received	Dec-22	<input type="radio"/>								CG1025	<input type="radio"/>	No. patients waiting > 17 weeks for 1st Outpatient appointment	Dec-22	<input type="radio"/>							
CG1017	<input type="radio"/>	Complaint acknowledged within 5 working days	Dec-22	<input type="radio"/>								CG1026	<input type="radio"/>	RTT - No. patients waiting for Daycase procedure	Dec-22	<input type="radio"/>							
CG1018	<input type="radio"/>	Written response to complaint within 20 days	Dec-22	<input type="radio"/>								CG1027	<input type="radio"/>	No. patients waiting > 35 weeks from Decision to Treat to Daycase Treatment	Dec-22	<input type="radio"/>							
CG1019	<input type="radio"/>	% Complaints resolved within 20 days	Dec-22	<input type="radio"/>								CG1028	<input type="radio"/>	RTT - No. patients waiting for Inpatient procedure	Dec-22	<input type="radio"/>							
CG1020	<input type="radio"/>	Manx Care Advice & Liaison Service (MCALS) contacts	Dec-22	<input type="radio"/>								CG1029	<input type="radio"/>	No. patients waiting > 35 weeks from Decision to Treat to Inpatient Treatment	Dec-22	<input type="radio"/>							
CG1021	<input type="radio"/>	FFT - % Experience was Very Good or Good	Dec-22	<input type="radio"/>								CG1030	<input type="radio"/>	RTT - % Urgent GP referrals seen for first appointment within 6 weeks	Dec-22	<input type="radio"/>							
CG1022	<input type="radio"/>	FFT - % Experience was neither Good or Poor	Dec-22	<input type="radio"/>								CG1031	<input type="radio"/>	CWT - % patients referral for suspected cancer to first outpatient attendance within 2 weeks	Dec-22	<input type="radio"/>							
CG1023	<input type="radio"/>	FFT - % Experience was Poor or Very Poor	Dec-22	<input type="radio"/>								CG1032	<input type="radio"/>	CWT - % patients decision to treat to first definitive treatment within 31 days	Dec-22	<input type="radio"/>							
												CG1033	<input type="radio"/>	CWT - 31 day wait until subsequent treatments	Dec-22	<input type="radio"/>							
												CG1034	<input type="radio"/>	CWT - % patients urgent referral for suspected cancer to first treatment within 62 days (RTT)	Dec-22	<input type="radio"/>							
												CG1035	<input type="radio"/>	CWT - % Faster Diagnosis within 28 days	Dec-22	<input type="radio"/>							
												CG1036	<input type="radio"/>	% Outpatient Follow Up activity volume	Dec-22	<input type="radio"/>							
WELL LED (PEOPLE)												WELL LED (FINANCE)											
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance		KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	
CG1037	<input type="radio"/>	Hours lost to staff sickness absence	Dec-22	<input type="radio"/>								CG1046	<input type="radio"/>	Budget Position (variance to date)	Dec-22	<input type="radio"/>							
CG1038	<input type="radio"/>	Number of staff on long term sickness	Dec-22	<input type="radio"/>								CG1047	<input type="radio"/>	% Progress towards Cost Improvement Target (CIP)	Dec-22	<input type="radio"/>							
CG1039	<input type="radio"/>	Staff Turnover	Dec-22	<input type="radio"/>								CG1048	<input type="radio"/>	Total staff costs (£)	Dec-22	<input type="radio"/>							
CG1040	<input type="radio"/>	Number of staff not on permanent contract (%)	Dec-22	<input type="radio"/>								CG1049	<input type="radio"/>	Total other costs (£)	Dec-22	<input type="radio"/>							
CG1041	<input type="radio"/>	Number of staff on disciplinary measures	Dec-22	<input type="radio"/>								CG1050	<input type="radio"/>	Agency staff costs (proportion %)	Dec-22	<input type="radio"/>							
CG1042	<input type="radio"/>	Completion of Mandatory Training (%)	Dec-22	<input type="radio"/>																			
CG1043	<input type="radio"/>	% PDRs completed	Dec-22	<input type="radio"/>																			
CG1044	<input type="radio"/>	% Medical Appraisals	Dec-22	<input type="radio"/>																			
CG1045	<input type="radio"/>	Number of Data Breaches	Dec-22	<input type="radio"/>																			

 <b>SUMMARY REPORT</b>	<b>Meeting Date:</b> 7 <sup>th</sup> February 2023	
	<b>Enclosure Number:</b>	

<b>Meeting:</b>	<b>Manx Care Board</b>		
<b>Report Title:</b>	<b>BMA Culture of Care Barometer Action Plan, Social Care Action Plan and EDI Update</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

- The BMA Culture of Care Action Plan has been created following analysis of the results of the Culture of Care Barometer survey focussing on nine key themes. It has been developed in consultation with an established LNC which includes representatives from the medical workforce, BMA and OHR, chaired by the CEO. The updated plan is appended to this report.
- The Social Care Action Plan has been created following analysis of the results of the Culture Review undertaken in Social Care which focuses on five key overarching themes, with the 14 recommendations by Workforce & Culture. It is important to note that a number of the actions will require more detailed plans in order to deliver the recommendation; the Workforce & Culture Project Team will work with key stakeholders to develop the plans which will be fed back via the People Committee. The plan is appended to this report.
- A verbal update on EDI progress will be provided.

#### 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.



## Manx Care, Culture of Care Barometer - ACTION PLAN - updated 25 January 2023

**v15 (updated 25/01/2023)** - this plan has been created following analysis of the results of the Culture of Care Barometer survey focussing on nine key themes. It has been developed in consultation with an established LNC which includes representatives from the medical workforce, BMA and OHR, chaired by the CEO. The draft plan was circulated to all Clinical Directors with a request for feedback. It is important to note that a number of the actions below will require more detailed plans in order to deliver the recommendation; the Workforce & Culture Project Team will work with key stakeholders to develop the plans which will sit underneath. The Workforce & Culture Project Team will monitor and update the plan fortnightly which will be shared with LNC and EMC on a monthly basis, assured via the People Committee. Please note that deadlines and owners in italics are pending confirmation with the action owner. The plan will be treated as a live document (with version control) and will be accessible in a shared group in Teams. Regular communications to the workforce in the form of "You said, we will, so that" should be issued.

You Said	We will	So that	By when	Action By	Owned By	Notes/updates	RAG
<b>We need to be better informed as to what is going on in Manx Care</b>	Teresa Cope will attend a bi-monthly CEO briefing and a Q&A session for all Medical Staff	You have the opportunity to ask questions, raise issues/concerns, receive information directly from/to the CEO.	COMPLETE	Shiona McAllister	Teresa Cope	CEO briefings scheduled to Medical Staff Committee up to July 2023	
	Review current communication channels - ask what is working and what isn't, and why (Communication Survey)	You are involved in suggesting and creating any improvements to methods and channels of communication		<i>Manx Care Communications Team</i>	<i>Merita Taylor</i>	Email to MT 27/09- MHS reviewing own internal channels, governance and meetings (i.e. formal communications) Email to MT 01/11 Email to MT 06/12. 25/01 we continually review comms channels in order to see if these are appropriate for the message that needs to be delivered, and if we can do things differently. We work with the Care Groups or departments to do this, and adapt/develop as we need to. In terms of the comms survey, we now have a draft question set and will be delivering this in due course once we have agreed the mechanism by which we'll deliver it and collect feedback. This is also dependent on having the Comms Champions in place.	
	A programme of Communication Champions	There are colleagues across the organisation who can support, promote and disseminate information within Care Groups	COMPLETE	<i>Manx Care Communication Team</i>	<i>Merita Taylor</i>	Email to MT 27/09 Email to MT 01/11 Email to MT 06/12. 25/01 – we had intended to use the Change Coaches for this and had agreed with Louise Quayle that this would form part of their remit. However, as they have had a number leave and haven't recruited new ones as yet, we are going to go ahead and recruit Comms Champions and use them for what we need, as well as the remaining Change Coaches. The email to recruit them will be issued imminently once we have finalised the full remit of what we need them to do.	
	Ownership at Care Group in terms of disseminating may need different communication channels	To assess whether there is a requirement for tailored communication channels within each Care Groups (due to the diverse nature of Manx Care)	COMPLETE	<i>Manx Care Communication Team</i>	<i>Merita Taylor</i>	Email to MT 27/09 Email to MT 01/11 Email to MT 06/12. 25/01 this can be closed. We do this on an ongoing basis (linked to point 5) and we will ascertain what we need to do differently in the way we communicate with colleagues once we've completed our comms survey.	
	Create content for staff facing digital screen displays	There is a rolling programme of updates/useful information and "news" visible across Manx Care sites (currently eight digital screens in situ)	COMPLETE	Workforce & Culture Project Team	Louise Quayle		
	Develop a high quality Manx Care Intranet site	There is an up-to-date, intuitive, comprehensive electronic communications platform for all Manx Care staff	31/01/2023	Manx Care Communication Team	Merita Taylor	Agreed that this is a priority for Manx Care - work to commence imminently. Update 29/09 - MT has confirmed that work is underway but October deadline is not achievable. Revised deadline end January 2023. 25/01 - intranet remains ongoing, with target go-live date at the end of Q4.	

	Ensure that there are accessible, accurate email distribution lists	There are accurate staff lists for disseminating information by email to the correct groups throughout the organisation	23/12/2022	Lead Business Managers	Care Group Leads	IW&C, Primary & Comm Care, MHS all confirmed distribution lists are in situ and kept up to date. No reply to date from remaining Care Groups. To chase November 2022. 01/11 Emailed to Lead BM outstanding 02/11 Not used in Theatres, Critical Care, Anaesthetics - lack of admin support. 2 S. Care have lists in situ, ongoing cleanse of inactive email addresses Not used in Hospital/Hotel Services - staff infrequent access to email Email to TM, GD 06/12	
	Offer Ask Me Anything sessions to teams across Manx Care	You have the opportunity to ask questions, raise issues/concerns, receive information directly from/to the CEO.	COMPLETE	Workforce & Culture Project Team	Louise Quayle		
	Issue the structures of the Board and the Executive Team	We are informing our colleagues about the members of both the Board and the Exec and also what functions they perform	COMPLETE	Merita Taylor	Teresa Cope	Email to EQ 27/09 - originally assigned to EQ, recommended this is with Comms Team. This has been issued - induction pack to be placed on website.	
	Issue the monthly Horizon Scan to all colleagues	You are better informed about key decisions, what is happening in each care group now and in the near future and can link in with new work at the start of the process	COMPLETE	Merita Taylor	Teresa Cope	Email to EQ 27/09 - originally assigned to EQ, however there is work ongoing in the comms team to establish ways to disseminate this information to the organisation Email to MT 01/11. 25/11 Monthly HS is issued to all colleagues monthly	
<b>We need to listen to the views of staff</b>	Provide an opportunity to Medical Staffing Committee to escalate any concerns directly into the Executive Leadership Team meetings	There is an direct avenue for concerns to be escalated and listened to	COMPLETE	Medical Director Secretary	Sree Andole	Teresa attending MSC meetings	
	"Ask Me Anything" sessions where a representative of the Executive Team will listen to staff and issues can be brought to the ELT	There is a direct avenue for questions to be asked of any member of the Executive Team	COMPLETE	Workforce & Culture Project Team	Teresa Cope		
	Repeat Culture of Care Barometer Survey	You have the opportunity to have your say via an anonymous survey which will be a repeat of the Culture of Care Barometer to assess against the baseline	COMPLETE	Workforce & Culture Project Team	Louise Quayle	Agreed to repeat March 2023	
	Reissue the flow chart of how clinical policies are developed and the framework for this	The medical workforce are engaged with the development of policies, changes to existing policies and are able to input into the process as early as possible	COMPLETE	Patient, Safety & Quality Team	Paul Moore	PSQ confirmed that policy is in place - agreed action is to reissue and disseminate (Comms team to resend w/b 10/10 therefore date amended to reflect). Policy sent to Comms team on 12/10 for issuing. Update 13/10 - TC requested that the 10 point governance plan is also circulated. LQ to obtain a copy for distribution.	
	Ensure that there is medical representation and early involvement in service developments	The medical workforce is represented at the earliest opportunity - there is a need to review the current representation	COMPLETE	Clinical Directors	Sree Andole	Ongoing action re new service developments - there is a need to ensure that there is a feedback loop. Short term action is to review current medical representation and ensure that there is early communication through JCNC. Emailed SA to check on progress. 10/11 Email to SA. 9/1/23 - There is a monthly clinical leads meeting as well as biweekly CAG meetings and Product Advisory Group meetings, to enable discussions beyond clinical directors. These meeting are chaired by MD to enable direct communication between executive and front line staff. Four AMDs are appointed to strengthen few domains of work including clinical audit, mortality, patient safety and appraisals.	

	Share the current governance arrangements, membership and Terms of References for existing committees/forums	You are aware of who the medical representative is and the purpose of those meetings/groups	COMPLETE	Elaine Quine	Teresa Cope	The medical rep on those groups is responsible for communicating back and disseminating information	
	Ensure that there is appropriate input from the medical workforce in the Health & Care Transformation Programme and define what their role and responsibilities are	The views of the medical workforce on key transformation projects are represented	Ongoing (April 2023)	Sree Andole	Teresa Cope	Transformation Core Pathways work is currently paused and will be reviewed late Q3 taking into consideration CQC and wider considerations. CEO also meets with the Clinical Directors on a fortnightly basis and discusses key documents / developments with the CDs outside of the formal meeting structure (such as EMC). 9/1/23 - All the transformation workstreams that were active have clinical leads in the discussions. Ophthalmology, cardiology/stroke, radiology and diabetes clinical leads participated actively in pathway workshops. Transformation programme is paused for now and will need to rescope when it restarts.	
<b>Provide enablers to influence how things are done</b>	Medical Engagement Committee to feed into the People Committee	There is oversight at Board level via the most appropriate avenue in relation to staff engagement to provide assurance that things are happening	COMPLETE	Sree Andole / Teresa	Sarah Pinch	All Board Papers and Key Updates are provided to the Medical Staffing Committee each month by the Chief Executive so these papers are circulated to all Medical Staff. CEO also meets with the Clinical Directors on a fortnightly basis and discusses key documents / developments with the CDs outside of the formal meeting structure (such as EMC). Escalations and concerns are fed into the People Committee by the CEO and Medical Director. CEO and Medical Director have a regular meeting with BMA and LNC representative ahead of formal JCNC Meeting. Any Escalations from the JCNC or MSC is a standard agenda item on the People Committee.	
	Ensure that there is an inclusive, positive partnership approach with our union colleagues and a commitment to the SAS charters	Staff side representatives and Manx Care are working in partnership, building strong relationships resulting in better outcomes	31/10/2022	Kirsty McDonald	Anne Corkill	Work to begin end August 2022 Update 05/10 - draft charter and survey drawn up. Looking at how to communicate it and what analysis process looks like 23/11 LQ to confirm the process of circulating the charters through the consultation hub to KMCD.	
	Staff suggestions scheme to be launched	There is an opportunity for suggestions/ improvements both internally and for our patients/service users, with an option to do this anonymously	COMPLETE	Workforce & Culture Project Team	Louise Quayle	Update 29/09 - due to be launched 05/10. Complete.	
	Maintaining the Change Coach programme and continuing to recruit to the roles	There is representation across Manx Care and the crucial work of the Change Coaches is embedded across Care Groups	COMPLETE	Workforce & Culture Project Team	Louise Quayle	Recruitment communication issued and programme of workshops in place	
	Draft and publish a detailed Engagement Strategy	There is a clear, defined approach to staff engagement across Manx Care which provides the ability to influence change at all levels within the organisation	COMPLETE	Manx Care Communications Team	Merita Taylor	Draft in progress 25/11 - Comms strategy completed and issued.	
<b>Unacceptable behaviour is not consistently tackled</b>	Management training needs analysis - complete. (Needs to be developed more widely)	We can support staff who are managers to develop management/leadership skills and ensure they have access to appropriate training, guidance and support	COMPLETE	Workforce & Culture project team	Louise Quayle	Links to line 36 (Training)	
	Develop a framework which provides a code for all Manx Care staff about expected behaviours	Linking to the CARE values, a framework will be developed to support staff to be able to address poor behaviours and provides staff with the standards expected as an employee in Manx Care. Explicit about behaviours not expected	COMPLETE	Workforce & Culture Project Team	Louise Quayle	In progress, pending approval. Update 29/09 - CARE framework for Our People and Leaders has been launched	

	Confidence to address poor behaviour there and then	Issues can be dealt with as soon as possible at the lowest level so that there is a process for escalation should it be required. Staff need the confidence to address issues without fear of repercussion	Ongoing	ALL	ELT	Links to training, development and support of managers and the CARE values	
	EDI programme - short term initiatives to call out discrimination, bullying, unacceptable behaviour where people are not treated equally	Awareness is raised with regards to unacceptable behaviour relating to equality, promoting diversity and inclusion.	COMPLETE	Workforce & Culture Project Team / Teresa Cope	Sree Andole (ELT sponsor)	ED&I Forum has been established, Chaired by the CEO with a Non Executive Director Lead (Sarah Pinch) and Executive Director Lead (Dr Andole) The forum meets monthly with regular updates to the Manx Care Board. Baseline assessment against the Equality Delivery Standard (EDS) and Workforce Race Equality Standard (WRES) will be completed by the end of January 2023 which will inform an ED&I strategy will be in place from April 2023 and launched during an ED&I week across Manx Care in May 2023.	
	Develop a programme of psychological safety in the workplace	Provide enablers/tools for staff to be able to speak up and create an environment where people are able to do this	COMPLETE	Workforce & Culture Project Team	Louise Quayle	Pilot workshops with Change Coaches - August 2022, then to be rolled out to Manx Care. Update 29/09 - currently being rolled out across the organisation. First cohort is Student Nurses/Doctors and those on the Leadership Academy	
	Ensure that the policies and processes for Fairness at Work, Grievances and Whistleblowing are consistent and standardised	There are clear, robust policies in place to support staff when an issue needs to be raised formally	COMPLETE	OHR	Kirsty McDonald	checking dates with Policy Officer. Update 05/10 - Whistleblowing approved by Minister LB - to CoMin w/b 10/05. Linda Wheeler will be working on Grievance Policy for Manx Care. FAW in place already. Kirsty has completed a number of other policies for medical workforce (Social Media etc.) 23/11. New whistleblowing policy is published. LW has now drafted the grievance policy and this has been circulated to HR BP's for comment.	
	Explore the development of Freedom to Speak Up Guardians similar to the programme used in the NHS	Staff can speak up when they feel that they are unable to do so via other routes; encourages a healthy speaking up culture	31/12/2022	Workforce & Culture Project Team	Louise Quayle	Proposal in development	
	Ensure that training is provided on HR policies	Managers and staff are trained on how to use HR policies/procedures and have access to avenues of support	Ongoing	OHR	Kirsty McDonald	Ongoing action. Short-term action to issue current course prospectus to all managers to publicise what is available by 31/10/2022. Update 05/10 - once additional policies are live ensure that any support or training is offered.	
<b>Leadership at the highest level should be stronger</b>	Executive Leadership Team development programme	The Leadership Team are able to explore improved ways of working, communication with one another, values and behaviours, creating a positive culture, developing strategy	31/01/2023	Workforce & Culture Project Team	Teresa Cope	6 month programme in development	
	"Back to the floor" days across all ELT	The Leadership Team are visible to operational teams, are available to ask questions, are able to understand the reality of "a day in the life"	COMPLETE	ELT	Teresa Cope	Update 13/10 - TC has 15 sessions scheduled between October - January 23. Other members of ELT have diary time allocated to this also.	
	Creating an environment where staff feel psychologically safe	The Leadership Team to role model the behaviours expected of all, to work towards creating an environment where people feel psychologically safe and for all to reap the benefits of this	COMPLETE	ELT	Teresa Cope	Workshops running for next 12 months (Change Coaches, Leadership Academy and some senior leaders/managers have attended workshops). ELT took part in CARE values team charter session early October. 25/11 - Back to the floor and Ask Me Anything sessions commenced October	
	Provide the offer of a Manx Care Board representative at medical meetings	Board members are more visible and accessible	COMPLETE	Elaine Quine	Teresa Cope	EQ has contacted Clinical Directors Forum to extend the offer of Manx Care Board rep at medical meetings	
	Roll out Cultural Change Action Cards for all members of the Executive Team	Each member of ELT has a visible, demonstrable commitment to culture change with specific actions	01/01/2023	Teresa Cope		Medical Director and Exec Director of Social Care currently trialling	

<b>You would not recommend Manx Care as a good place to work</b>	Launch refreshed Manx Care CARE values	Manx Care can lay the foundations of what they value as an organisation, providing a common purpose and helps employees to understand what behaviours are expected	COMPLETE	Workforce & Culture Project Team	Louise Quayle		
	Embed the CARE values across all levels of the organisation	There is a golden thread through the organisation which all other activities are linked to. Embedding the values enables the workforce to use and recognise them in their "everyday"	01/02/2023	ALL	Teresa Cope	6 month programme of work supported by Workforce & Culture	
	Ask people why they wouldn't recommend Manx Care	We understand the reasons people are not recommending Manx Care as a good place to work and ensure that there are avenues for this to be fed back into the organisation considering what needs to change/improve as a result	Ongoing	All Managers/Leaders	ELT	in addition, will become part of staff survey	
	Develop a Retention and Recruitment Strategy and associated implementation plan	The organisation has a strategy to retain and attract individuals to Manx Care and reduce turnover with a realistic, phased implementation plan	01/04/2023	OHR/Manx Care	Kirsty McDonald/Linda Wheeler	KMC contacting Talent Acquisition Team to obtain the last short-term recruitment strategy. This action will be broken down into a detailed plan. Update 05/10 - TAS not able to supply info at the moment. However, focus groups to be held November with key stakeholders and interested staff. Kirsty to resend last strategy. Background work going on in OHR. Dates to be confirmed post-focus groups and detailed plan to be drawn up. Update 13/10 - at the October update meeting, the group discussed the requirement to address particular recurring issues through policy development and frameworks which will link with the strategy. Meeting with OHR/TAS colleagues organised. Strategy research in progress. Deadline for strategy is 1st April 23 to align with other Manx Care strategies in development. 29/11 KMcD and LW met with workforce and culture and recruitment team to go through the actions on the Manx Care Action Plan. Actions are in progress.	
	Undertake Exit interviews (regularly taking place since June 2022) themes to be fed back to Manx Care ELT/People Committee	We can understand why people are leaving the organisation, where improvements can be made and to take a deeper look into things which may have led up to the decision for the individual. i.e. is it related to culture?	COMPLETE	Workforce & Culture Project Team	Louise Quayle	Initial findings report has been issued to the People Committee (September 2022). Recommendation for WFC Projec team to continue with Exit Interviews for further six months. Further findings report due January 2023	
<b>You don't feel that the organisation values the service it delivers</b>	'Walk in my shoes'	There are opportunities for Medics to shadow each other and to understand other clinicians roles (including those in leadership roles such as CDs / Senior Matrons etc.)	30/03/2023	Medical Staff	Sree Andole	9/1/2023 - Introducing a 'recerse' mentoring scheme	
	Promotion of medical workforce via staff/patient stories - good news stories to be made public	We are identifying positive stories and recognising staff	COMPLETE	Medical Staff	Sree Andole	Push for promotion during August and September and then maintain. Update 13/10 - staff and patient stories are actively being sought and promoted. TC also confirmed that positive feedback on cultural aspects had been received from AFPP and recent CQC inspections.	
	Distribute a clear process of how internal and external communications are created and approved	There is a clear pathway to ensure that communications are sighted by the right person/group of people before being issued	01/11/2022	Manx Care Communications Team	Merita Taylor	Email to MT 01/11 Email to MT 06/12	
<b>A positive culture is not visible</b>							
	Initiate a project to adopt 'Just Culture' learning	There is a supportive, consistent, constructive and fair evaluation of the actions of staff involved in patient safety incidents. It is recommended that a working group is formed to take this forward.	28/02/2023	Workforce & Culture Project Team	ELT	Initial meeting held with Patient, Safety & Quality Lead. Working group to be scheduled in October. Update - working group held, proposal to be developed for discussion at EMC in January 2023	

	Promote staff stories where people experiencing a positive culture	We can understand what the environment is like and what actions people are taking in a team/service where there is known to be a positive culture and so that we can harness this across the organisation.	COMPLETE and Ongoing	Manx Care Communications	Merita Taylor	Staff Stories are used within the People Committee each month. CEO has put in place a Back to the Floor / Shadowing Programme across Q3 and Q4 which meets with teams and provides feedback into the people committee as part of Listening into action programme.	
	Visible positive action, not just words	We are embracing the new CARE values and demonstrating them everyday at all levels across the organisation	COMPLETE and Ongoing	ALL	ALL	This is the responsibility of everyone. Promotion through the CARE values CEO has put in place a Back to the Floor / Shadowing Programme across Q3 and Q4 which meets with teams and provides feedback into the people committee as part of Listening into action programme.	
	Our People & Culture' to be regular agenda item on all meetings	We are prioritising our people agenda and acknowledging that culture is a fundamental and significant influencer across our workforce. and that steps are being taken to recognise and improve this.	COMPLETE and Ongoing	ALL	ELT	Workforce & Culture to link in with Care Groups to raise this. LQ email to all Care Group Leads w/b 10/10. People and Culture a regular agenda item on People Committee, Executive Management Committee, Executive Leadership Team and covered during Care Group Performance and Accountability Reviews	
<b>You don't have the resources you need to do a good job</b>							
	Workforce planning schedule within the Workforce & Culture Project Plan (years 2&3)	We undertake a thorough analysis of our existing establishment, skills, experience and identify any gaps which will help us to move forward with a workforce plan/model based on our service plans and strategy	31/03/2023	Workforce & Culture Project Team	Louise Quayle	Timeframes across services will vary depending upon scope. Detailed Workforce planning paper has been developed by the Executive Director of Nursing and shared with the DHSC and Manx Care. This paper proposes a number of solutions to increase the domestic production of nurses on the Island	
	Ensure that resource allocation, gaps, concerns and suggestions are part of the job planning and appraisal process	Any issues in relation to resources are explored and actively dealt with as part of the job planning/appraisal process for the medical workforce	31/03/2023 (partially completed)	Clinical Directors/Clinical Leads/AMDs	Sree Andole	Detailed Workforce planning paper has been developed by the Executive Director of Nursing and shared with the DHSC and Manx Care. This paper proposes a number of solutions to increase the domestic production of nurses on the Island. 9/1/23 - The majority of the Job plans are now published and Level 1 signed off. MIIAA supporting the gap analysis.	
	Develop the Medical Leadership Structure and investment in the infrastructure (i.e. Medical Leadership roles, Associate Medical Directors)	There are visible points of contact and responsibilities within the medical workforce together with opportunities for career development	COMPLETE	Sree Andole	Teresa Cope	Appointment of AMDs complete.	
	Contact those who decline when offered a role in Manx Care	We can understand why people decline the offer of a role after applying, including those who are looking to relocate to the Island but then decline job offers	01/12/2022	Workforce & Culture Project Team	Louise Quayle	Consulting with OHR to establish how this information can be supplied to the Workforce & Culture Team. Update - a list is not available but WF&C will ask TAS to provide feedback on any themes/information which they are aware of	
	Continue to work closely with the Talent Acquisition Team to support Manx Care in recruiting and to communicate progress to the workforce	You are aware of all avenues currently underway to improve recruitment and the progress being made	31/10/2022	OHR	Kirsty McDonald	Update 05/10 - Kirsty running position reports for Medical Director which are then being communicated to Care Group Managers for review. Vacancy Rate reports, review of usage of locums. Process of validating the data ongoing. Links with communication actions in terms of disseminating to the workforce and update on progress. <b>Talent Pool approach for registered nurses agreed in November 2022 for immediate implementation and this will be expanded to include Allied Health Professionals and Social Workers.</b>	

<b>Positive outcomes from the survey to communicate and harness</b>
Team working
Relationship with line manager

52 actions: 31 complete, 7 overdue, 14 in progress

Time to do my job
Can rely on colleagues
Can ask for help when need it
I get the training I need to do my job
Respected by co-workers

## Social Care, Culture of Care Barometer - ACTION PLAN - updated 25 January 2023

**11\_25/01/2023** - this plan has been created following analysis of the results of the Culture Review undertaken in Social Care which focuses on five key overarching themes, with the 14 recommendations by Workforce & Culture. It is important to note that a number of the actions below will require more detailed plans in order to deliver the recommendation; the Workforce & Culture Project Team will work with key stakeholders to develop the plans which will be fed back via the People Committee. Please note that deadlines and owners in *italics* are pending confirmation with the action owner. The plan will be treated as a live document. Regular communications to the workforce should be issued.

### KEY:

No action taken
Actioned
Discussions taken place but no action taken
In progress with additional action required
No progress or recommendation actioned

Overarching Themes	Recommendations	Remedy to Recommendations	Owned By	By when	RAG
Supporting wellness/wellbeing	Clarify professional boundaries, co-working cases with a colleague, case calculator capacity model review	<i>Through team meetings, 1:1 supervisions</i>			
Policies/Procedures/processes to support cultural improvements.	Flex time/flexible working to be introduced.	Social Work teams are already working on a flexible basis and a hybrid model of working is embedded. However, this cannot apply to the whole of the Care Group as this will impact on some service delivery areas. <i>TOIL accrued should be honoured and accommodated as far as possible.</i>	<i>Socialo Care Leadership Team</i>	28th February 2023	
	Admin time allocated in weekly work	To be actively encouraged in 1:1s across the Care Group which should be respected and adhered to by staff and Line Managers throughout (e.g. MM has protected time)		28th February 2023	
	Implement a decision making framework	Governance Process for Policy and Procedure Development to be developed and implemented within the Service and approved by Care Quality Group	<i>LH</i>	31st march 2023	
	Review of rota allocation	Agreement made in SCLT in January 2023 to move towards a formal duty Social Worker rota for Adults services with clear remuneration and this will be progressed by the Assistant Director	<i>AD Adults Social Care Leadership Team</i>	31st march 2023	
	Reinforce policies	Regular Staff Meetings / Team meetings to be scheduled by all SCLT Members with their teams		31st march 2023	
Communication		C&F - <i>You said, We did</i> - already established - we will look to roll this out more widely across the care group. CEO undertaking Listening exercise with Adult Social Care during February. Feedback will be provided to the People Committee to support Listening into action.	<i>SCLT</i>	28th February 2023	
	Ideas Forum	There is regular dissemination of all Manx Care communications including feedback from Manx Care Board and ELT into the regular staff briefing. There are also communications sent following the meeting of SCLT. The latter is being finalised in terms of secretariat duties.	<i>SCLT</i>	31st March 2023	
	develop a service communications framework	Staff briefings to be resumed on a regular basis sharing appropriate rationale for decisions and upcoming meetings.	<i>SCLT</i>	28th February 2023	
	Share reasons for decisions				
	Meetings to be properly recorded and minutes shared.	SCLT and other meetings are minuted. Discussions did take place, but not implemented that Minutes could be stored centrally so that staff could access the same for transparency. Following each SCLT a communication is sent out to staff to keep them up to date with any relevant matters. To involve colleagues, discussions around welcoming each team to present to SCLT to inform of the work they undertake, issues face etc. how to develop further.	<i>GB/LH</i>	28th February 2023	
	Communicate why Registered Managers are now required	RQF Post has been approved. Communication regarding the change to be issued by the Service Lead	<i>JC / JD</i>	28th February 2023	
	Share the limitations of professional boundaries	This will be addressed as part of a communication framework for Service	<i>MT/LH</i>	31st March 2023	
	Quarterly Newsletter Spotlighting Teams	This will be implemented from January 2023	<i>MT/LH</i>	31st January 2023	
Leadership, management & OHR support to embed values & behaviours	Vision statement	A Manx Care strategy will feed into an action of Service Delivery Plan for Social Care incorporating a Vision Statement, to be implemented in Q1 of 2023/24 – this would sit under the strand of Leadership, Management & OHR support to embed values & behaviours. We will develop a high level strategy, a paper has gone to the Manx Care Board around this.	<i>SCLT</i>	31st March 2023	
	Values & Behaviours project	WF&C have actioned this through the Care Values framework for Managers. Managers should be actively encouraging team meetings to look at working with LeAD to embed these values. (workshops that include colleagues in (re) launching values and behaviours and what they look like in practice). Project in Culture of Care Action Plan also.	<i>SCLT / W&amp;C</i>	31st March 2023	
	Increase in leadership and management training visibility	"back to the floor" approach to be embedded to increase visibility of senior leaders and to make them "more accessible". Oversight of this will be fed into SCLT with assurance to the People Committee	<i>SCLT</i>	28th February 2023	
	Operational colleagues on committees and boards.	Opportunity for staff to be routinely invited and present at the People Committee to share their Staff Story.	<i>SCLT</i>	28th February 2023	
	Create a visual reporting line/management structure map with contact information	This is in existence and will be refreshed by the end of February 2023 and distributed and signposted accordingly.	<i>SCLT</i>	28th February 2023	
	Clarity with regard to job roles	<b>Communication to go out to advise that this is in progress and will be sent out.</b> Complete review of Job Descriptions, duties and responsibilities to be undertaken with Line Manager and supported by OHR ensuring Job Descriptions are up to date and relevant. Skill gaps analysis to be undertaken with vacancies identified to fill. To include jobs offered with specific shifts.	<i>SCLT</i>	31st March 2023	
	Liaise with HR for Recruitment Drive on hard to fill roles.	<i>Approach to be agreed between SCLT and OHR.</i>	<i>OHR/ SCT</i>	28th February 2023	
	Review ASW set up	Michele Mountjoy and Ross Bailey to assist		31st March 2023	
	Review of LTA's - future planning and communicate this	Clear Structure for each service area to be communicated. Agreed Structure for Adult Social Work agreed in January 2023 and will be communicated. Business Case will proceed in parallel via BCRG		28th February 2023	
	Agree a united approach for managing units separately				
	Long service ceremony	Manx Care to feed into Manx Care long service.		Complete	
Personal & Professional Development	Joint team bonding exercises days	Integration of Mental Health and Safeguarding. SCLT session has been arranged for February from which cascade sessions will be scheduled for teams based on the outcomes of the SCLT session.	<i>SCLT</i>	31st March	
	All colleagues to have 1:1 and personal development plans/reviews	Line Managers to ensure these are in the diary on a regular basis and not cancelled.	<i>SCLT</i>	31st May 2023	
	Protected Training Time	To be implemented through 1:1s to ensure that time is in diaries for training.	<i>SCLT</i>	31st March 2023	
	Fixed number of CPD hours a month	Early diary planning with Line Manager support to ensure CPD etc is adhered to. Monitoring to be put in place through Care Group governance and assurance provided to QSE			
	NSQW support included in work calculator	Framework to be agreed through SCLT	<i>SCLT</i>	28th February 2023	
	Create a "grow your own"	Meetings are taking place with Julie Gibney, Michele Mountjoy and Louise Hand to progress this. Anne Shimmin is also involved in this.	<i>SCLT</i>	31st March 2023	
	Implement a mandatory training policy	Mandatory Policy has been approved and this required dissemination and Implementation through SCLT			
	Career pathways planning	To be scoped across the Care			
	Create a programme of free profession related CPD	LeAD would be able to work with			
	Review budget allocation related to CPD	The Care Group now has a central budget for training, introduced on 1 April 2022. All areas of the Care Group are able to draw on this resource following approval by the Senior Leadership Team.	<i>SCLT</i>	31st January 2023	





# **Manx Care Management Accounts**

## **December 2022**

Financial Advisory Service

# Manx Care Management Accounts – December 2022

## FINANCIAL SUMMARY

### MANX CARE FINANCIAL SUMMARY - 31 DECEMBER 2022

	MONTH £'000				YTD £'000				FY £'000				Mov't to Prior Month	Mov't to Prior Forecast
	Actual	Budget	Var (£)	Var (%)	Actual	Budget	Var (£)	Var (%)	Forecast	Budget	Var (£)	Var (%)		
<b>OPERATIONAL COSTS</b>	<b>25,051</b>	<b>23,571</b>	<b>(1,480)</b>	<b>(6%)</b>	<b>222,295</b>	<b>212,143</b>	<b>(10,151)</b>	<b>(5%)</b>	<b>287,538</b>	<b>282,858</b>	<b>(4,681)</b>	<b>(2%)</b>	<b>147</b>	<b>4,225</b>
Income	(1,191)	(1,274)	(84)	(7%)	(10,361)	(11,469)	(1,109)	(10%)	(13,741)	(15,292)	(1,551)	(10%)	21	30
Employee Costs	15,865	14,819	(1,045)	(7%)	139,750	133,375	(6,375)	(5%)	181,148	177,834	(3,314)	(2%)	(431)	(3)
Other Costs	10,377	10,026	(351)	(4%)	92,906	90,238	(2,668)	(3%)	120,132	120,316	184	0%	558	4,198
<b>DHSC RESERVE CLAIMS</b>	<b>194</b>	<b>0</b>	<b>(194)</b>	<b>-</b>	<b>1,985</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>3,330</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>(194)</b>	<b>(3,330)</b>
TT/MGP Costs	0	0	0	-	0	0	-	-	357	0	-	-	0	(357)
High Cost Patients / Packages	142	0	(142)	-	1,934	0	-	-	2,443	0	-	-	(142)	(2,443)
Winter Pressures	52	0	(52)	-	52	0	-	-	530	0	-	-	(52)	(530)
<b>FUND CLAIMS</b>	<b>1,416</b>	<b>0</b>	<b>(1,416)</b>	<b>-</b>	<b>10,632</b>	<b>0</b>	<b>(10,632)</b>	<b>-</b>	<b>23,201</b>	<b>0</b>	<b>(23,201)</b>	<b>-</b>	<b>52</b>	<b>(4,792)</b>
Pay Award (Above 2%)	293	0	(293)	-	732	0	(732)	-	6,906	0	(6,906)	-	(1)	0
Medical Indemnity	317	0	(317)	-	986	0	(986)	-	1,949	0	(1,949)	-	(291)	1
Covid Costs	121	0	(121)	-	3,433	0	(3,433)	-	3,433	0	(3,433)	-	141	(121)
Covid Vaccination	87	0	(87)	-	727	0	(727)	-	727	0	(727)	-	22	(86)
Restoration & Recovery	586	0	(586)	-	4,642	0	(4,642)	-	8,642	0	(8,642)	-	179	(4,586)
Transformation Fund	11	0	(11)	-	113	0	(113)	-	1,545	0	(1,545)	-	2	0
<b>ADD'N FUNDING - DHSC</b>	<b>24</b>	<b>0</b>	<b>(24)</b>	<b>-</b>	<b>328</b>	<b>0</b>	<b>(328)</b>	<b>-</b>	<b>404</b>	<b>0</b>	<b>(404)</b>	<b>-</b>	<b>6</b>	<b>29</b>
111 Service	24	0	(24)	-	328	0	(328)	-	404	0	(404)	-	6	29
<b>MANDATE INCOME</b>	<b>(26,685)</b>	<b>(23,571)</b>	<b>3,113</b>	<b>13%</b>	<b>(235,240)</b>	<b>(212,143)</b>	<b>21,111</b>	<b>10%</b>	<b>(314,473)</b>	<b>(282,858)</b>	<b>28,286</b>	<b>10%</b>	<b>(11)</b>	<b>3,868</b>
<b>GRAND TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>0</b>

### Overview

- In December, business cases for TT/MGP Costs, High Cost Patients & Care Packages and Winter Pressures were approved by the DHSC from the Reserve Fund. These costs are now shown separately in the accounts above and do not form part of the operational variance to budget.
- The result for December is an operational overspend of (£1.5m) with the YTD position now being an overspend of (£10.2m). The favourable movement to prior month is partly due to costs now being reclaimed from the reserve fund with further detail provided in Table 4.
- The operational forecast has improved by £4.2m compared to last month due to additional funding of £3.3m from the DHSC reserve fund and an improvement of £0.9m to the underlying position. Further detail on this movement is provided in Table 1 with further detail on the full year variance to forecast provided in Table 2.
- There are further business cases being finalised for the loss of PPU income (due to the ward being used for restoration work) and nursing care placements in Mental Health which total £1.5m and potentially the IG fine of £0.2m. These cost pressures (actual and forecast) are still being reported in Manx Care's operational figures.
- Should the further £1.7m be approved from the Reserve Fund, the overspend position will reduce to £3.0m. Additional CIP opportunities and mitigations have been identified to address this position, additional resource has been allocated to support delivery of these savings and achieve a balanced position by year end.
- The target CIP for this financial year is £4.3m with £1.3m relating to drugs savings being allocated to the relevant Care Groups. The remaining £3.0m is currently netting from the contingency budget. Further detail on the CIP is provided below.
- The operational variances are summarised in Table 3 and variances by Care Group are in Appendix 1. Further details on the fund claims are included in Appendix 2.

## Manx Care Management Accounts – December 2022

**Table 1 – Forecast Movement to Prior Month**

Forecast Movement to Prior Month	£'000	
Income	30	No changes in assumptions to the previous forecast.
Employee costs	(3)	Although there is no overall movement to the prior forecast, the agreement of funding for TT/MGP & Winter Pressure costs from the Reserve Fund improved the employee cost forecast but as agency has increased this month additional costs have netted against this benefit.
Other Costs	4,198	The improvement mainly relates to the reclaim in costs from the DHSC Reserve Fund for High Cost Patients / Care Packages along with a change in assumptions for some contract costs.
<b>Total</b>	<b>4,225</b>	

**Table 2 – Operational Forecast FY Variance to Budget**

Forecast Variance to Budget	£'000	
Other Income	(1,551)	(£1.4m) of this variance relates to PPU where the gross income target is (£1.8m) but (£0.4m) has been set as an internal target for diagnostic services only as the PPU will be used for the restoration work. The forecast for other areas where income is below target (mainly in Adult Services residential services) have been forecast more prudently but is being revised in line with the latest occupancy data.
Employee Costs	(2,597)	The forecast variances vary between Care Groups with Medicine being the main driver of the employee overspend with significant agency spend being utilised to cover vacancies. The forecast will be updated depending on successful recruitment to vacancies.
Other Costs - Tertiary	(5,107)	The Tertiary forecast is based on the latest activity data from our UK providers and now excludes the impact of high cost patients (as these costs are being recovered from the DHSC reserve fund).
Other Costs - Contingency	4,574	Although there are a number of variances across the Care Groups, the forecast reflects the contingency budget of £3.3m which is netting against known cost pressures.
<b>Total</b>	<b>(4,680)</b>	

## Manx Care Management Accounts – December 2022

**Table 3 - Operational YTD Variance to Budget**

YTD Variance to Budget	£'000	
Other Income	(1,109)	The main area where there is a variation to budget is in PPU where the gross full year income target is £150k pm with only £215k being received YTD. The internal income target for the service has been reduced to £33k pm with the remainder being netted from the contingency budget. Additional funding to cover the overall net loss of income from the PPU will be a request to the DHSC reserve fund. The other area where income is below target is residential services in Adult Services where occupancy are below levels set in the budget with the forecast being revised on the latest levels.
Employee Costs	(6,375)	Variances differ across services as some areas are unable to fill vacancies and/or cover with agency. Other areas, in particular in acute are experiencing additional costs due to the need to cover a significant number of vacancies with agency. There are also some favourable variances in services where additional funding was given as part of the budget process but delays in recruitment will result in part year costs being incurred.
Other Costs - Tertiary	(3,682)	Activity is higher than the baseline budget with costs for high cost patients now being reclaimed from the DHSC Reserve Fund.
Other Costs - Contingency	1,014	There are a number of variances across the care groups and the impact of the contingency budget YTD is £2.4m (which has been fully allocated to cover some of the cost pressures).
<b>Total</b>	<b>(10,151)</b>	

## Manx Care Management Accounts – December 2022

### Employee Costs

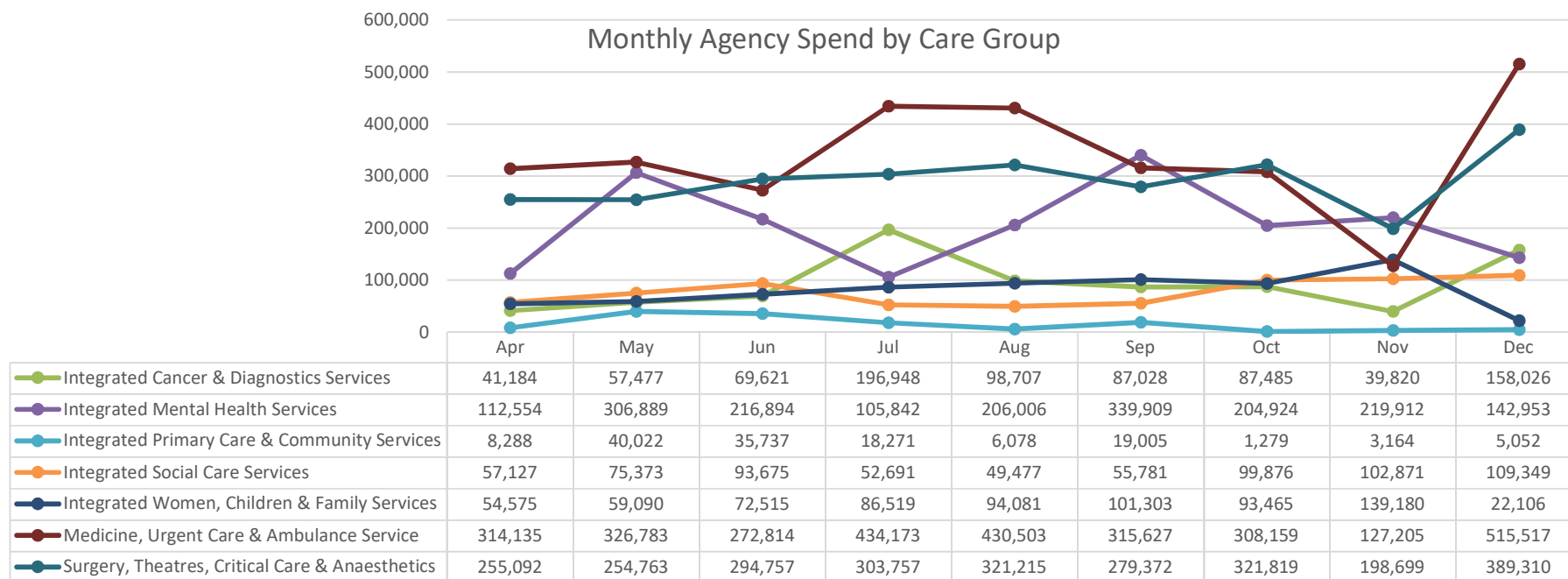
YTD Employee Costs are currently (£6.4m) over budget.

Agency spend is a significant factor driving this overspend, with a total spend YTD of £10.9m. This spend is broken down across Care Groups below.

The Care Groups with the largest spend are Medicine (£3.0m), Surgery (£2.6m) and Mental Health (£1.9m). This cost is primarily incurred to cover existing vacancies in those areas.

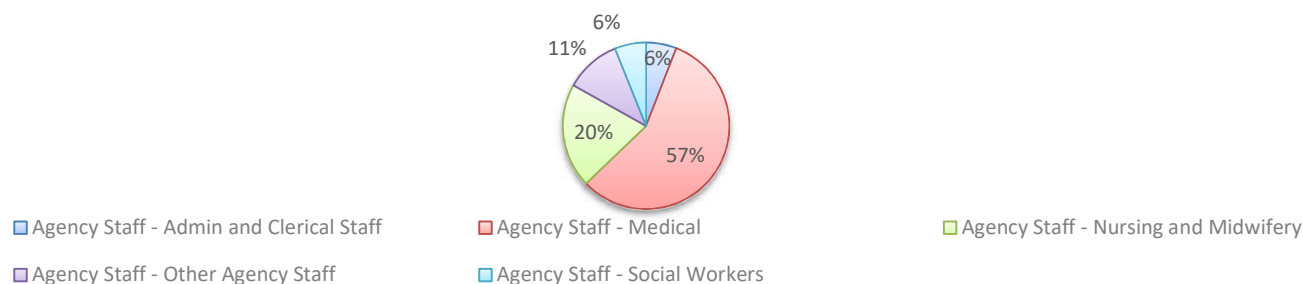
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Month Mov't
<b>Total Agency £'000</b>	<b>932.0</b>	<b>1,254.2</b>	<b>1,192.8</b>	<b>1,226.0</b>	<b>1,331.0</b>	<b>1,364.3</b>	<b>1,176.8</b>	<b>959.2</b>	<b>1,486.1</b>	<b>10,922.4</b>	<b>-526.93</b>
Corporate Services	45.4	49.1	29.2	-3.1	35.8	47.1	-0.5	51.9	66.7	321.6	-14.8
Infrastructure & Hospital Operations	18.5	23.5	20.4	17	21.5	26.8	19	32	24.7	203.4	7.3
Integrated Cancer & Diagnostics Services	41.2	57.5	69.62	196.9	98.7	87	87.5	39.8	158	836.2	-118.2
Integrated Mental Health Services	112.6	306.9	216.9	105.8	206	339.9	204.9	219.9	143	1,855.9	76.9
Integrated Primary Care & Community Services	8.3	40	35.7	18.3	6.1	19	1.3	3.2	5.1	137.0	-1.9
Integrated Social Care Services	57.1	75.4	93.7	52.7	49.5	55.8	99.9	102.9	109.3	696.3	-6.4
Integrated Women, Children & Family Services	54.6	59.1	72.5	86.5	94.1	101.3	93.5	139.2	22.1	722.9	117.1
Medicine, Urgent Care & Ambulance Service	314.1	326.8	272.8	434.2	430.5	315.6	308.2	127.2	515.5	3,044.9	-388.3
Nursing, Patient Safety & Governance Services	1.8	1.8	0.6	1.3	1.8	3.6	21.7	-4.5	13.9	42.0	-18.4
Operations Services	20.6	57.7	84.1	10.7	57	80	30.5	46.7	38.9	426.2	7.8
Surgery, Theatres, Critical Care & Anaesthetics	255.1	254.8	294.8	303.8	321.2	279.4	321.8	198.7	389.3	2,618.9	-190.6
Tertiary Care Services	2.7	1.7	2.4	1.9	8.8	8.8	-10.9	2.2	-0.4	17.2	2.6

## Manx Care Management Accounts – December 2022



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

### YTD Agency Staff Breakdown by Type %

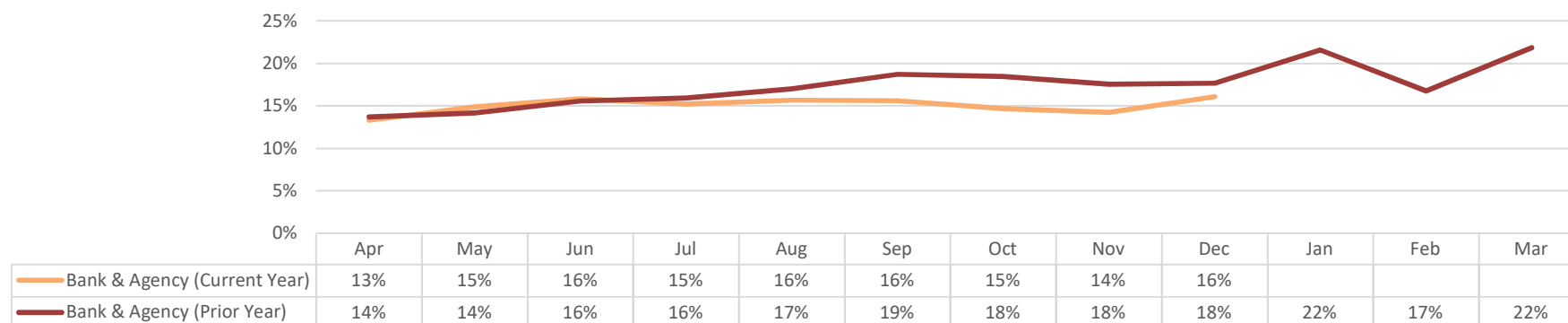


## Manx Care Management Accounts – December 2022

A key focus this year is on recruitment activity to address the 20% vacancy rate across the organisation. As these start to take effect, we will expect to see spend on temporary resource such as Bank & Agency as a proportion of total spend to reduce. The below table shows this data against last year when the proportion of spend ranged from 14% to 22% with an average of 17%.

So far, spend is tracking closely against last year, and showing a small improvement from last year in the last quarter. This has increased slightly during December reflecting the operational pressures faced in the month – in particular the sharp increase in agency costs in Medicine and Surgery.

YTD Bank & Agency Spend as % of Employee Costs



### Tertiary

Detailed analysis of Tertiary activity has been undertaken in recent weeks to determine a more accurate forecast activity position. Additional CIP opportunities totalling approx. £1m have also been identified which are reflected in the contingency budget where CIP savings are held.



## Manx Care Management Accounts – December 2022

**Table 4 – Movement in Operational Cost from Prior Month**

<b>Movement to Prior Month</b>	<b>£'000</b>	
Income	21	Income levels in line with last month.
Employee Costs	(431)	Increases across a number of different services but mainly due to an increase in agency costs (further detail by Care Group provided below).
Other Costs	558	£0.1m relates to high cost placements where costs are now being recovered from the DHSC reserve fund (with the business case being approved in December). Other improvements from prior months are across a number of services but include an adjustment relating to contracts where costs had been paid upfront in November.
<b>Total</b>	<b>147</b>	

### CIP

The CIP target for 22/23 has been set at £4.3m, which is reflected in the forecast. This is made up of the 1% efficiency target of £2.7m plus an additional £1.5m as part of the agreed growth funding. In order to address the projected overspend position, additional opportunities totalling £13.5m have been identified. Each of these opportunities has been validated and risk assessed to determine the likely delivery in 22/23, which is now £7.1m. This includes the original £4.3m so represents an additional £2.8m of savings. Efficiency savings of £3.2m have also been identified, which gives a total CIP Plan of £11.2m

To date, £5m of cash-out savings have been delivered, exceeding the original target of £4.3m and representing 70% of the revised delivery target of £7.1m. Efficiency savings of £1.1m have also been delivered so far against the target of £3.2m.

Much of the additional £13.5m identified will deliver in 23/24 rather than 22/23 so forms the basis of the 23/24 CIP Plan, which currently stands at £7.7m with further opportunities to be explored. The target for 23/24 is £4.5m so this represents an opportunity to deliver above target savings next year.

Staffing capacity in Manx Care continues to hamper the ability of staff to report and deliver against the CIP. However, internal PMO resource has recently been re-allocated to support delivery of the key workstreams.

## Manx Care Management Accounts – December 2022

### Financial Risks & Opportunities

**Financial risks not included in the forecast where no provision is included against the DHSC Reserve Fund:**

<b>Risk / (Opportunity)</b>	<b>£'000</b>	
Contract Inflation	250	Where contracts are going out to Tender this year, the uplift may be higher than the assumptions used in the budget planning as inflation has increased significantly since the beginning of the year
Children's Home	300	There may be a requirement for the recommissioning of a home in Children & Family Services and is not currently included in the forecast.
Transformation Funding	240	Funding for the Primary Care Network has been paid by Manx Care which is part of the PCAS Transformation project. Funding is still to be agreed by the Transformation Project but is currently excluded from the actuals & forecast.
Risk to run rate	2,000	The forecast is based on an average run rate position adjusted for known cost pressures and potential savings. There is a risk that the underlying monthly run rate will increase or savings will not be achieved. These potential risks are managed at a Care Group level but not all may be mitigated.
Review of internal business cases	450	On-going internal business cases where funding is still to be approved from the Health Transformation Fund or will need to be funded from within existing budgets. These part year costs are not included in the current forecast.
<b>Total</b>	<b>3,240</b>	

**Financial risks not included in the Forecast where a provision is included against the DHSC Reserve Fund:**

UK Placements	683	The current forecast is based on committed and known costs but additional activity may be incurred or existing placements extended.
On Island Care Packages	612	High level costings for individual care packages in Social Care, these are being reviewed to understand the requirements for this year and into 2023/24. Costs for this year are expected to be met from the DHSC Reserve Fund but are not currently included in the forecast.
<b>Total</b>	<b>1,295</b>	

# Manx Care Management Accounts – December 2022

## Appendix 1 - Summary by Care Group as at 31<sup>st</sup> December 2022

OPERATIONAL COSTS BY CARE GROUP - 31 DECEMBER 2022								
	YTD £'000				FY £'000			
	Actual	Budget	Var (£)	Var (%)	Forecast	Budget	Var (£)	Var (%)
<b>TOTAL BY CARE GROUP</b>	<b>224,281</b>	<b>214,128</b>	<b>(10,151)</b>	<b>(5%)</b>	<b>290,872</b>	<b>286,188</b>	<b>(4,681)</b>	<b>(2%)</b>
<b>CLINICAL CARE GROUPS</b>	<b>207,657</b>	<b>196,941</b>	<b>(10,715)</b>	<b>(5%)</b>	<b>276,026</b>	<b>262,794</b>	<b>(13,232)</b>	<b>(5%)</b>
Medicine, Urgent Care & Ambulance Service	30,845	25,095	(5,750)	(23%)	40,492	33,617	(6,875)	(20%)
Surgery, Theatres, Critical Care & Anaesthetics	30,001	26,908	(3,093)	(11%)	38,988	36,015	(2,973)	(8%)
Integrated Cancer & Diagnostics Services	17,062	17,003	(59)	(0%)	22,319	22,689	371	2%
Integrated Women, Children & Family Services	12,847	12,359	(488)	(4%)	16,891	16,479	(411)	(2%)
Integrated Mental Health Services	18,835	18,456	(379)	(2%)	25,311	24,542	(769)	(3%)
Integrated Primary Care & Community Services	41,719	44,331	2,612	6%	57,162	59,108	1,945	3%
Integrated Social Care Services	37,718	37,843	124	0%	49,902	50,489	587	1%
Tertiary Care Services	18,629	14,947	(3,682)	(25%)	24,962	19,854	(5,107)	(26%)
<b>SUPPORT &amp; CORPORATE SERVICES</b>	<b>17,356</b>	<b>17,187</b>	<b>(169)</b>	<b>(1%)</b>	<b>14,844</b>	<b>23,394</b>	<b>8,550</b>	<b>37%</b>
Infrastructure & Hospital Operations	6,659	6,611	(48)	(1%)	8,808	8,814	6	0%
Operations Services	2,775	2,397	(378)	(16%)	3,543	3,196	(348)	(11%)
Nursing, Patient Safety & Governance Services	2,623	3,231	608	19%	3,606	4,308	702	16%
Medical Director Services & Education	2,195	1,648	(548)	(33%)	2,927	2,197	(730)	(33%)
Corporate Services	3,104	3,301	196	6%	(4,040)	4,879	8,920	183%
<b>Actual pay award costs above 2% (included in the figures above)</b>	<b>(732)</b>	<b>0</b>	<b>732</b>	<b>-</b>	<b>6,906</b>	<b>0</b>	<b>(6,906)</b>	<b>-</b>

Appendix 2 – Fund Claims

Fund Claim	
Medical Indemnity	Covers compensation claims and associated legal fees. Central fund held by Treasury and adjusted based on on-going claims, a paper will be prepared for the DHSC/Treasury to formally approve the funding required for 22/23.
Covid Costs	Business cases are provided to the DHSC/Treasury quarterly in advance and costs to Q3 have been approved by Treasury.
Covid Vaccination	Funding of £0.6m has been agreed so far for 22/23. A further business case will be submitted to Treasury to secure any additional funding required.
Restoration & Recovery	Funding of £2.1m is available in 22/23 to clear waiting list backlogs. This relates to two business cases approved in 21/22 and activity carried over into 22/23. Additional funding of £18.3m has been agreed as part of a Supplementary Vote.
111 Service	Funding of £1.4m for the 111 service has remained with the DHSC and Manx Care will currently reclaim any costs incurred.