

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
34.23	Welcome & apologies Minute's Silence and Tribute to Andrew Foster	Chair	Verbal	9.00
35.23	Declarations of Interest	Chair	3	9.15
36.23	Minutes of the meeting held in public <i>- 7 February 2023</i>	Chair	7	
37.23	Matters arising/Review of Action Log	Chair	16	
38.23	Notification of any other items of business	Chair	Verbal	
39.23	Board assurance framework for 2022-2023 - Deep Dive Risk 2 – Overwhelming Demand	Bd Sec	17	9.25
UPDATES				
40.23	Chair's report	Chair	34	9.35
41.23	Chief Executive's report and horizon scan	CEO	35	9.45
42.23	Staff Story	CEO	Verbal	10.05
43.23	Committee Chairs' Exception Reports - QSE Committee – 28 March 2023 - ICP Committee – 28 March 2023 - FP&C Committee – 29 March 2023 - Audit Committee – 29 March 2023 - D&I Committee – 21 March 2023 - Remediation of the IT Estate - People Committee - 14 March 2023	Comm Chairs	49	10.25
REFRESHMENT BREAK 10.45am				
44.23	Integrated Performance Report	Dir of Nursing Medical Dir Dir of Social Care	54	10.55

PRIORITY ONE – PATIENT SAFETY ²				
45.23	CQC Update	Dir of Nursing	Verbal	11.10
PRIORITY TWO - CREATING A POSITIVE WORKING CULTURE				
46.23	Nursing Workforce Update	Dir of Nursing	98	11.15
47.23	Update on Pay Negotiations	CEO/Dir of OHR	Verbal	11.25
PRIORITY THREE – MAINTAINING A STABLE FINANCE POSITION				
48.23	Director of Finance Report: <ul style="list-style-type: none"> - February Management Accounts - CIP Delivery - Budget setting 23/24 	Dir of Finance	102	11.30
ANY OTHER BUSINESS				
49.23	With prior agreement of the Chair	Chair		11.55
FORMAL MEETING CLOSES AT 12.00 - 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: 2 May 2023				

Register of Directors' Interest

20 March 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? 4	
				From	To	Direct	Indirect
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	

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					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	31/07/22	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	31/07/22	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				
David Hamilton	Interim Director of Mental Health, Social Care and Safeguarding	Nothing to declare	Nothing to declare				

BOARD OF DIRECTORS — MEETING HELD IN PUBLIC
Tuesday 7 February 2023
iMuseum, Kingswood Grove, Douglas
9.30am-12.30pm



Present:

Non-Executive Directors

Sarah Pinch (SP)	Vice Chair and Meeting Chair
Tim Bishop (TB)	Non-executive Director
Andrew Guy (AG)	Non-executive Director
Katie Kapernaros (KK)	Non-executive Director
Nigel Wood (NW)	Non-executive Director

Executive Directors Voting:

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

In Attendance:

Anne Corkill (AC)	Director of HR Business - Non-Voting
Oliver Radford (OR)	Director of Operations - Non-Voting
Claire Ellis (CE)	Acting Staff Side Lead
Elaine Quine (EQ)	Board Secretary and Minute Secretary
Jane Wolstencroft (JW)	Deputy Board Secretary

Apologies:

Andrew Foster	Chair
Dr Oliver Ellis (OE)	Medical Director, Primary Care
Aneurin Pritchard	Director of Infrastructure

GOVERNANCE

Item

Action

17.23 Welcome and apologies

SP welcomed everyone to the meeting. Apologies had been received from Andrew Foster, Aneurin Pritchard and Dr Oliver Ellis.

It was noted that AG had resigned his position as a non-executive Director and that this would be the last meeting that he would attend in public. SP, on behalf of the Board, extended her thanks to AG for his diligence and commitment to the Board and more generally to the people of the Isle of Man during his tenure. She also paid tribute to Sally Shaw who had resigned her position as Director of Social Care. She reported that she would continue to act as Chair in the absence of AF and that NW would assume the position of Vice Chair with immediate effect.

18.23 Declarations of Interest

NW recorded that he and his family were registered at that Ballasalla General Practice and that two of the GP's were known to him, one of which he considered to be a close friend.

19.23 Minutes of the Board meetings held on 10 January 2023 (public)

The minutes of the meetings held on 10 January 2023 (public) were accepted as an accurate record with the exception of a minor typographical error which EQ would correct.

20.23 Matters Arising and Review of Action Log

There were two matters listed on the action log, both of which were due in April.

21.23 Notification of any other items of business

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

22.23 Board Assurance Framework ('BAF') 2022/23

The BAF was noted. There had been one risk updated during the reporting period which was the risk of the failure to provide safe health care. PM informed the meeting that he had been able to review and down grade the risk due to the progress that had been made in the management and processing of complaints. The assurance rating for patient engagement was now green. The rating for quality governance remained red as there were still some improvements required around policies and procedures. He stated that he was confident that this would also be reduced as more positive assurance was received and the requisite improvements to risk management processes were embedded. TC added that there were two emerging risks that would be added to the BAF. The first being the potential failure to implement all the remediation activities in the KPMG review of information governance. Whilst improvements were being made, some significant risks remained. The second emerging risk related to health and safety management and diagnostic scoping was ongoing to determine the nature of the risk. An update would be provided to the meeting in March. TC had chaired a recent meeting of the Risk Management Committee at which both risks were discussed. Following feedback from the CQC, the engagement with stakeholders support and confidence risk would be reviewed. The CQC had highlighted some challenges presented by the shared service agreements, not least the financial management which could impact on the ability to achieve the CIP target.

23.23 Patient Story

TC read out the story on behalf of a patient that did not want to present herself. The patient had cataracts on both eyes to the extent that she was unable to carry out any tasks independently which impacted on her both her privacy and dignity. She was fearful about being operated upon but she said that everyone made her feel comfortable. She had come to the hospital using a white stick and was accompanied by her friend. The operation was successful and her sight was restored in one eye to which she remarked should could only cry with joy. The assessment for the operation to remove the second cataract was carried out and the surgeon determined that it was at such an advanced stage it could not wait any further so surgery on the second cataract was scheduled the following day. The surgery was a success and the patient had vision restored in both eyes. She described that as she left the ward the surgeons and nursing staff all clapped for her. She was now able to carry out daily activities completely unaided and had regained not only her sight but also her privacy and her dignity. She described it as a true Christmas miracle and paid testament to the care she had received from all concerned. The surgeon that had carried out the surgery commented that the patient was completely transformed at the second review. He added that the Manx Care Board and all the doctors and nursing staff had made this possible and he had played only a small part in this. The patient story was also an excellent example of how the collaboration with Synaptik was working well. The impact of the long waiting times on patients was not underestimated and it was vital that work continued with Synaptik in order to reduce the wait times further. There was also lots of evidence that the patient experience was very good. SA observed that the patient had fallen whilst waiting for the surgery which had caused her further distress and also may have required her to visit her GP for treatment which would not have happened if the surgery had have been carried out sooner. KK

queried what the waiting time for cataract surgery were currently. OR replied that 132 operations were carried out during December so good progress was being made however this was an area where patient were continually being added to the wait lists each month. By October there should be a six week wait however a strategy would be required as to how the wait lists would be controlled when Synaptik were no longer engaged. AG emphasised the value of this type of surgery being carried out on Island so that patients didn't have to travel which could cause additional stress. SP extended her thanks to both the patient and the surgeon for consenting to the story being shared.

UPDATES

24.23 Progress on Partnership – Working with Staff Side

It was noted that CE was the acting staff side lead for a number of unions including the MPTC union. CE summarised the relationship between Staff Side and Manx Care. During the last ten years relationships with the DHSC managers and union representatives had gradually deteriorated. During the pandemic, most front line staff had worked extremely hard in very difficult circumstances and were keen for this to be recognised via increased financial remuneration by way of a pay deal. The DHSC had been dismissive of such requests which had resulted in the initial interactions with Manx Care being difficult, testing and challenging. Morale was at an all-time low and it was incumbent on the union representatives to advocate very strongly on behalf of their members. As time progressed there was an acknowledgement that Manx Care did care for employees and there was a good deal of common ground between Manx Care and the unions. To find a way forward the pay deal negotiations continued however the focus was on many other significant issues such as policies and procedures that required attention. The Organisation Change Policy had been with DHSC for almost six years during which time there had been a resistance to signing the policy. Manx Care immediately engaged in the process and signed off on the policy along with a Partnership Agreement which provided a framework for both parties to operate within. CE observed that the relationship, particularly over the past six months, had been more positive than at any time during the past ten years. One day each month was dedicated to meeting with staff side and management and both parties remained committed to attending as real progress was being made notwithstanding there remained massive amounts work to do. TC echoed the comments made by CE regarding the terrible position that Manx Care had found itself in at the initial meeting and the work that had been undertaken to improve the relationship. She expressed her disappointment that agreement had not been achieved on pay notwithstanding good progress had been made in other areas. SP, on behalf of the Board, thanked CE for her valuable contribution to the meeting and reflected that CE or her colleagues would be welcome to attend People Committee on a more regular basis.

25.23 Chair's Report

The chair's report was noted. KK sought to provide assurance to the Board that in the absence of the Chairman the non-executive Directors were meeting more frequently to ensure that all commitments were met.

26.23 Chief Executive's Report and Horizon Scan

The spring booster campaign would commence in March. Following the resignation of Sally Shaw, TC had taken executive responsibility for Social Care and had offered all staff in Murray House the opportunity for a 1-1 meeting to provide feedback. The senior leadership team were working well and had attended the Board sub-committee meetings during the previous week. Winter pressures continued however they continued to be managed within the OPEL framework. A review of responses over the winter period would be conducted so that learning could be taken, particularly from the difficult period during New Year. An integrated hospital discharge team had commenced with effect from 1st February and was led by Oliver Radford with the Hospital social worker transferred to be managerially led by Health but continue to have professional oversight for adult social care. This would help improve the discharge process and patient flow. A meeting had been held with all home care providers and care home providers so that all parties could share ideas as to

how best to respond to the OPEL framework as an entire Island response was required when OPEL 3/4 was reached. AG queried whether the legislation regarding social care was supportive of ensuring that patients remain in their home or are returned to their homes wherever possible. OR confirmed that the legislation remained a barrier to this and had been raised at a meeting held with the DHSC the previous day. The responsibility for the legislation sat with Treasury rather than Manx Care but a collaborative approach between Manx Care, Treasury, DHSC and Transformation to update the legislation would be required. AG stated that he did not believe that this was in the legislative time table for this year which was a real concern and should be looked at as a matter of urgency. OR concurred but stated that work was ongoing via the intermediate care business case which sought to provide increased capacity and would be free for an extended period of time. TC added that DHSC had circulated a paper on best practice with regard to discharge so even without legislative change, improvements could be made. It was essential that care providers had trust in the discharge assessments carried out were of a high standard and could be relied upon. OR would confirm when the legislation was scheduled for review. TB suggested that alternative locations should be looked at so that other models could be considered and identify better ways of using the funds available for the best outcomes for patients. TC concurred and continued that commissioning required improvement to give the care homes and home care providers a level of certainty of the activity that they could expect so they could plan accordingly. The current process was too reactive.

Information Governance continued to improve. Monthly meetings with the ICO were scheduled and a number of appointments had been made to shore up the team.

There continued to be challenges in the fostering and adoption team which currently had a 50% vacancy rate. SP queried what action was being taken to ensure that children were able to exit the care system when ready. TC replied that there were some delays in the areas and that this had been added to the risk register. In the short term longer term contract would be offered to agency workers. A further update would be provided to the next meeting. A new 'Edge of Care' pilot had commenced which would provide intense support to children and their families who are on the edge of requiring local authority care. World social work day would be celebrated on 21 March with an all-day event.

An external independent review of MEDS had taken place and a consultation was ongoing which would determine the service model going forward and this would be brought to the Board in due course. The business case for 'See, Hear and Treat' had been approved so the ambulance service would begin implementing the plans and the business case for 'See, Hear and Leave' was being developed. This would be the foundation to transform the ambulance service and provide alternative pathways to bringing people to hospital. It was agreed that the Head of the Ambulance service would be invited to a future meeting to discuss his vision for the future of the service.

Bd Sec

The Ballasalla medical practice was continuing to experience difficulties with staffing pressures and Manx Care had been supporting with locum staff however the partners had decided to end their contract with effect from July 2023. TC assured the Board that Manx Care was working very closely with the practice and would consider the range of options that existed. Such options could be Manx Care taking over the practice or carrying out a procurement exercise. All options to ensure continuation the service were being considered and MCALS were providing assistance to any patients that were concerned. NW observed that there was anecdotal evidence to suggest that all may not be well with the Island's GP community. Given that Primary Care at Scale ('PCAS') strategy was core to transforming the Islands health care service, and GP's were integral to the strategy, he queried whether it would be appropriate time to go back to basics and take time to consider how best to work with primary care providers before rushing into a transformational piece. AG observed that whilst the principles of the PCAS model were sound, it did not stabilise the GP community as an initial priority. Without the firm foundation of primary care the entire project would be unlikely to succeed. The meeting concurred that the importance of Primary Care to the whole health and care provision could not be underestimated. TC stated that the intention was to continue to devolve services away from

the hospital into the community and wellbeing hubs had been established which would comprise multi-agency services. She expressed a concern regarding the vertical integration of hospital doctors practising in the community as generalists. There continued to be instability in pharmacy provision and intermediate care so moving quickly to the PCAS model may have limited success if other services were not stabilised in the first instance. The Board concurred that the PCAS model was the correct one for the Island but the change should be incremental. OR highlighted the impact that large waiting lists had on GP surgeries as people on wait lists often required ongoing pain and symptom management and that the restoration and recovery business case should go some way to alleviate this. PM observed that the current general practice model and largely remained unchanged since the 1940's and as such would be necessary to think differently regarding the provision of GP services for the requirements of today's service users. TC observed that there was a lack of a clear public health strategy to support general wellbeing and to empower the population to look after its own health. It was noted that this was included in the PCAS strategy however the timescales in which the benefits of any public health programme would be tangible would be 5-10 years which was not reflected in the PCAS business case. It was noted that there was an opportunity to think differently and to engage GP's to operate in a different way and that this would be pivotal to delivering the PCAS strategy.

27.23 Committee Chairs' Exception 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. There were no additional comments.

QSE Committee

There had been a discussion regarding home birth provision and the position statement that currently it was not safe to offer home births to mothers due to staffing levels. The decision would continue to be under review.

FP&C Committee

The Committee discussed the stress and tension regarding the 23/24 budget proposal and how the funding awarded would not meet the costs of compliance in future years.

People Committee

There had been concerns regarding lack of visibility of social care action plan but this had been presented to the meeting. The Committee remained concerned by the lack of recruitment to workforce and culture team. Recruitment to the team was the responsibility of the Transformation programme and did not appear to be progressing. There was huge amounts of work required in the areas and it was impeding the progress of Manx Care not to have this dedicated and specialist resource available. The work regarding 'Retire and Return' was ongoing and was fully supported by the Committee.

ICPC Committee

There had been a deep dive into the immediate care business case and the lack of funding prohibiting the scheme commencing. JL confirmed that this had since been reviewed by MIAA and an application would be made to Transformation for funding. AG observed that this business case was self-funding and would have assisted in winter planning so there seemed little logic as to why the case was rejected several times. JL explained that the business case had initially formed part of a larger business case but had now been stripped out and was a stand-alone piece. She was optimistic that funding would be approved.

PRIORITY ONE – IMPROVING PATIENT SAFETY

28.23 Integrated Performance Report (IPR)

PM, SA and OR made the following observations:

- Exposure to serious incidents were stable and there was good control over the management of investigations
- There had been almost eighteen months without a never event occurring
- Duty of candour compliance had been met
- No medication errors resulting in harm had been reported
- Good infection, prevention and control across all service areas
- Anti-microbial stewardship would not be compliant by year end but it was improving
- Restoration and recovery had been slightly delayed
- Good progress on complaints handling and there was no backlog of legacy complaints and all complaints had been dealt with in the new regulations introduced in November
- MCALS was increasing in popularity and 92% of concerns raised were dealt with immediately
- There had been a drop off in the responses to friends and family however 3 out of 4 respondents would rate their care as either good or very good
- A level of assurance had been provided by applying age adjusted crude mortality rates to the mortality report in the absence of SHMI reporting and there had been no concerns highlighted
- Mortality was only being reported in Nobles but in coming months this would be recorded across Manx Care
- An annual learning from deaths report would be published
- 132 cataract operations and 48 orthopaedic and 36 general surgical procedures had been carried out in November
- The enhanced waiting list management programme was continuing and validation was ongoing
- The wait list validation process was ongoing
- The clinical validation of wait lists would commence shortly
- The harm review was underway for all patients on a wait list for more than 12 months
- Sickness absence continued to fall and was 6.8% in November which was a significant reduction from the peak in March 2022
- Winter pressure in ED – there was a 5% increase in ED demand in December
- 4 hours performance was at 67% which was above the UK threshold
- Trolley waits had increased
- There was continued difficulty to meet 7 minute target time for category 1 ambulance calls
- There had been a significant increase in demand for ambulance service and the busiest day had been recorded on 21 December
- The 2 week wait for cancer treatments was only at 51% and the threshold was 93%. The main reasons was a 20% increase in referrals from this time last year and significant workforce pressures. A successful recruitment for a breast radiologist and new breast surgeon had recently taken up post. The average wait was 15.8 days so very close to 2 weeks
- The threshold regarding data breaches would not be met but there was lots of work ongoing to improve the situation

AC added that the OHR metrics probably weren't the most helpful metric and there was further work to be done.

TC was focussing on the time taken for adult assessments to take place and also sharing care plans with service users and their families as there was no reason why this should not be done.

TB sought clarification as to whether infections were being well managed within the hospital and requested further information on trolley waits. PM replied that in terms of infection control there was strong performance and that TB should look at the frequency of incidents of alert organisms such as MRSA infection as this would be an indication that something was wrong. OR explained that when patients were waiting on trolleys they were actually in a hospital bed albeit in ED and not on a ward. Patients received the same standard of care and nutrition whilst waiting in an ED bed. Trolley waits on corridors was not practice within Manx Care. As ED was a 24 hour operation it was no ideal to have patients housed there and the priority was always to find patients a bed on a ward in the shortest time available.

NW drew the Board's attention to the progress of the IPR report and that the quality of the data therein was significantly improved and extended his thanks to the teams responsible.

29.23 CQC Inspection

The DHSC and CQC had almost completed the inspection. The final accuracy checks were being carried out on the acute services reports and the final report on mental health services was awaited. Once all received PM would devise an overarching plan along with sub-plans to address all the areas requiring remediation. PM requested that the Board endorse his approach to request from DHSC a reasonable amount of time in which to develop the remediation plans and to implement to various changes and controls necessary to make the improvements before a follow up inspection was carried out. The time period he would request would be a minimum of twelve months. There would be little point in re-inspecting when the improvements had not been implemented and embedded. The key themes identified by CQC were staffing, culture, oversight of quality, training and safeguarding. The Board endorsed the suggested approach and encouraged PM to request a period of time sufficient to implement the changes. NW pointed out that the standards required by CQC should be appropriate in the context of being an Island and should not simply follow UK standards. AG suggested that the DHSC should be explicit in its communications with CQC and to the Manx public as to the level of risk Manx Care was willing to tolerate as it could never meet all the standards that were applicable in the UK. An example of this was compliance with NICE. TC added that with all the challenges currently facing Manx Care it was essential that the Board agree upon a risk appetite statement and this would be required by year end. It would also be necessary to align with the DHSC. A session on risk appetite for the Board would be set within the next four weeks and then a follow up meeting would be held with DHSC.

Bd Sec

PRIORITY TWO – CREATING A POSITIVE WORKING CULTURE

30.23 Workforce and Culture

The Culture of Care Barometer action plan and the draft Social Care Action plan had been circulated with the papers. There had been a couple of delayed actions on the culture of care, one of those being the delivery of the intranet which would now be in place by year end. The BMA were involved in discussions regarding retention. The BMA survey would be repeated in March.

The social care action plan would be refined. TC was holding a listening exercise with any social care colleagues that requested a 1-1 and some good feedback and intelligence had been received regarding the organisational structure. It was essential that the voice of social work and social care was heard throughout the organisation. The action plan would be presented to each Board meeting. SP assured the meeting that the social care action plan had been reviewed in detail at the People Committee and had received assurance from the Associate Directors of social care of their commitment to delivering the action plan

TC

TC and SA were leading on EDI and the last meeting had been held on 17 January. The EDI strategy would be launched in May. A baseline assessment was being carried out against the NHS Equality Delivery Standard and the Workforce Race Equality Standard and some initial information had been gathered. It was essential for colleagues to understand why information on protected characteristics was requested as only 15% of colleagues had recorded this information in PiP. SA had recently started

a pilot scheme of reverse mentoring. SA added that EDI would not be carried out as a tick box exercise and the Board were firmly committed to progressing the EDI agenda notwithstanding that it may not be possible to do this at the speed the organisation would like. KK suggested staff network groups would assist with people being more comfortable to record their protected characteristics. TC concurred and stated that EDI champions were now being sought across all areas and the staff networks would be progressed. TB reminded all Board members that they should record their protected characteristics if not already done. The Board concurred that it was essential that they lead by example and requested that their visibility around the organisation should be enhanced. The Board were also supportive of preferred pro-nouns being added to e-mail signature blocks.

31.23 Update on Pay Negotiations

The Royal College of Podiatry had balloted its members on the appetite for strike action and the ballot was due to close the following day. A response was awaited from all other unions as to whether they would ballot their members. The BMA had rejected the 6% offer and discussions were ongoing as to how this could be mitigated potentially with an adjustment to pension provision. TC cautioned that the following year would be more challenging than the previous years when negotiating pay.

PRIORITY THREE – IMPROVING FINANCIAL HEALTH

32.23 Director of Finance Report

December Management Accounts

The management accounts were noted. Bank and agency spend was being tracked as a proportion of total spend. In December the figure was lower than the previous year which demonstrated that resources were being used more effectively notwithstanding the costs were higher. Lots of work on CIP had taken place and more opportunities had been identified for 23/24. The CIP programme was on track to deliver £7.1m of savings. Analysis of tertiary spend had improved which had provided more visibility particularly regarding high cost patients. The forecast position for January had improved by £4.2m and this was due to confirmation of funding from the DHSC reserve funds. There was still confidence that balance would be achieved but this was being extremely carefully managed. The outlook for 23/24 was more challenging than the current year. An additional sum of £20m had been awarded by Treasury however this was significantly lower than the £60m that Manx Care had forecasted that it would require. There would need to be some mitigations implemented to bridge the £40m gap and significant decisions would have to be made by Manx Care and DHSC as to what services would be prioritised. Over the next 3-5 years the financial position would become more challenging and a round table discussion had been held with DHSC facilitated by KPMG to develop a strategy to address the funding gap which was forecast to be in the tens of millions. It would be essential to work across Government and with shared services to identify savings and synergies to ensure the future financial sustainability of Manx Care.

33.23 Any Other Business with Prior Agreement of the Chair

There being no further business the meeting closed.

The Chair invited questions from the public observers.

Q1. Is there an opportunity to end the current GP contract and for all GP's to be employed by Manx Care to ensure the success of the PCAS strategy?

A. The Board has committed to consider all opportunities to do things differently in conjunction with the DHSC to ensure that the residents of the Isle of Man have appropriate access to GP services.

Q2. Would Manx Care consider making a good will payment to all staff whilst the pay negotiations continue

A. The Board had already decided to pay 4% whilst the negotiations were ongoing.

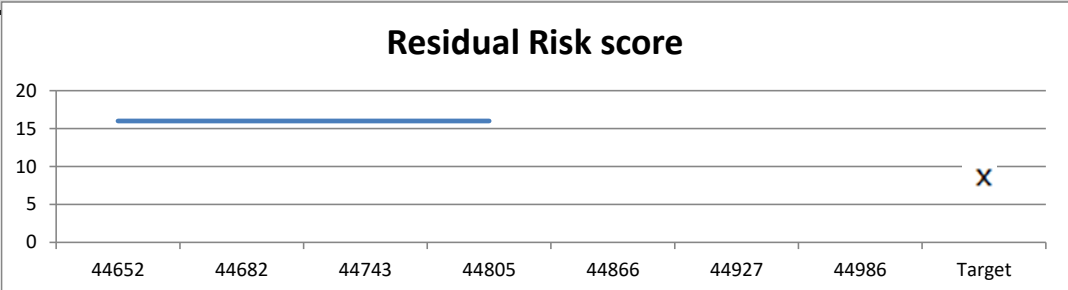
DRAFT

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

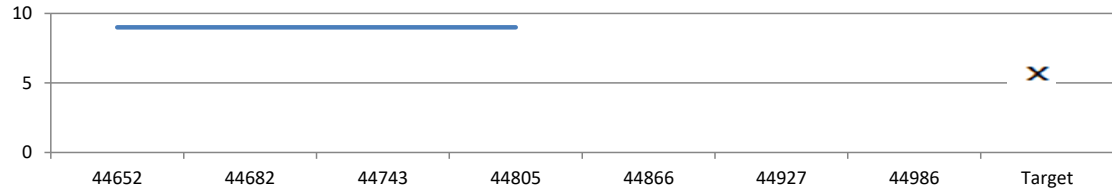
Manx Care Board - Action Log

completed	update required	not yet due	overdue/ delayed

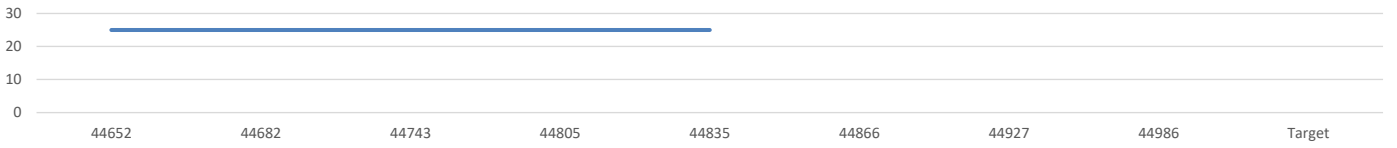
Board Minute Ref No./Month	Action	Lead	Target Closure Date	Due date or revised date	Update	Date Closed
122.22/Sep	Provide an update on workforce planning	PM	10.01.23	04.04.23	Work is ongoing to determine the best way to increase the production of domestic registered nurses. Agenda item 46.23	
9.23/Jan	An update on the remediation of the IT Estate to be presented to the April meeting	KK	04.04.23		Agenda item 43.23	
26.23/Feb	The Head of the Ambulance service to be invited to a future meeting to discuss his vision for the future of the service	Bd Sec	04.04.23		Agenda item 35.23	
29.23/Feb	A session on risk appetite for the Board would be set within the next four weeks and then a follow up meeting would be held with DHSC	Bd Sec	04.04.23		A risk management workshop with the Executive Management Team would be held on 23 March. A session with the board would be arranged thereafter. March session had to be deferred to 16 May	
30.23/Feb	The social care action plan to be presented to each meeting	CEO	04.04.23		Included in CEO Report	

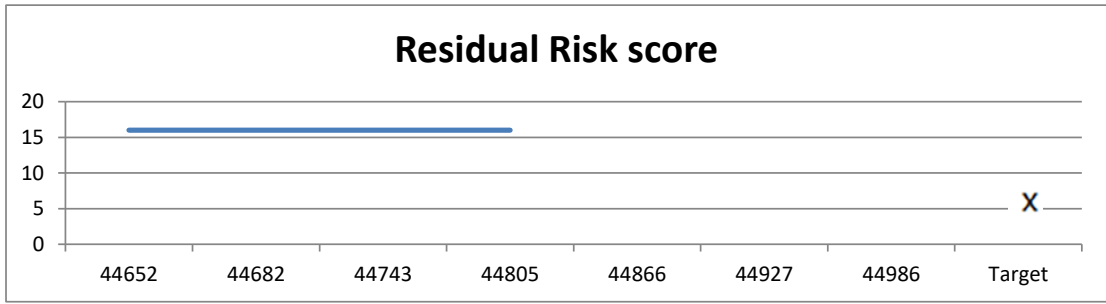
MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK										
1b	Failure to provide safe social care.			Overall risk owner:			<div>Residual Risk score</div> 	Amendment date:		Dec-22
				Sally Shaw				Committee scrutiny:		QSE Committee
Which of the 2022-23 objectives may be impacted:										
1	Covid-19 response.		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.						
4	Corporate, clinical and social care governance	x	10	Primary Care at scale.						
5	Transform urgent and emergency care.	x	11	Early interventions.	x					
6	Financial balance.	x	12	Environmental sustainability contribution.	x					
Related operational risks:		Main Controls 1-6		Lead	Positive Assurance: Satisfactory control		Negative Assurance: Gaps in control		Gaps in assurance	Assurance RAG
A range of risks with a particular focus on workforce capacity, workforce succession planning, placement capacity for children and young people and pressures on respite care. These risks in turn link to the criminal exploitation of young people, together with inadequate processes and capacity to safely function as a provider of last resort		Policy governance 1. Review, update and draft of policy suite 2. Robust process for ratification of policies, with oversight at Exec level 3. Partnership working with the Safeguarding Board in respect of policy development and review in relevant areas of Adults and C&F		Sally Shaw	1. The review and completion of the suite of policies governing social care is a current project in 2022-23. Progress has been made with ratification of policies focussing on falls and a procedure for ENPLUG useage - L1 2. Policies are ratified by the Operational Care Quality Group ('OCQG') and its deliberations are reported by exception to the Executive Management Committee ('EMC') monthly. The end of a care episode all service users are invited to provide feedback on their experience. Together with complaints and compliments intelligence, these are used as prompts for further improvement in the design of controls. The updated Complaints Regulations and accompanying policy are a positive move towards a more joined-up approach in complaint handling across Social Care - L2 3. The Safeguarding Board has commissioned external support to review and develop safeguarding policy and practice across Adults and C&F, with a number of policies being signed off - L3		1. Whilst the policy suite remains incomplete, it does not cover the wide range of areas required nor can it be consistently applied. A number of policies are out of date, some significantly so, within the Adult Social Care/Social Work Policy Index. C&F use an online provider TriX to store policies and procedures, which are publically visible. The lack of a joined-up policy index which is freely accessible by all Care Group staff is sub-optimal - L1		2. There can be a disconnect between the clinical and care OCGQs - this means that policy ratification is sometimes disjointed - L2	A.
		Training Mandatory and role-specific training covering a range of areas, from information governance to RQF training qualifications		Louise Hand	There is some reporting functionality in eLearn Vannin around mandated and role-specific training courses, where managers can see via a dashboard the courses direct reports have undertaken - L1		The curriculum for training is under review by Social Care with input from OHR (via records held) but not yet agreed. The application of mandatory training frameworks is not consistently applied - L2 Reporting processes for training compliance within OHR do not appear to be over-arching or joined up, with the structure in eLearn not matching that within PIP - L2		The current eLearning system is not user friendly and appears to be running on an out of date, no longer supported browser. The 'mandatory' training is not tailored by role or Care Group. Concern has been raised with OHR around these particular issues - L2	A.
		Design and launch the multi-agency safeguarding hub (MASH)		Julie Gibney	The introduction of the MASH will be the focussed approach to safeguarding children and vulnerable adults. Police, Health and Social Work colleagues are to be co-located to enhance communication, including daily meetings and connecting routinely with colleagues in other departments where involved. The DPOs of each participating organisation have been consulted re data sharing conventions. A MASH Implementation Group of key colleagues has been meeting since Sept 2022 to move the project forward, with a location for the MASH now identified and agreed - L3		There is no budget for the pilot of this work, if works are required to Murray House to facilitate the accommodation of the MASH this is a potential stumbling block - L3 (as this is potentially dependent on DOI budget resource)			G.
		Functional design, consistent application and effective operation of the Scheme of Delegation		Louise Hand	Review of existing Schemes of Delegation will commence during 2022, alongside introduction of Schemes where there are currently gaps. Adult Social Work have introduced a Resource Panel to ensure robust governance and oversight of packages of care, with target outcomes outlined in a Terms of Reference. Work is ongoing in this area to embed this new way of working, which is heavily reliant on team/group manager level quality assurance of proposals to ensure consistency and consideration of value to the public purse - L1		Some high cost packages of care for individuals have previously been approved via unclear and inconsistent authorisation processes.		The success of Resource Panel is being monitored to ensure there is no drift from the Terms of Reference. At present, the ToR are not being fulfilled due to the lack of managers in Adult Social Work managers to provide the required quality assurance - L1	

	Complete, communicate and consistently apply a suite of standard operating procedures across adult social care.	Michele Mountjoy	Work is ongoing with Care, Quality & Safety to ensure that suite of policies are updated and accessible by all staff within Social Care - L1	Until all procedures have been ratified by a group of appropriate subject matter experts, there remain gaps in control effectiveness.		A.
	Adding resilience and capacity to the <i>provider of last resort</i> facilities and capabilities within Manx Care.	Jonathan Carey	Social Care team meet regularly with management in externally commissioned partners; care homes are subject to inspection; CQC feedback on the 'Caring' standard was positive across Adult Social Care. An inspection by Ofsted is planned for Children & Families for 2023, work is underway to prepare for this - L3 Recruitment is ongoing for foster carers to add resilience in this area, there have been some positive moves in respect of recruitment to key roles within the Family Placement Service to ensure that carers are adequately supported - L1	It remains very challenging to place a sibling group in residential care - L2 Manx Care has little / no current resource to bridge any capacity gap created by the withdrawal of any private sector or charitable provider - L3	The short notice periods most third sector / private care services work to poses a risk in terms of unsafe or inappropriate placements in the event of provider failure. ASC are struggling in respect of staffing and infrastructure and could not reasonably at this time function as a provider of last resort - L2	A.

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK											
2	Overwhelming demand.			Overall risk owner:		<div>Residual Risk score</div> 	Amendment date:		May-22		
				Oliver Radford			Committee scrutiny:		FPC Committee		
	Which of the 2022-23 objectives may be impacted:						TARGET: L X I		6		
	1	Covid-19 response.	x	7	Reducing waiting times.		x	May '22: L x I		9	
	2	Service user feedback drives improvement.	x	8	Continuous improvement.		x	June '22: L x I		9	
	3	Transforming health & social care delivery.	x	9	Workforce engagement and development.		x	Aug '22: L x I		9	
	4	Corporate, clinical and social care governance.	x	10	Primary Care at scale.		x	Oct '22: L x I		9	
5	Transform urgent and emergency care.	x	11	Early interventions.		Dec '22: L x I		9			
6	Financial balance.		12	Environmental sustainability contribution.		Feb '23: L x I		6			
							Apr '23 L x 1		6		
Related operational risks:		Main Controls 1-4		Lead	Assurance re: effective control		Gaps in control		Gaps in assurance		
#281 CCU demand may exceed capacity. #242 Covid 19 impact upon cohort of renal patients. #289 Insufficient staff to deliver renal replacement therapy to ventilated renal patients. Nursing vacancy rate is 20%. Anaesthetist vacancy rate is 25%		1 Covid 19 adaptation, vigilance and vaccination campaigns		Oliver Radford	Island vaccination programme reduced mortality and morbidity, allowing a much reduced demand on hospital services from people who are Covid positive. Island continues to follow JCVI guidelines around programmes of delivery, with the Autumn Booster commencing in September 2022. 60% of the eligible population have elected to take the Autumn Booster offer which is 5% less than the UK. Performance around vaccine uptake is monitored via the Vaccination & Immunisation Board. The Spring Booster programme 2023 is scheduled to commence on the 1st April, offering boosters to the most vulnerable in society including residents of care homes, those who are 75 or above and anyone who is five years and over and immunosuppressed. The Spring Booster and further booster programmes will be delivered by the now permanently funded Vaccination Service which is operated by Manx Care. 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. Additional resources have been allocated 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 - this funding ends on the 1st April with four spot purchase placements purchased during the winter pressures period.				The lack of Covid-19 surveillance data around community transmission prevents Manx Care's ability to plan for potential increases in demand on hospital services and staff absence		Assurance RAG
		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		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 See and Treat Programme has been funded for two years by the Healthcare Transformation Fund - once established, this will mean that calls coming into Emergency Services Joint Control will be clinically triaged and where appropriate, signposting advice can be provided by the Hear and Treat Clinician which may avoid despatch of an ambulance resource. Intermediate Care and See, Treat and Leave projects are also being decoupled from the overarching Urgent & Emergency Care Transformation Business Case and separate applications for Healthcare Transformation Funding are being submitted via the Transformation Officers 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, 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.		A.
		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		Demand and capacity analysis has commenced however there is limited resources to undertake this at scale. Some additional resource has been secured to allow additional capacity to be focussed on demand and capacity analysis		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		R.

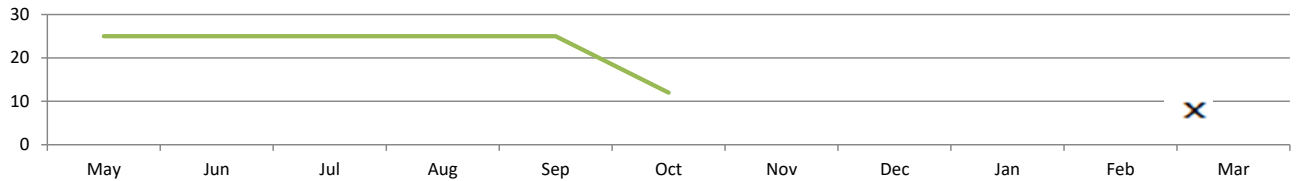
			be delivered off island within tertiary centres due to low volume or complexity. Manx Care has successfully engaged with Cheshire and Mersey Cancer Network and the other tertiary providers in Liverpool to ensure access to off-Island services. Further strenthening of strategic relationships with Cheshire & Mersey providers ongoing. All strategic partnerships are monitored via Performance & Delivery Group through to Exec Management Committee. 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.			A.
	5 Winter Planning 2023/4	Oliver Radford	<p>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 has also been impacted by the increased cost of living where the vulnerable have had to make the difficult choice of heating their home or eating sufficiently.</p> <p>A 2022/23 winter planning document has been developed to outline mitigations that Manx Care will be implementing to reduce the impact of the winter period. 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. Funding has been provided on a non-recurrent basis to allow these initiatives to be commissioned for the Winter Pressures period 22/23 and these have alleviated the pressures of what has been the most challenging winter on record for the IOM and UK health services.</p> <p>The 23/24 Winter Planning process will commence in Q1 23/24 to identify areas of focus and required investment for the winter period 23/24. Funding equivalent to the 22/23 funding allocation has been set aside in the Manx Care budget 23/24 in order that additional capacity or services can be stepped up for the winter pressures period to alleviate demands across the health system. Oversight of the Winter Planning 23/24 process will sit with the Performance and Delivery Group</p>	Winter Planning 23/24 document currently under development with target completion date for the end of June 2023.	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	G.

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 e	x	11	Early interventions.						Dec '22: L x I		25	
6	Financial balance.		12	Environmental sustainability contribution.						Feb '23: L x I		25	
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		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		Leadership	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. <i>Well defined polices and procedures to support absence management</i>		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 sturcture 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:		<div>Residual Risk score</div> 		Amendment date:	May-22	
						Oliver Radford				Committee scrutiny:	FPC Comm	
	Which of the 2022-23 objectives may be impacted:									TARGET: L X I		6
	1 Covid-19 response.	x	7 Reducing waiting times.	x			May '22: L x I			16		
	2 Service user feedback drives improvement.	x	8 Continuous improvement.				June '22: L x I			16		
	3 Transforming health & social care delivery.		9 Workforce engagement and development.	x			Aug '22: L x I			16		
	4 Corporate, clinical and social care governance.		10 Primary Care at scale.	x			Oct '22: L x I			16		
	5 Transform urgent and emergency care.	x	11 Early interventions.				Dec '22: L x I			16		
6 Financial balance.		12 Environmental sustainability contribution.				Feb '23: L x I		16				
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 ressponded. The TT promotor 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 avaiability 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 accross 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>Chart Title</div>	Amendment date:		May-22			
				Teresa Cope			Committee scrutiny:		Board			
	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.							
	4	Corporate, clinical and social care governance.	x	10	Primary Care at scale.		x					
5	Transform urgent and emergency care.	x	11	Early interventions.								
6	Financial balance.		12	Environmental sustainability contribution.	x							
							Apr '23 L x 1		3x4 =12			
Related operational risks:		Main Controls 1-7		Lead	Assurance re: effective control		Gaps in control		Gaps in assurance			
Inability to effectively deliver mental health services across the Island due to recruitment challenges and lack of partnership funding for Thrive model; in adults recruitment challenges and develop early intervention strategies. Delays and funding challenges identified which may compromise single electronic Manx Care patient record. 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. Actions taken to create clinically sustainable high qquality services require redesign of existing clinical pathways and the development of formalised strategic partnerships with a wide range of organisations outside of Manx Care. Thi smay lead to a perception of a riun-down of on-island Manx Care with a normalising of off-island care. Non-compliance with CQC regulatory framework which Manx care seeks. Inability to deliver all the required ICO compliance regulations and requirements.		1. Proactive engagement with the Minister and DHSC leadership.		Sarch Pinch & Tersa Cope	Required Outcomes Framework (23/24) approved by Board in March 2023. 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. Board to Board meetings established. Funiding position for 2023/24 have been presented to Council of Ministers.		Working with Elected Members framework requires updating.		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 updated. Health & Care Partnership Board (quarterly). Sign-off of funding priorities for 2023/24 required in relation to affordability of mandate objectives and compliance actions arising from CQC inspections.			Assurance RAG
		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 regarding ionising radiation compliance. Joint protocol in place with IOM Constabulary and Coroner for serious incident investigations; DHA and DHSC. Information governance arrangements are beginning to be strengthened via the Non Clinical Quality group with oversight of the Digital & Informatics Committee of the Board. Medical Director formalising engagement with the Coroner calendar (Q2 calendar '22). CEO and Chief Constable formalising an MoU on parallel investigations (Q2 calendar '22). Strong engagement in safeguarding arrangement and leading multi-agency safeguarding hub. Monthly meetings with ICO. Monthly meetings with Attorney General's Office. Effective engagement with CQC via DHSC. Monthly IGAB and bi-monthly D&I Committee reviews all IT/IG and digital issues.		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 June '23 (as stated IGAB on 04/05/22).		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. Deferment noticeagreed with the ICO. Approved minutes of the Multi-Agency safeguarding Hub to be shared with the QSE Committee routinely. Pay awards with all staff for '21/'22 and 22/23 are yet to be concluded. Pay awards have been rejected by a number of Unions.			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 recognising thet the CQC was critical of the quality of number of shared service arrangements provided to Manx Care and those agreements require urgent review. Manx Care have re-profiled an Executive Director post which will have increased executive oversight of a number of shared service arrangements.		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. Likely to create financial riss to ManxCare regarding shared services.		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.			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. People's Strategy to be launched in May 2023. Manx Care linked into the wider Great Place to Work Programme.	Data quality of human resource dashboard metrics requires further refinement. Opertional People's Group as a sub-group of EMC will be eastablished from May '23. Manx Care linked into the wider Great Place to Work Programme.	Operational oversight and analysis for workpforce planning.		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 strateev and tactical		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
							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 Transf	x	9 Workforce engagement &	x													June '22: L x I 25	
4 Corpo	x	10 Primary Care at scale.	x													Aug '22: L x I 25	
5 Transf	x	11 Early interventions.	x													Oct '22: L x I 12	
6 Financ	x	12 Environmental sustainab	x													Dec '22: L x I 12	
																Feb '23: L x I 12	
Related operational risks:		Main Controls 1-6	Lead	Assurance re: effective control				Gaps in control				Gaps in assurance				Assurance RAG	
#1 Significant cost and operational pressures risk overspend against budget - particularly Agency spend to cover high vacancy rate and Tertiary spend		1. Tools to establish financially sustainable staffing are poorly designed and available data is of low quality or is not available to managers, planners and leaders to support effective decision making.	Anne Corkill & Jackie Lawless	Work is scoped and planned for 22-23 to improve the provision of management information to budget holders and recruiting managers which adequately connects budgets to HR system PIP numbers; to identified workers, including those who are on limited term appointments; permanent contracts, flexible working contracts and agency staff. Resources are being committed from the CIP programme to progress control design improvements. One additional FTE has been recruited in the Finance reporting / analysis function to focus. Financial scrutiny occurs at quarterly Performance and Accountability Reviews of the Care Groups. Improvements to activity are included within the scope of the CIP Programme Board. Plans to acquire internal audit review of improved systems and processes in 23-24.				High vacancy rates do not always produce underspends - they produce overspends as temporary / flexible workers are retained at premium rates (20%-70% premiums) which reflect the fluid markets in which the workers are contracted. These circumstances support a forecast overspend on staffing of circa £3.5M in 22-23 compared to the budgeted establishment for these overspent departments / services. There are likley to be instances where managers have recruited above their budgeted establishment which is not always clearly visible There are opportunities to improve forecasting techniques and reporting				Connecting budget holders with budgets, aligned to accurate HR system PIP numbers; to those who are on limited term appointments; permanent contracts, flexible working contracts and agency staff is at an immature level of sophistication.				A	
#2 Pay awards remain under negotiation / arbitration.																	
#3 Significant investment required to reduce waiting list backlogs																	
#4 Transformation projects generating significant future funding pressures																	
#5 Future funding not yet agreed - growth has been agreed but no funding for investment / service development																	
#6 Inherited widespread non-compliance with Financial Regulations with regard to contracting and procurement		2. Improvements in the control systems which link health and care activity delivery with cost of doing so are being made.	Jackie Lawless	The Restoration & Recovery workstream at Manx Care has shown that effective tools can be developed to provide insight into performance and planning. Investment has been made in performance management function which will enable the development of better performance data Transformation are preparing a plan to develop an Activity Based Costing model to allow better understanding of resource requirements				In most service areas, there is little or no data linking activity delivered with the cost of doing so - making it impossible to assess value for money or inform 'make or buy' decision making.				The Transformation team have undertaken a review of surgical services to more accurately assess activity and cost. The detail of the review is awaited, however any change is likley to take significant time to complete so will not have an immediate impact				A	
		3. Improvements to control design re contracting and procurement	Jackie Lawless	Manx Care has invested in some additional resource in house in the Contracting & Commissioning teams to provide additional expertise and resource to address the inherited non-compliance position. This work is reviewed by the FP&C Committee This often requires Financial Waivers in the first instance to bring existing arrangements into compliance while the need and scope is fully reviewed and examined. A robust system for requesting Financial Waivers exists but further improvements to the process have been proposed to Treasury in order to speed it up Manx Care has joined a number of NHS Frameworks to allow access directly to 'pre-approved' providers which avoids the need for full procurement exercises each time a service is required.				Contracting and procurement decision making can be inflexible and lacking in agility - this can result in lost opportunities to take advantage of advantageous pricing; shortened delivery times; or unexpetedly availability of preferred supplier resource.				The Attorney General's (AG) office leads on tendering but has predicted that should a high volume of tender activity be likley in 22-23 as is anticipated), the AG's office may not be resourced sufficiently to meet the demand. Operational areas may also not be sufficiently resourced to carry out the full service / contract reviews necessary				A	
		4. Improvements to the design of the scheme of delegation	Jackie Lawless	A process of review of financial delegation is planned in 22-23 Dir of Finance sits on a Government wide management group scoping the provision of an electronic 'purchase to pay' system for all of Government Regular and granular scrutiny of spend by each budget holder to ensure appropriate purchasing decisions and authorisations are being made				Across Manx Care, purchasing is currently undertaken with the use of paper pads in quadruplicate - building in a lack of financial grip without the use of an electronic system. This system potentially provides any colleague with the ostensible authority to make purchases from a supplier whilst in possession of a purchase requisition pad without the necessary authority				The scheme of financial delegation has design weaknesses which do not accurately align delegated powers with appropriate officers. It is not possible for the Finance Shared Service team to ensure full compliance with Delegations before making payments due to the process being paper based.				A	
		5. Closing the gap between Transformation and Manx Care	Jackie Lawless	Transformation Oversight Group with representatives from Manx Care and the Transformation team has been formed to monitor and drive progress of the Transformation programme.				There are delays in completing and implementing transformation projects - with delayed benefits realisation and can result in cost pressures as near obsolete or obsolete systems maintained at high cost. New initiatives are also generating ongoing cost pressures for Manx Care, funding for which has not been agreed by Treasury. Transformation may seek commitment from Manx Care to pump prime or fund an initiative or activity for a greater period than the financial settlement that DHSC has provided Manx Care with. Without longer term financial planning, Manx Care cannot adequately plan to grow services.				Understanding Manx Care's baseline cost for delivering planned service levels remains uncertain - undermining any discussion about establishment funding. Without longer term financial planning, Manx Care cannot adequately plan to grow services or plan other investment decisions.				R	
		6. Adressing future funding requirements	Jackie Lawless	The principle of growth funding has been agreed with Treasury and is included in the projected increase in budget over the next 3 years. Transformation New Funding Arrangements project investigating options for government to fund health and social care in future e.g. taxation changes. Transformation have also produced a paper detailing potential mechanisms for agreeing the funding allocation to Manx Care proposing a blended approach to cover 'baseline' and additional 'activity components'. This will require a zero based budgeting exercise to establish the corect funding baseline for Manx Care's core activities				Whilst future funding has been indicated in the Pink Book it is not guaranteed and does not allow for significant service investment, rather underlying growth. The view of Treasury has been that this funding should cover all future requiriements of the system and this position needs to be tested The budget setting and mandate setting cycles are misaligned with budgets for future years being set before mandate has been agreed				Understanding Manx Care's baseline cost for delivering planned service levels remains uncertain - undermining any discussion about establishment funding. Without longer term financial planning, Manx Care cannot adequately plan to grow services or plan other investment decisions. The implementation of the recommendations of Transformation are likley to take some time - a number of years - to generate efficiencies to cover required investment				A	

	7. Improving internal financial governance mechanisms	Jackie Lawless	<p>Regular meetings between Finance Business Partners and Budget Holders to review financials and address any anomalies / overspends and to improve financial forecasting</p> <p>Training provided to budget holders regarding their responsibilities and access to reporting has been trialled and will be rolled out across Manx Care</p> <p>Investment has been made in additional resource in Finance Team to aid with financial reporting and analysis</p> <p>Weekly Financial Assurance Group meetings between Manx Care & DHSC to address finances / financial planning.</p> <p>Monthly Management Accounts produced that show current and predicted performance and highlighting areas of risk / pressure</p> <p>Monthly FP&C Committee meeting to review and address financial, performance and commissioning issues.</p> <p>Monthly CIP Programme Board meeting to oversee delivery against target of the CIP programme and address any blockages / significant risks</p> <p>Business Case Review Group established to provide effective review and challenge of business cases before approving for funding</p> <p>Monthly Performance and Accountability Reviews with Care Groups that include scrutiny of financial performance / pressures</p> <p>Quarterly reporting to COMIN to discuss forecast position, financial pressures, risks and mitigations</p> <p>Full Internal Audit review of Financial Controls underway with findings expected in Dec '22</p>	<p>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</p> <p>Further improvements to financial reporting can be made to provide more meaningful and timely information to a range of stakeholders</p> <p>Improved formal review and scrutiny planned of spend in operational areas that sit outside of Care Groups e.g. Tertiary, Corporate, Operations</p>	<p>Service level reviews continue to highlight deficiencies in service provision which often require additional investment, which is unforeseen.</p> <p>The outcome of CQC inspections is likely to generate significant funding pressures not already identified</p> <p>Further education and deepening relationships with finance are required to ensure adequate visibility of risks</p>	A
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 manx care Kiarail Vannin	Meeting Date: Enclosure Number:	10 January 2023
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SUMMARY REPORT

Meeting:	Manx Care Board		
Report Title:	BAF Risk 2: Overwhelming Demand		
Authors:	Oliver Radford		
Accountable Director:	Oliver Radford		
Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/Recommendation from that Committee
	None		

Summary of key points in report

The purpose of this paper is to provide an update on Risk 2 of the Board Assurance Framework – Overwhelming Demand.

This risk relates to the potential of demand for health services overwhelming capacity resulting in an inability of the health service to cope both from a non-elective (emergency) and elective point of view.

From an elective point of view, traditionally the health service has had no mechanism to monitor, review and alter the levels of planned demand entering the hospital – this planned demand could be referrals from GPs, Dentists and Optometrists as well as non-urgent referrals from the Emergency Department and requests from off island consultants. This has resulted in significant waiting list pressures across a number of hospital and mental health services which has seen people waiting for initial assessment and treatment for an unacceptably long period of time. Since Manx Care's establishment, a focus on improvement of our waiting list position has been maintained as well as work ongoing around systems and processes to ensure accuracy of waiting list data, improvements around appointment administration and a focus on improvement productivity so the output of all of our clinical services is optimised. These individual elements include:

- Completion of Recovery and Restoration phases 1 and 2 which will see achievement of a 6 week waiting time for surgery across a number of surgical specialties including orthopaedics and cataract surgery and some improvement in waiting times for appointments including within Children's Mental Health services
- Validation of all waiting lists so that people who are currently listed as awaiting an appointment to see a clinician or awaiting an operation are correct (i.e. removing people whose symptoms may have resolved or seen by another clinician or moved off island)
- Developing an improved appointments management system which will see a much reduced period between receiving the appointment letter and the appointment actually taking place and increased use of text reminders
- Focus on other productivity measures such as Patient Initiated Follow Up (changing the regular 6 monthly check up with the patients making their decision whether they need to be seen again by the Consultant based on their own condition), consultant level activity planning and monitoring and driving theatre utilisation to above 85%. All of these productivity improvements do not require additional funding but could increase capacity by ~20%
- Comprehensive Demand and Capacity Analysis across all specialties – this will determine where there are substantive gaps in capacity which cannot be bridged despite productivity improvements and where investment needs to be made in the clinical workforce in order to maintain an acceptable waiting time
- Submission of Recovery & Restoration Phase 3 business case which will request funding for additional temporary capacity within Mental Health and across hospital outpatient services to achieve a 6 week

waiting time as well as funding for substantive capacity gaps as revealed in the Demand and Capacity Analysis. The Phase 3 business case will also seek funding to introduce necessary infrastructure to offer a 'Referral to Treatment' (RTT) pathway with the aim to offer a 18 week RTT pathway eventually

Board Assurance Framework Risk 2 (Overwhelming Demand) also focusses on the health services' ability to cope with significant increases in unplanned demand and possible ways that this demand may be managed:

1. Covid-19 Related Demand

Although the Isle of Man has been following The Endemic Approach since April 2022, transient increases in Covid-19 levels continue to prove challenging to Manx Care. The continuation of the Covid-19 Vaccination Programme into 2023/24 and beyond (thanks to substantive funding for the service following cessation of central government Covid funding) will continue to provide booster vaccinations for the most vulnerable in our society, following the JCVI guidance, meaning that the demand on hospital services from people who are acutely unwell with Covid-19 is very small. Challenges do arise when a significant volume of staff contract Covid-19 and therefore cannot attend work as per policy – these scenarios are managed on a day by day basis by service and professional leads and where required services are scaled down to target clinical staffing to the areas most in needs

2. Escalation Planning

The OPEL (Operational Pressure Escalation Level) Framework has been in place across Noble's Hospital since October 2021 and provides operational teams with defined actions to undertake should operational pressure reach significant (OPEL3) or extreme levels (OPEL 4). The hospital has been in OPEL 4 on a number of occasions during the winter pressure period however in most cases, the pressure level has been de-escalated within 24h thanks to a system wide response including the Ambulance Service, Emergency Department, ward based medical and nursing teams, social work and social care colleagues and the independent sector providing residential and home care. Alongside OPEL, the Ambulance Service operate the Resource Escalation Action Plan (REAP) which correspond to the OPEL levels in terms of levels of escalation and corresponding actions across the system.

3. Service Transformation of Urgent & Emergency Care

The Sir Jonathan Michael report published in April 2019 indicated a lack of integration in the various urgent care services delivered by DHSC, in particular during the out of hours period and recommended that improved integrated urgent care services should be developed. This implementation of this recommendation has been part of the Care Pathways Programme however delivery has been limited, with the project having been on 'pause', along with other Care Pathways projects for much of 22/23. As a result of the pause, several projects have been decoupled from the overarching Integrated Urgent Care project in order that they can progress as soon as possible – these include Hear and Treat (provision of clinical presence in the Emergency Services Control Room – this service will commence in April 2023), Intermediate Care and See, Treat & Leave. All three projects will redirect demand from the Emergency Department and Hospital through provision of signposting information over the phone for people accessing 999 when an emergency ambulance response is not indicated, as well as increasing community based resources who can undertake assessments and deliver treatments and provide additional care in the home rather than requiring transport and admission to hospital.

4. Capacity & Demand Planning

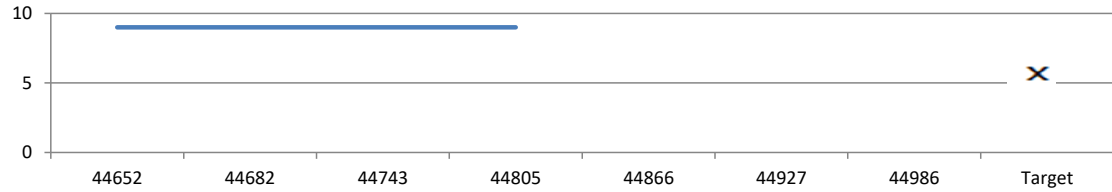
As mentioned above, accurate Capacity & Demand Planning is essential to ensure that planned services contain the correct resources to satisfy demand at an acceptable standard in terms of waiting time. Demand and capacity analysis is underway across all Manx Care services to ascertain whether there is a mismatch. Wherever possible, productivity will be increased in order to bridge the gap between demand and capacity however where this isn't possible, additional resource will be requested as part of the Recovery & Restoration Phase 3 business case.

5. Winter Planning

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 has also been impacted by the increased cost of living where the vulnerable have had to make the difficult choice of heating their home or eating sufficiently. The 22/23 Winter Plan was the first of its kind in DHSC/Manx Care history and contained a number of schemes that were implemented to alleviate the pressures of winter. The UK NHS experienced its most pressured winter period in history and this was mirrored within the Isle of Man however thanks to those schemes that were funded and implemented over the winter period, along with the tireless effort of colleagues across the health and social care system (Manx Care, third sector and independent sector), services were maintained and patient safety remained an utmost priority. The winter planning process will commence in June 2023 for this year's winter period and will continue to focus on supporting people to stay well in the community, expanding our workforce during the winter to help cope with additional demands and safeguarding our elective programme which traditionally has been reduced during winter periods to accommodate emergency demand. Funding has been set aside in the 23/24 Manx Care budget to fund additional resources during the winter period as is commonplace in the UK.

Recommendation for the Board to consider:

Consider for Action		Approval		Assurance	x	Information	x
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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:						TARGET: L X I				6		
	1	Covid-19 response.	x	7	Reducing waiting times.		x	May '22: L x I				9	
	2	Service user feedback drives improvement.	x	8	Continuous improvement.		x	June '22: L x I				9	
	3	Transforming health & social care delivery.	x	9	Workforce engagement and development.		x	Aug '22: L x I				9	
	4	Corporate, clinical and social care governance.	x	10	Primary Care at scale.		x	Oct '22: L x I				9	
5	Transform urgent and emergency care.	x	11	Early interventions.		Dec '22: L x I				9			
6	Financial balance.		12	Environmental sustainability contribution.		Feb '23: L x I				6			
							Apr '23 L x 1		6				
Related operational risks:			Main Controls 1-4		Lead	Assurance re: effective control		Gaps in control		Gaps in assurance			
#281 CCU demand may exceed capacity. #242 Covid 19 impact upon cohort of renal patients. #289 Insufficient staff to deliver renal replacement therapy to ventilated renal patients. Nursing vacancy rate is 20%. Anaesthetist vacancy rate is 25%			1 Covid 19 adaptation, vigilance and vaccination campaigns		Oliver Radford	Island vaccination programme reduced mortality and morbidity, allowing a much reduced demand on hospital services from people who are Covid positive. Island continues to follow JCVI guidelines around programmes of delivery, with the Autumn Booster commencing in September 2022. 60% of the eligible population have elected to take the Autumn Booster offer which is 5% less than the UK. Performance around vaccine uptake is monitored via the Vaccination & Immunisation Board. The Spring Booster programme 2023 is scheduled to commence on the 1st April, offering boosters to the most vulnerable in society including residents of care homes, those who are 75 or above and anyone who is five years and over and immunosuppressed. The Spring Booster and further booster programmes will be delivered by the now permanently funded Vaccination Service which is operated by Manx Care. 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. Additional resources have been allocated 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 - this funding ends on the 1st April with four spot purchase placements purchased during the winter pressures period.				The lack of Covid-19 surveillance data around community transmission prevents Manx Care's ability to plan for potential increases in demand on hospital services and staff absence			Assurance RAG
			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			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 See and Treat Programme has been funded for two years by the Healthcare Transformation Fund - once established, this will mean that calls coming into Emergency Services Joint Control will be clinically triaged and where appropriate, signposting advice can be provided by the Hear and Treat Clinician which may avoid despatch of an ambulance resource. Intermediate Care and See, Treat and Leave projects are also being decoupled from the overarching Urgent & Emergency Care Transformation Business Case and separate applications for Healthcare Transformation Funding are being submitted via the Transformation Officers 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, 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.			A.
			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		Demand and capacity analysis has commenced however there is limited resources to undertake this at scale. Some additional resource has been secured to allow additional capacity to be focussed on demand and capacity analysis		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			R.

			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. All strategic partnerships are monitored via Performance & Delivery Group through to Exec Management Committee. 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.			A.
	5 Winter Planning 2023/4	Oliver Radford	<p>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 has also been impacted by the increased cost of living where the vulnerable have had to make the difficult choice of heating their home or eating sufficiently.</p> <p>A 2022/23 winter planning document has been developed to outline mitigations that Manx Care will be implementing to reduce the impact of the winter period. 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. Funding has been provided on a non-recurrent basis to allow these initiatives to be commissioned for the Winter Pressures period 22/23 and these have alleviated the pressures of what has been the most challenging winter on record for the IOM and UK health services.</p> <p>The 23/24 Winter Planning process will commence in Q1 23/24 to identify areas of focus and required investment for the winter period 23/24. Funding equivalent to the 22/23 funding allocation has been set aside in the Manx Care budget 23/24 in order that additional capacity or services can be stepped up for the winter pressures period to alleviate demands across the health system. Oversight of the Winter Planning 23/24 process will sit with the Performance and Delivery Group</p>	Winter Planning 23/24 document currently under development with target completion date for the end of June 2023.	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	G.

Agenda Item 40.23

Board Meeting in Public 4 April 2023

Chair's Report

It is with my deepest sadness that I record at this board the death of Andrew Foster, Chair of Manx Care.

Andrew will be remembered by this board as an insightful and thoughtful Chair, a man of great integrity and knowledge, a Chair with tremendous knowledge of health and care and a person who cared a great deal about people; staff, colleagues, patients, carers, service users.

Andrew's legacy will be the establishment of Manx Care and the firm foundations he laid for its future. We will miss him tremendously and our thoughts are with Sara, his wife and their children, grandchildren, wider family and friends.

Teresa Cope, Katie Kapernaros and I will be representing Manx Care at his funeral on Thursday. I, and my colleagues, are deeply grateful for the letters on condolence we have received.

I continue in my role as Interim Chair, and I am well supported by Nigel Wood as Interim Vice Chair; I would also like to record my thanks to Katie and Tim, as well as Teresa and her colleagues through this time.

As a board we continue with our work of oversight and assurance and we were pleased to be invited to COMIN to present and discuss the budgetary issues for Manx Care, which will require some challenging and difficult decisions in the future; for which we are well prepared.

The Staff Awards were a wonderful occasion, cost neutral to Manx Care due to the generous support of our sponsors and the evening gave us an opportunity to reflect and celebrate great care across our whole organisation, and I was very proud to be part of the event.

We also held a Board to Board between Manx Care and the DHSC and these are now reverting to regular meetings, so we can discuss and share key issues, delivering on our commitment of openness and transparency.

During my visit on island in February, I was pleased have some excellent meetings, with the DHSC, Minister Hooper, Minister Allison, His Excellency Sir John Lorimer, Lieutenant Governor of the Isle of Man and Jackie Betteridge, CEO of Crossroads IOM.

Sarah Pinch
Interim Chair
30 March 2023

CEO

 SUMMARY REPORT	Meeting Date: 4 th April 2023	
	Enclosure Number:	

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

Summary of key points in report

- The Autumn Booster programme commenced on the 5th September and closed on the 24th February and vaccinated 60.40% of the eligible population. The Spring booster programme commenced on the 1st April and is open to a relatively small cohort compared to previous programmes namely everyone 75 or over, residents in care homes for older adults and anyone over 5 who is immunosuppressed.
- Planning for the 2023 TT event began in earnest within Manx Care on the 27th March 2023 with the first TT Planning Group.
- Following intense recruitment activity we have filled the vacancies within the IG Team which has been operating at c. 50% capacity for the last 5 months. All new starters will be in post from early April.
- Manx Care made a further formal update on progress to the Information Commissioner on the 24th March. Focus is now on the remaining two milestones linked to migrating Manx Care to it's own standalone Global Address List, necessary to reduce the risk of sending emails to other Government staff in error, and overhauling our Medical Records Scanning processes
- Ofsted have been commissioned to come to the Isle of man to inspect a range of Children's service with a view to assisting us with our ongoing continuous improvement. Preparations for the inspection are well underway and information has already been provided to Ofsted to assist with their preparations. Inspectors will be on site from the 24th until the 28th of April.
- Ballasalla Medical Centre's contract will formally cease at the end of April 2023 and not the end of July 2023 as expected. We fully expect that a transition from the current leadership to a new one will be as seamless as possible. From a patient perspective the Practice will not close and will continue to provide services throughout the transition.
- The Risk Management Committee (RMC) undertook deep dives into Integrated Women Children & Families (IWCF), Integrated Diagnostics & Cancer (IDCS) and Medicine Urgent & Emergency Care (MUE) during March

Recommendation for the Committee to consider:			
Consider for Action	<input type="checkbox"/>	Approval	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
The Board is asked to consider the content of the paper and seek any further information or assurance on the content.			

Is this report relevant to compliance with any key standards? YES OR NO		State specific standard
IG Governance Toolkit	Yes	The report included an update on Information Governance actions in response to the penalty notice issued by the ICO in July 2022.
Others (pls specify)		
Impacts and Implications?	YES or NO	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 to 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 MARCH is attached at Appendix 1.

Section 2: Vaccination Programme Update

2.1 Executive Lead: Director of Operations

The Autumn Booster programme commenced on the 5th September and closed on the 24th February and vaccinated 60.40% of the eligible population. The Autumn Booster was delivered in line with the JCVI recommendations and offered for the first time the new bivalent booster vaccine, which contains specific protection against the Omicron variant as well as the original Wuhan strain of Covid-19.

The Spring booster programme commenced on the 1st April and is open to a relatively small cohort compared to previous programmes namely everyone 75 or over, residents in care homes for older adults and anyone over 5 who is immunosuppressed. The Covid Vaccine Team will continue to offer primary course of the Covid-19 vaccine (i.e. first and second doses) however this offer will end once the Spring Booster programme has concluded on the 30th June 2023 unless indicated by a doctor.

The Spring Booster will be provided via a centralised Vaccine Service established by Manx Care, staffed by a permanent team of clinicians. This service will offer the Covid-19 Vaccination as well as provide a quality assurance function for all vaccination programmes delivered across the Isle of Man – this is an approach supported by Public Health Isle of Man. The service will remain in a central hub location within Douglas however will continue to deliver a locality based offer through pop up clinics or via the Mobile Vaccine Unit. The service will also have capacity to undertake smaller vaccination programmes on behalf of individual GP practices if they are struggling with capacity.

Section 3: Operational Delivery

3.1 Winter Planning and Delivery 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 1st December, the ‘official’ start of winter by NHS definition, we have had 17 instances where the Operational Pressure Escalation Level (OPEL) has reached 4, our highest level of escalation, and an internal critical incident was initiated on the 2nd 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. During March, there has been no declarations of OPEL 4 and a significant reduction in OPEL 3 declarations compared to February (46% reduction). Despite overall effects of winter on hospital services, 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.

The move of the Hospital Social Work Team from Social Care to the remit of ‘Health’ (as part of the Director of Operation’s Team) has seen a stabilisation of the Hospital Social Work workforce and the beginnings of a more integrated way of working with hospital wards. These changes have significantly reduced the numbers of patients who do not require acute hospital care however whose delay is discharge for whatever reason (i.e. financial) with an average of six patients in Noble’s Hospital who have a delayed discharge. As further integration of Social Workers into Ward Teams is observed, a reduction in overall length of stay is expected to be seen as Social Workers are able to commence their work around arranging discharge earlier in the process than is currently seen.

Planning for TT 2023

Executive Lead: Director of Operations

Planning for the 2023 TT event began in earnest within Manx Care on the 27th March 2023 with the first TT Planning Group. Although there are some changes around event scheduling for this year’s TT, we intend to implement the same resilience plan as was employed last year. This plan worked well to enable Manx Care to respond to the increase in major trauma cases as well as the result of an additional 50% of the population requiring urgent healthcare of whatever type. Additional staff are being drafted in across the Ambulance Service, Emergency Department, Orthopaedics, Radiology and Critical Care in order to bolster staffing within the most affected services during the event. Additional equipment and blood stocks are also being ordered and simulation training is being deployed across several areas so that teams are ‘drilled’ in responding to major traumas prior to the event. In addition a multi-agency Major Incident Exercise is being run on the 4th and 5th of May to test our response plans.

The 22/23 event was the first time that additional funding was secured from DHSC to recompense the health service for the additional money required to make the service resilient during the TT, both in terms of coping with additional demand whilst keeping business as usual services running for the local population. Funding has been set aside for this year’s event as part of the budget planning process.

Section 4: Information Governance Update

Executive Lead: Chief Executive Officer / Deputy Chief Information Officer

Following intense recruitment activity we have filled the vacancies within the IG Team which has been operating at c. 50% capacity for the last 5 months. All new starters will be in post from early April.

We have seen an upward trend in the volume of SAR's requests being logged and this appears to be common across many sectors as awareness of data access rights increases. This and the above staffing challenges have led to extended lead times in providing responses although with staff now in post any backlogs will be cleared over the next few weeks.

The data breach reporting process has now been aligned to the serious incident reporting process. Enhanced support is now provided in determining the impact to data subjects, ensuring data subjects are consulted with on a timely basis and in defining the remediation recommendations included in the investigation report.

A number of data breaches have occurred when sending out letters to patients. The letter production process has been reviewed and a number of changes made which we anticipate reducing the number of breaches. This will continue to be monitored and further changes applied where required.

Response to the Penalty Notice – issued July 22.

Manx Care made a further formal update on progress to the Information Commissioner on the 24th March. Focus is now on the remaining two milestones linked to migrating Manx Care to its own standalone Global Address List, necessary to reduce the risk of sending emails to other Government staff in error, and overhauling our Medical Records Scanning processes. The letter of response and an updated action plan is attached at Appendix 2. In summary;

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 nine information policies identified as part of the original remediation works have now been developed with six approved and signed off internally. The remaining three have been approved and are pending sign off at the next sitting of the Non-Clinical Quality Group Meeting. Staff training is underway on the policies that have been signed off.
6	Global Address List (GAL) audit and cleanse.	Audit, cleanse and technical solution design complete. The first group of users have been migrated to the standalone Manx Care GAL as a pilot and testing is advanced.
7	Communication Plan	All Actions complete and ongoing as Business as Usual
8	Medical Records Review	The new Head of Records Management has been appointed and has assumed responsibility for this work stream. Work continues with

		<p>regards implementing the recommendations of the auditor.</p> <p>Following a number of breaches related to scanned medical records Manx Care is in the process of overhauling the scanning and associated quality assurance processes.</p>
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Section 5: Social Care Update

5. Executive Lead: Interim Executive Director of Social Care

Preparations for OFSTED Inspection

Ofsted have been commissioned to come to the Isle of Man to inspect a range of Children's service with a view to assisting us with our ongoing continuous improvement. Preparations for the inspection are well underway and information has already been provided to Ofsted to assist with their preparations. A session has already taken place with Inspectors on the 23/03/23 which went well and an additional familiarisation meeting is scheduled for the 03/04/23. Inspectors will be on site from the 24th until the 28th of April.

The inspection will focus on the following key areas:

1. Impact of leadership on social work practice with Children and Families
2. Children in need of help and protection, including early help
3. Children in Care and Care Leavers

Work is currently underway to produce a 'self-assessment' which will be provided in advance of the inspection to provide a detailed analysis of where we believe we are in relation to the key lines of enquiry. Staff and relevant stakeholders have already been briefed in advance of the inspection.

Results from the inspection will be shared and the necessary action plans put in place to further develop any areas identified by inspectors requiring improvement

Progress against Adult Safeguarding Review 2022

The 2022 review carried out by Sylman consultancy concluded that....

'This has been a very challenging period for Manx Care. Manx Care has been in the midst of large scale organisational change; overcoming systemic legacy problems and all at a time of a global pandemic. This wider context has impacted on improvements in Safeguarding Adults arrangements.'

Recommendations and actions following the review were identified resulting in an action plan. Progress continues to be made against these actions including:

- Permanent staff have now been appointed into the team providing stability and capacity
- New and updated Policies and procedures have been developed and are in place
- A multi-agency team now meet on a daily basis to discuss and prioritise cases
- The Principle Social Worker holds weekly case reviews with the team to make sure cases are up to date

- Additional training has been provided to the Adults safeguarding team with ongoing training planned
- A 'delivery group' has been established to ensure the action plan is delivered
- Governance arrangements are being strengthened to make sure oversight and support is given. Regular updates are provided to the Quality Safety and Engagement Committee

Update on development of Multi- Agency Safeguarding Hub Arrangements (MASH)

The purpose of the Multi Agency Safeguarding Hub ("MASH") is to improve the quality of information that is shared between professionals in order to make timely and informed decisions about risk based on accurate and up to date information.

The implementation of MASH is a major opportunity to be grasped to develop this model of working. It is proposed that the set up and co-location of MASH be completed by June 2023 with a project group already in place that brings together leads from all key agencies. This group have begun to work on the MASH implementation plan.

It is envisaged that the MASH will begin as a pilot between June 2023 until December 2023 with feedback and recommendation from the first stage being presented to the board in January 2024.

The team will consist of:

- a) Police colleagues
- b) Police early help(PEAT)
- c) Social Work Team Manager
- d) Children's social workers
- e) Education
- f) Adult safeguarding social workers
- g) Safeguarding health
- h) Children's services early help
- i) Youth justice

Some of these colleagues will be permanently based in the MASH arrangement but others will be on a rota basis and sometimes virtual partners.

World Social Work Day – 21st March 2023

Manx Care's Social Care Services team celebrated World Social Work Day with a one-day conference on the Isle of Man. This was the first time the social care services have held an event specifically for World Social Work Day and over 100 Social Workers and Social Work Assistants attended the event.

The theme for this year was 'Respecting Diversity through Joint Social Action'. The conference featured a number of guest speakers, including some from the UK including

- Kirstie Morphet a Social Worker from Manx Care's Drug and Alcohol Team discussing 'Inclusivity, Stereotypes and Judgements' when working with people with mental health and co-morbidity substance and alcohol misuse;
- Marianne Gadsby a Social Work Assistant from Manx Care discussing 'Inclusivity – co-ordinating the chaos'
- Janet Foulds a former Chair for BASW discussing 'Inclusivity and Childhood Sexual Abuse'.

I would like to express my thanks to Keith Drury, a Manx Care Social Worker who organised the event. Keith is a former Chair of BASW in Wales, serving a four-year tenure, in which time he and developed initiatives to raise the profile of Social Work as a profession and BASW in Wales. The event appears to have a great success and will be repeated.

Section 6: Primary Care – Ballasalla Practice

Executive Lead: Director of Operations

Ballasalla Medical Centre's contract will formally cease at the end of April 2023 and not the end of July 2023 as expected. We fully expect that a transition from the current leadership to a new one will be as seamless as possible. From a patient perspective the Practice will not close and will continue to provide services throughout the transition.

A Request for Information (RFI) is complete and 2 expressions of interest have been received. A full tender exercise would be the next step of this process however time is not going to allow for this to take place, and an alternative solution has been recommended to the Executive and is before the Board today.

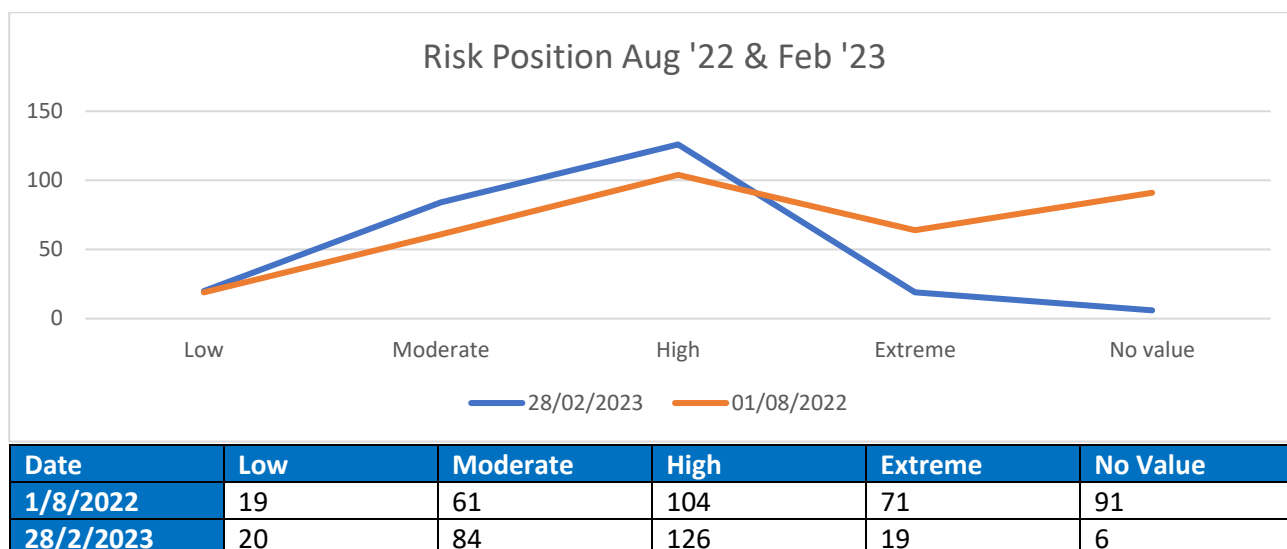
Section 8: Primary Care at Scale Update

Executive Lead: Chief Executive / Director of Operations

This provides a summary following the February Board where the Delivery Model and the Strategic Business Case for Primary Care at Scale was considered. The Manx Care Board confirmed it was absolutely committed to PCAS as outlined in the strategic business case. However, the Board also expressed significant concerns around the current stability of a number of the elements within primary care and that Manx Care should address first before PCAS started to be implemented in earnest (likely in 4 -6 months) and critically did not feel able to commit, *at this stage*, to the full business case outturn. Instead a more incremental approach has been agreed. Manx Care has continued to work with the Primary Care Network and Transformation on the 7 agreed workstreams (attached) The monthly Integrated Care Partnership Board has responsibility for monitoring delivery of this programme of work and a comprehensive update was provided to the meeting on 28th March 2023.

Section 9: Feedback from the Risk Management Committee (RMC)

The Risk Management Committee (RMC) undertakes monthly deep dives in a selection of 3 Care Group/Shared Services to explore their risk profiles and identify any key risks for escalation to Manx Care Board. In March, the three Care Groups/Share Services to present their risk profiles were Integrated Women Children & Families (IWCF), Integrated Diagnostics & Cancer (IDCS) and Medicine Urgent & Emergency Care (MUE). The Overall risk position is provided in the graph below:



Care Group Key Risks Summary

All Care Group highlighted a significant improvement in the overall number of risks in each following the review, re-grading and closure of risks no longer relevant to the service. As a whole Manx Care has seen a 33% reduction in the overall number of risks, including a reduction of 74% of extreme risks, following a full data cleanse

A summary of Care Group Extreme risks is provided below:

Care Group	Datix Ref.	Title	Risk Score & Change Position	Responsible Manager(s)	Next Review Date
MUE	575	Financial Sustainability	16 - Static	Jackie Lawless & Mark Cox	31 March 2023
	576	Workforce Resilience and Staffing Levels	15 - Static	Oliver Radford & Mark Cox	31 March 2023
	578	Timely Access to Care	16 - Static	Oliver Radford & Mark Cox	31 March 2023
IDCS	702	Unsafe Containment Laboratory	20 - Static	Lisa Airey & Steve Doyle	3 March 2023
	707	Low stocks of Alteplase	15 - Static	Oliver Radford & Sree Andole	21 March 2023
IWCF	94	Out of hour's Resident on call for Paediatrics	20 – Static	Dr Pradumal Thakker & Linda Thompson	17 February 2023
	523	Midwifery Shortages	20 – Static	Barbara Roberts	19 April 2023

Agreed Actions

Immediate review was requested of **IDCS risk 702** – Unsafe Containment Laboratory, given the health & safety implications and the potential risk from uncontrolled cross-infection and sterilisation. The

Director of Infrastructure will review this situation and provide an update to the next RMC on 5th April. **IWCF risk 94** has subsequently been downgraded following review and is no longer considered an extreme risk, but will continue to be monitored regularly in line with Risk Policy and guidelines.

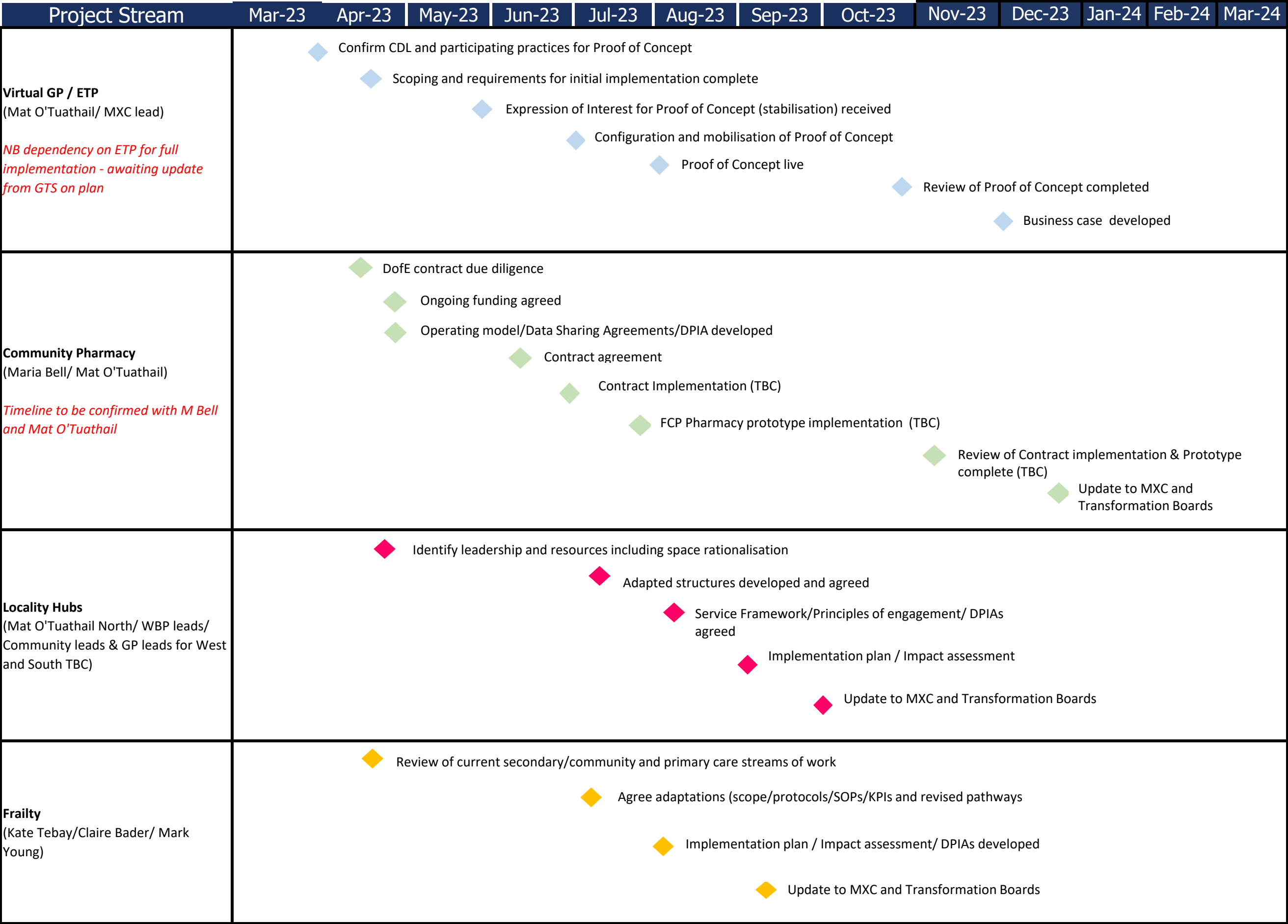
Section 10: Executive Team Updates

The Executive Director of Finance, Performance and Delivery is currently out to advert with interview scheduled for mid April.

The Executive Director of Social Care will go out to advert in mid April with interviews scheduled for mid May.

The Executive Medical Director will commence a 6 month secondment with University Hospitals of Derby and Burton from 11th April 2023. Interview for an Interim Medical Director will take place w/c 11th April with the expectation that the successful candidate will commence in post from 1st May 2023. Dr Marina Hudson will be Acting Medical Director through April.

Teresa Cope,
Chief Executive
29th March 2023



<div>Salaried GP Model / Back Office (Annmarie Cubbon)</div>	<div><div><div>◆ Review of initial model</div><div>◆ Framework and principles agreed and impact assessment complete (JDs jobbing GPs, Mgt & Clinical GPs, Skill mix review, back office/shared service options (eg rotations), DSA/DPIAs etc.)</div><div>◆ Financial and contractual modelling and requirements developed</div><div>◆ Business case development</div><div>◆ Update to MXC and Transformation Boards</div></div><div><div>◆ Expressions of Interest received (Ballasalla)</div><div>◆ Evaluation and options appraisal/ impact assessment and implementation plan</div><div>◆ Update to MXC on preferred option</div><div>◆ Contract development and agreement completed</div><div>◆ Contract implementation</div></div></div>
<div>Service shift from Secondary to Primary Care (Annmarie Cubbon/ Peter Griffiths/ MXC PMO)</div>	<div><div>◆ Review of inflight projects/pathways/streams of work and determine alignment opportunities eg frailty (with MXC PMO)</div><div>◆ Alignment of identified areas for shift/ Requirements/ impact assessments developed</div><div>◆ Update to MXC and Transformation Boards</div></div>
<div>CQC/ Clinical Governance (Brian Kealy/DHSC lead/Julie Maddrell/IPCC Q&S lead)</div> <div>?Dentistry</div>	<div><div>◆ Impact assessment of CQC findings</div><div>◆ Requirements identified and Implementation plans developed (BAU and Stabilisation projects)</div><div>◆ Update to MXC, DHSC and Transformation Boards</div></div>

Horizon Scan March 2023

Social Care Services

- Agency worker accommodation continues to be a big issue in the recruitment of the same to the island. 12 month contracts are being given which will enable staff to find their own accommodation. The costing for accommodation needs to be increased. A Key Work Strategy and Paper has been requested to present to ELT.
- There is a concerning spike in data breaches in Children & Families. An investigation meeting is to be held to discuss the root cause, which appears to be attention to detail;
- The Deputy CIO has asked if Social Care can trial a new Global Address List, which separates the current Global Address to just Manx Care staff with the addition of OHR and GTS. This is currently being tested and feedback will be given as appropriate.
- As at 22 March 2023, there has been no sight of the budget for 2023/4 – this makes it extremely difficult to plan.
- The view from SCLT is that there are conflicts in regard to business cases presented by Social Care, Safeguarding and Integrated Mental Health Services to those of the hospital. This presents delays.
- Forthcoming Ofsted inspection is due on 24-28 April 2023 in regard to Children & Families Social Work, which will start with the residential homes. Annexe A documents are currently being collated.
- A drop in session for staff has taken place within the Learning Disabilities Team, Adult Social Care, which has raised concerns. There is work to be undertaken following these meetings.
- There is potential for services to be reduced within Children & Families if agency staff continue to leave as a result of accommodation issues.
- A work plan is being drafted for planning ahead for the next 12 months.

Surgery, Critical Care, Anaesthetics and Theatres

Audiology

- Team delivering Wax removal / irrigation training planned for Practice nurses in April. GP engagement continuing to encourage restart of wax removals are showing positive signs with 3 practices requesting training to be delivered in coming months.
- Negotiations are ongoing to secure a 40-50% discount on hearing aids from April 1st. However, NHSSC appear to have issues applying the discount which may result in having to order direct from the supplier (who have confirmed they will supply at the discounted prices (Band 12) - this will potentially generate a cost saving for the 23/24 period in excess of £60k

Theatres

- Theatre Scheduling relaunching the “golden patient” in April to facilitate starting the operating list on time and to also allow Bed flow and Capacity team time to allocate beds to remaining patients scheduled to elective operating lists.
- Simulation training confirmed with Dr Angusamy for the next 4 PSF afternoons including testing of human factors in scenarios.
- Recruitment continues to progress positively with theatres awaiting start dates for a number of candidates.
- Sterile Services technicians starting in May
- Sterile Services Manager post interviews are to be held in March
- Synaptic Decontamination team secured to support weekend R&R activity, significantly increasing capacity of main theatres.

ICU

- will be transferring care of patient to Southport Regional Spine Unit following spell of shared care with patient in Nobles ICU. Feedback from Southport to date has been that patient management has been exemplary with positive collaboration between services.

Integrated Women & Children and Family Services cont.

- The Care Group attended their first Quality Summit meeting with the Exec Team which was deemed a success. A series of meetings are to occur throughout the year to collectively review and improve service delivery.
- Care Group representatives are due to attend the RCNi Careers event on 27th April. due to attend the RCNi Careers event on 27th April.
- The Care Group is working closely with the BI team to establish the Care Group’s KPI’s. Extensive work is ongoing with Maternity Dashboard, expected completion for automated reporting is May 23.
- The Care Group has received positive feedback following the collaboration of Obs & Gynae medical workforce and Synaptik. The Gynae waiting list has reduced to almost 2 weeks.
- We have various new starters commencing employment in the month of April including; Consultant Paediatrician, Speciality Doctor within Obs & Gynae, Registered Midwife, Pharmacist for the Care Group.
- We have various interviews to occur in the month of April including Macmillan Gynaecology CNS and Support worker, Senior Registered and Registered Children’s Nurses, Senior Sister Children’s Ward, Senior Nurse for Safety and Quality and Advance Neonatal Nurse Practitioner.
- The Royal College of Paediatric review date has been confirmed; this is to commence 16th & 17th May.
- Midwifery have stabilised the workforce through recruitment and agency staff.
- Mr Stock Consultant Obstetrician & Gynaecologist presented an assurance paper to the Manx Care board re perinatal mortality data.
- Completion of IAR for Covid review.

Horizon Scan March 2023 cont.

CEO Horizon

03/04/2022 – Manx Care Board Meeting (Private)

03/04/2022 – Manx Care Board Meeting (Public)
- ME/CFS & Long Covid Service Launch event

05/04/2022 – Let's Connect

26/04/2022 – Manx Care Induction

Integrated Primary Care & Community Services

- New Clinical Team Lead for Adult Speech and Language starts on 3rd April 2023 – this will bolster the service which has had staffing difficulties for a considerable time.
- Requests for Information for Ballasalla GP Surgery received from 2 interested parties. Due to timeframes, Manx Care will take over the practice from 1st May 2023 and it will become a Salaried GP Practice.
- GP practices continue to struggle for staffing and most of the Douglas patient lists are currently closed. However, Peel Medical Centre have now recruited 2 new GPs and will be up to full establishment in the near future.
- Recruitment for a Special Care Dentist at the Community Dental Service has commenced

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

- CIP activities continue where it has been possible to do so; initiatives for 2023/24 have been identified.
- Frailty is making good progress, saving money and reducing length of stay and readmission rates. We have quantified the savings made in respect of recruitment activities with the assistance of our Finance Business Partner. We have also accurately recorded the saving made by the operation of the AEC.
- The SDEC business case has been refined and is currently out for consultation with the Care Groups; the business case will be presented at BCRG on 12 April 2023.
- Work is on going with the Service Development team to address Waiting Lists in medical specialities with the assistance of Manx Care staff, Synaptik and other groups. An additional 50 ECHO examinations will be carried this month in Cardiology for example with and additional 90 CTCA planned shortly.
- The role of the Trauma Co-ordinator has been reviewed and a revised job description has been developed; the role will be advertised in due course once feedback has been received from job evaluation
- Resource planning for the TT fortnight has commenced; the Care Group's operational plan is currently in development.
- 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.
- 'Hear and Treat' Clinical Navigators have been introduced into the Emergency Services Joint Control Room as part of a phased implementation plan.
- The business case to introduce 'See, Treat & Leave' within the Ambulance Service is currently out for consultation with the Care Groups.
- A paper setting out the options for the MEDS is to be submitted to ELT shortly. Guidance is to be sought on its hours of operation and construct. We are also looking at the options for the employment model of those involved in the delivery of MEDS.

DIGITAL AND INFORMATICS COMMITTEE CHAIR'S REPORT TO BOARD

21 March 2023

MS Teams

10.00AM – 12.05PM



COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee:	DIGITAL AND INFORMATICS COMMITTEE
Meeting Date:	21 March 2023
Chair/Report Author:	Katie Kapernaros

KEY ITEMS DISCUSSED AT THE MEETING

Your Committee received comprehensive papers covering:

1. GTS Shared Service Performance
2. Business Intelligence
3. Manx Care Record Advisory Board
4. Information Governance
5. Three Year Digital & Informatics Plan
6. D&I Risk Register
7. BCS In-flight Projects
8. Contracts Registry

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

Issue	Committee concern	Action required	Timescale
Delays with progressing the procurement process for the Manx Care Record	<p>The Committee needs to be sighted on the implications the delay has in relation to existing systems approaching end of contract. Time is now critically limited to replace legacy systems.</p> <p>Paper for SACIC being reworked to include options other than full delivery of the Manx Care Record.</p>	Paper setting out the implications to be taken to the next D&I Committee meeting	5 May 2023

	Decision will then be required from SACIC around what funding will potentially be available.		
ASSURE (Detail here any areas of assurance that the Committee has received)			
Issue	Assurance Received	Action	Timescale
Business Intelligence	Steady progress is being made with development of the standardised datasets. Request for support with prioritisation discussed.	Prioritisation paper to be taken to FP&C.	April
IT Infrastructure	W10 migration now complete aside from Pharmacy and Blood Transfusion. Work continues on migration of end-of-life servers. Paper drafted covering IT remediation work required across Manx Care estate under review.	For noting	
Information Governance	Remediation work continues to support ICO enforcement notice. Manx Care will migrate to a standalone Global Address List in mid-April subject to testing. New enhanced breach process implemented. Senior staff now coming into post which will ease staffing pressures although meeting statutory obligations in respect of SARs remains an issue due to significant increase in volumes received.	For noting	
Three Year D&I Plan	Principally aimed at consolidation, standardisation and implementing greater controls alongside supporting Manx Care Record implementation.	For noting	
D&I Risk Register	The register is now established and will be brought back regularly for review	For noting	
BCS In-flight projects	No concerns from a patient safety perspective	For noting	
Contracts Registry	Register is now in place which enables identification of contracts which are sharing personally identifiable information and whether or not a DSA is in place. Remediation plan to be brought to the next meeting	For noting	

Digital Health Rewired (DHR)	SC/GP/RE attended recent DHR conference which underlined the shift in NHS thinking that without an Electronic Patient Record trusts will be unable to completely transform their services and deliver enough sustainable long-term financial savings.	For noting	
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PEOPLE COMMITTEE CHAIR'S REPORT TO BOARD



COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee:	PEOPLE COMMITTEE
Meeting Date:	14 March 2023
Chair/Report Author:	Sarah Pinch

KEY ITEMS DISCUSSED AT THE MEETING

The meeting received an update on the working relationship between Manx Care and Synaptik nursing teams. The committee received papers on the following:

- Specialist Advanced Clinical Practice
- BMA Action Plan
- Social Care Action Plan
- Workforce & Culture
- Communications Update

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

Issue	Committee concern	Action required	Timescale
Retire and Return Initiative	The Committee endorsed and was fully supportive of the initiative however it did not appear to be making progress as quickly as it might. Whilst Manx Care would work with the Pensions Agency to develop the scheme it was the responsibility of the Pensions Agency to ensure that the initiative was raised at the appropriate forums.	Escalation to the Board.	04.04.23

ASSURE (Detail here any areas of assurance that the Committee has received)			
Issue	Assurance Received	Action	Timescale
Staff Story	The working relationship between Manx Care and Synaptik nursing teams was working extremely well. There had been opportunities for joint learning which would improve the patient experience.	For noting.	
'Operational People' Committee	The Committee was operating as a reporting Committee as opposed to an assurance committee. An operational people committee would be established to improve reporting to the Committee so that the Committee could provide the correct level of scrutiny and challenge to the Executive.	For noting.	
Social Care Action Plan	The Interim Director of Social Care would lead on this and it was hoped that significant progress would be made.	For noting.	
Specialist Advanced Clinical Practice (ACP's)	A significant piece of work had been undertaken to devise a framework for ACP's to work within. This would ensure parity for ACP's throughout Manx Care.	For noting.	
Workforce and Culture	There were significant resource restraints within the workforce and culture team which continued to impede the progress of cultural change within Manx Care.	For noting.	

Integrated Performance Report

February 2023

Version: Final 1.0



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

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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 into 2023/24.

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.

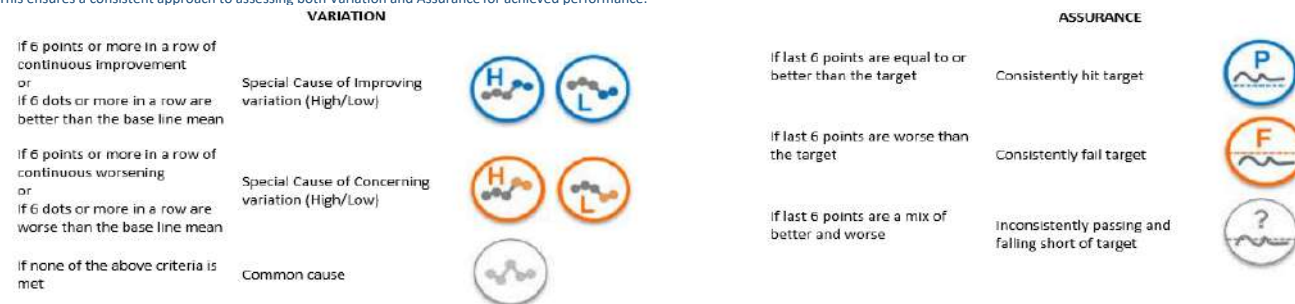
Each domain summary sheet includes a 'B.I. Status' indicator which indicates which KPIs / datasets are still collated manually (or the automated data is still being validated with the service area), those indicators that have been validated and automated and those indicators where the automation work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

Executive Summary

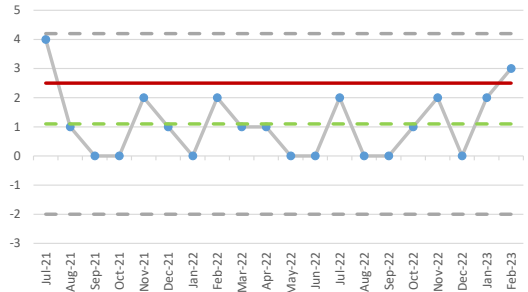
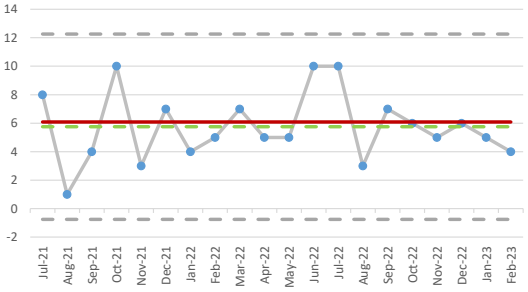
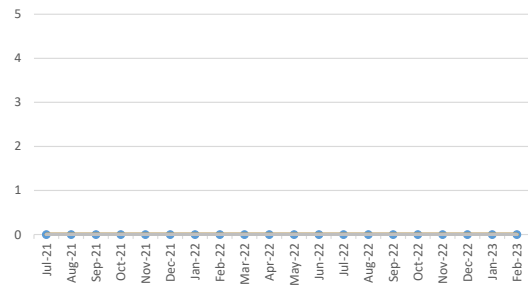
Domain	Going Well	Cause for Concern
Safe	<ul style="list-style-type: none"> Exposure to serious incidents remains lower than threshold with zero incidents reported in February. 19-consecutive months without a Never Event. Maintained 100% Duty of Candour since February 2022. Exposure to the risk of Healthcare Associated Infections from E.coli and MRSA remains low for patients. No Medication Errors that resulted in Harm in February. Numbers of Falls that resulted in Harm remain low and within the expected threshold. Positive achievement against Safety Thermometer for Adults, Maternity and children. Good Hand Hygiene compliance. Positive achievement for VTE risk assessment within 12 hours with recovery to 97.9% in February. 	<ul style="list-style-type: none"> 48-72 hr senior medical review of antibiotic prescription remains below threshold. However, this indicator has improved during 2022/23. There have been three Clostridium Difficile cases this month, but the total number of cases for the year remains well within the annual threshold.
Effective	<ul style="list-style-type: none"> Manx Care's Operating Theatres Department at Noble's Hospital has been recognised by the Association for Perioperative Practice (AfPP) with an accreditation for its 'gold standard' of practice. 92% of Learning from Death reviews were completed within timescale, which represents a continuation of the significant improvement being made in recent months. Adult Social Care re-referral rates remain within expected levels. All Looked After Children had their reviews completed within timescales. The Crisis Team continues to meet the 1 hour response time threshold for Emergency Department referrals. 	<ul style="list-style-type: none"> Access to surgical bed base continues to challenge theatre efficiency and utilisation. Consultant anaesthetic staffing and theatre staffing position remains a challenge and will do for some time. A low proportion of Complex Needs Reviews are being completed within timescale in Children's Social Care. There was a significant increase in the number of MH re-referrals in February.
Caring	<ul style="list-style-type: none"> Manx Care has consistently met gender appropriate accommodation standards in the year to date. All standards under the new Complaint Regulations have been achieved in February. MCALS is responding to a high proportion of queries within the same day (90%). Significant increase in Friends & Family Test (FFT) response rate. Service user satisfaction remained high: 87% of service users rated their experience as 'Very Good' or 'Good' using the Friends & Family Test in month. 	
Responsive	<ul style="list-style-type: none"> Inpatient and Daycase waiting list numbers and waiting times are continuing to reduce as a result of the Restoration & Recovery activity for Orthopaedics, Ophthalmology and general surgical specialties. The 6 hour Average Total Time in Emergency Department standard continues to be achieved. Ambulance service performance was positive in February despite increasing demand, with the Category 1, 15 minute standard for the 90th percentile of patients being achieved in February, and good performance was maintained for Category 2 - 5 response times. Cancer Two Week Wait performance remains outside of the expected threshold, but the average wait time in February was 16 days, with the median wait time of 12 days being inside the 14 day timescale. Mental Health caseloads remain within expected levels. 	<ul style="list-style-type: none"> 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. Emergency care demand remains high and the Emergency Department (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. The ED was on the highest Operational Pressures Escalation Level (OPEL), Level 4, for 2.5 days in February. There were 27 12-Hour Trolley Waits. 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. Access to routine diagnostics within 6 weeks remains challenging due to increasing demand exceeding current capacity. There were 14 breaches of the 60 minute handover time in February. This represents a 59% reduction in breaches against the previous month.
Well Led (People)	<ul style="list-style-type: none"> 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. Maintained significant improvement in the number of Information Governance requests responded to within the required timescales. 	<ul style="list-style-type: none"> There were 14 Data Breaches in February, with a high number of data subjects affected. Continuing to receive high number of Information Governance related requests.
Well Led (Finance)	<ul style="list-style-type: none"> 126% of CIP target delivered to date. Efficiency savings of £1.4m have also been delivered so far this year. Should the further £1.9m be approved from the Reserve Fund, the overspend position will reduce to £5.7m. 	<ul style="list-style-type: none"> Operational overspend of (£0.2m) with the YTD position now being an overspend of (£10.4m). The operational forecast has worsened by £2.9m, which is mainly as a result of a change in the Tertiary forecast due to the ongoing work analysing the activity data. YTD Employee Costs are currently (£7.1m) over budget. Agency staff costs are £12.3m YTD.

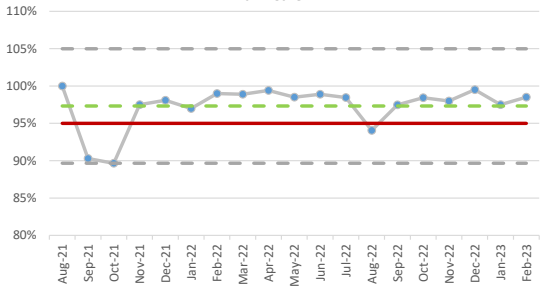
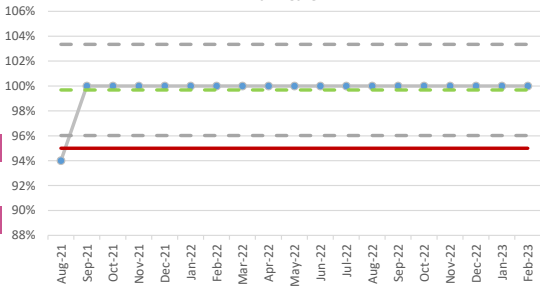
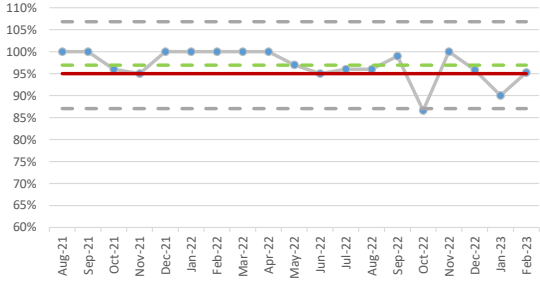
Safe Performance Summary																					
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
SA001		Exposure to Serious Incidents	Feb-23		0	2	25	< 40 PA			SA013		Harm Free Care Score (Safety Thermometer) - Adult	Feb-23		99%	98%	-	95%		
SA002		Duty of Candour - application within 10 days (%)	Feb-23		100%	100%	-	> 98%			SA014		Harm Free Care Score (Safety Thermometer) - Maternity	Feb-23		100%	100%	-	95%		
SA003		% Eligible patients having VTE risk assessment within 12 hours of decision to admit	Feb-23		98%	89%	-	95%			SA015		Harm Free Care Score (Safety Thermometer) - Children	Feb-23		95%	96%	-	95%		
SA004		% Adult Patients (within general hospital) with VTE prophylaxis prescribed	Feb-23		99%	96%	-	95%			SA016		Hand Hygiene Compliance	Feb-23		97%	97%	-	96%		
SA005		Never Events	Feb-23		0	0	0	0			SA017		48-72 hr review of antibiotic prescription complete	Feb-23		58%	66%	-	>= 98%		
SA006		Inpatient Health Service Falls (with Harm) per 1,000 occupied bed days reported on Datix	Feb-23		0.4	0.3	-	< 2													
SA007		Clostridium Difficile - Total number of acquired infections	Feb-23		3	1	11	< 30 PA													
SA008		MRSA - Total number of acquired infections	Feb-23		0	0	0	0													
SA009		E-Coli - Total number of acquired infections	Feb-23		4	6	66	< 72 PA													
SA010		No. confirmed cases of Klebsiella spp	Feb-23		0	1	12	-													
SA011		No. confirmed cases of Pseudomonas aeruginosa	Feb-23		0	1	6	-													
SA012		Exposure to medication incidents resulting in harm	Feb-23		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>Feb-23</td><td>0</td><td>3.1</td></tr></tbody></table> <div><div>Threshold < 40 PA</div><div>YTD Mean 2</div><div>Benchmark 3</div></div> <div>(Lower value represents better performance)</div> <div>+ Variation Description Common cause</div> <div>+ Assurance Description Inconsistently passing and falling short of target</div>		Reporting Date	Performance	ROF #	Feb-23	0	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>Feb-23</td><td>100.0%</td><td>3.1</td></tr></tbody></table> <div><div>Threshold > 98%</div><div>YTD Mean 100.0%</div><div>Benchmark 90.3%</div></div> <div>(Higher value represents better performance)</div> <div>+ Variation Description Common cause</div> <div>+ Assurance Description Consistently hit target</div>		Reporting Date	Performance	ROF #	Feb-23	100.0%	3.1		
Reporting Date	Performance	ROF #															
Feb-23	0	3.1															
Reporting Date	Performance	ROF #															
Feb-23	100.0%	3.1															
<div>Issues / Performance Summary</div> <div>Serious Incidents:</div> <ul style="list-style-type: none">Zero serious incidents declared in February for the second consecutive month. Only 2 SIs remained on the SI Tracker at month end; the lowest number since the process was implemented <div>Duty of Candour application within 10 days:</div> <ul style="list-style-type: none">Whilst this remains 100% for February as it has throughout the year, the indicator is problematic, and might not be showing what is intended. To date the 100% figure had related to the percentage of moderate+ incidents that have had a positive or negative assessment by the time the dashboard is submitted. This does not provide assurance around the number of applications, the number of late applications (which will only be known retrospectively), whether or not applications adhered to the policy and/or regulations, whether or not assessments were completed by service areas or CQS at the time of reporting, and whether or not there has been action beyond the assessment itself.		<div>Planned / Mitigation Actions</div> <div>Serious Incidents:</div> <ul style="list-style-type: none">All incidents are investigated in accordance with the Manx Care Serious Incident Framework. Learning through RCA's is disseminated as appropriate. <div>Duty of Candour application within 10 days:</div> <ul style="list-style-type: none">For continuity this approach will be used for the March report whilst a new proposal for this indicator is drafted by CQS for 23/24.		<div>Assurance / Recovery Trajectory</div> <div>Serious Incidents:</div> <ul style="list-style-type: none">Forecast is well within annual threshold of 40. Monthly SI report, demonstrating activity and compliance, submitted to QSE Committee by CQS Team. <div>Duty of Candour application within 10 days:</div> <ul style="list-style-type: none">The current 100% rating does offer some reassurance that moderate+ incidents are being looked at which means that clear failures to apply can be challenged. For 2023/24 a new indicator(s) will provide better assurance in relation to Duty of Candour in terms of how often it is being applied, how often issues with its application are discovered, and how well. <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>Reporting Date Feb-23 Performance 97.9% ROF # 3.1</p> <p>Threshold 95.0% YTD Mean 88.7% Benchmark 90.4% (Higher value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>+ Assurance Description Inconsistently passing and falling short of target</p>		<p>% Adult Patients (general hospital) VTE prophylaxis prescribed: Manx Care</p>	
				<p>Reporting Date Feb-23 Performance 99.2% ROF # 3.1</p> <p>Threshold 95.0% YTD Mean 96.1% Benchmark 94.3% (Higher value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>+ Assurance Description Inconsistently passing and falling short of target</p>	
Issues / Performance Summary		Planned / Mitigation Actions		Assurance / Recovery Trajectory	
<p>VTE risk assessment within 12 hours:</p> <ul style="list-style-type: none"> 97.9% for February. A positive result as above the target of 95% for the first time in 5 months. <p>VTE Prophylaxis:</p> <ul style="list-style-type: none"> Positive result - 99% of patients who required prophylaxis had this prescribed. 		<p>VTE risk assessment within 12 hours:</p> <ul style="list-style-type: none"> All care groups have been working to improve this and this is evidenced by this month's results. Focus to continue on achieving the standard. <p>VTE Prophylaxis:</p> <ul style="list-style-type: none"> This has been raised with care groups as an issue for attention and has improved. Focus on achieving target to continue. 		<p>VTE risk assessment within 12 hours:</p> <ul style="list-style-type: none"> Whilst the YTD mean is below target at 89%, improvement has been demonstrated and the target achieved for the month. <p>VTE Prophylaxis:</p> <ul style="list-style-type: none"> Reasonably confident of this performance remaining above target. YTD mean is positive at 96%, above the target of 95%. <p>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</p>	

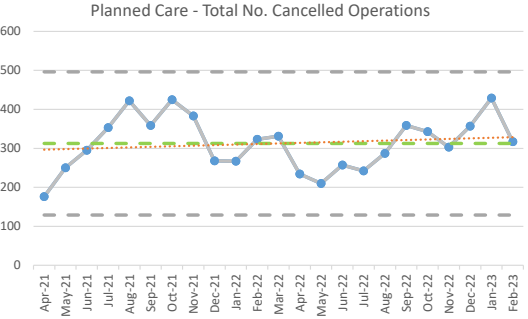
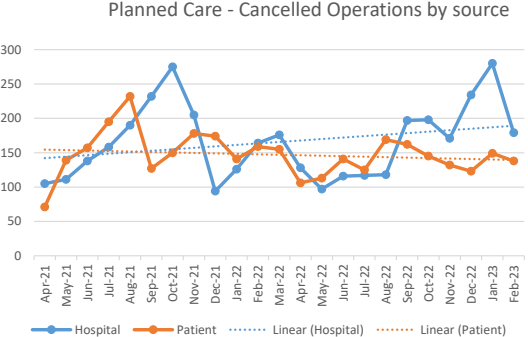
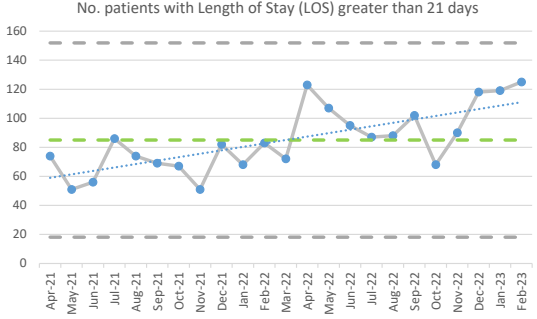
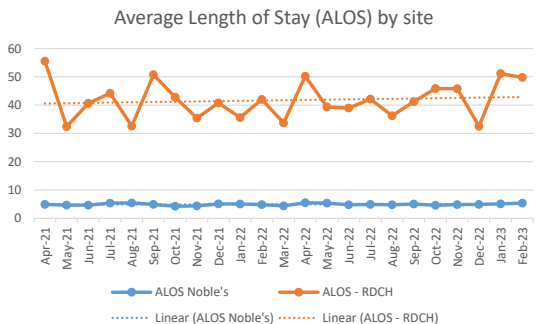
Safe		Falls; Medication Errors		Executive Lead		Paul Moore		Lead		Paul Hurst; Sue Davis																																																																																															
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<div>Issues / Performance Summary</div> <div><div>Falls (with Harm):</div><div><ul style="list-style-type: none">There were eight falls (0.35 per 1000 bed days) reported with moderate harm, well within the target of <2. These were all short term injuries. No severe harm or death incidents reported.</div></div> <div><div>Medication Errors (with Harm):</div><div><ul style="list-style-type: none">Zero medication errors with harm across Manx Care for the fourth consecutive month.</div></div>				<div>Planned / Mitigation Actions</div> <div><div>Falls (with Harm):</div><div><ul style="list-style-type: none">Continue with risk reduction activity to minimise harm.</div></div> <div><div>Medication Errors (with Harm):</div><div><ul style="list-style-type: none">To continue to monitor.</div></div>				<div>Assurance / Recovery Trajectory</div> <div><div>Falls (with Harm):</div><div><ul style="list-style-type: none">All mitigations remain in place to maintain patient safety. YTD mean is positive at 0.3 per 1000 bed days and no month has breached the threshold of 2 in the current reporting year.</div></div> <div><div>Medication Errors (with Harm):</div><div><ul style="list-style-type: none">Medication Safety Pharmacist is raising awareness with regular safety bulletins. Reasonable confidence that positive performance will continue.</div></div> <div>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</div>																																																																																																	

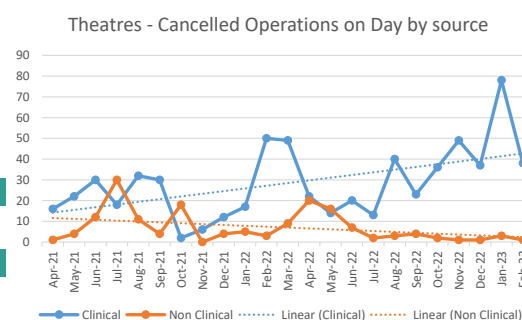
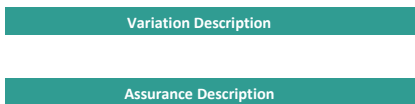
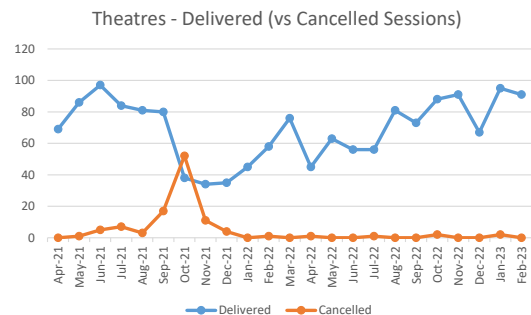
Safe		Infection Control		Executive Lead		Paul Moore		Lead		Paul Hurst; Sue Davis					
<div>C.Diff - Actual Cases : Manx Care</div> 				<div>Reporting Date</div> <div>Feb-23</div> <div>Performance</div> <div>3</div> <div>ROF #</div> <div>3.1</div> <div>Threshold</div> <div>< 30 PA</div> <div>YTD Mean</div> <div>1</div> <div>Benchmark</div> <div>1</div> <div>(Lower value represents better performance)</div> <div>-</div> <div>Variation Description</div> <div>Common cause</div> <div>-</div> <div>Assurance Description</div> <div>Inconsistently passing and falling short of target</div>				<div>E.Coli - Actual Cases : Manx Care</div> 				<div>Reporting Date</div> <div>Feb-23</div> <div>Performance</div> <div>4</div> <div>ROF #</div> <div>3.1</div> <div>Threshold</div> <div>< 72 PA</div> <div>YTD Mean</div> <div>6</div> <div>Benchmark</div> <div>5</div> <div>(Lower value represents better performance)</div> <div>+</div> <div>Variation Description</div> <div>Common cause</div> <div>+</div> <div>Assurance Description</div> <div>Inconsistently passing and falling short of target</div>			
<div>MRSA - Actual Cases : Manx Care</div> 				<div>Reporting Date</div> <div>Feb-23</div> <div>Performance</div> <div>0</div> <div>ROF #</div> <div>3.1</div> <div>Threshold</div> <div>0</div> <div>YTD Mean</div> <div>0</div> <div>Benchmark</div> <div>0</div> <div>(Lower value represents better performance)</div> <div>+</div> <div>Variation Description</div> <div>Common cause</div> <div>+</div> <div>Assurance Description</div> <div>Consistently hit target</div>											
<div>Issues / Performance Summary</div> <div>C.Diff:</div> <div>• There have been three cases this month. Two hospital and one community based. RCAs have been completed and contributory factors include age / antibiotics / use of protein pump inhibitors. The two hospital cases are from Ward 8 which has resulted in an increased incidence of CDI on the ward. Total cases for the year remain below the annual threshold.</div> <div>E.Coli:</div> <div>• There has been four cases reported this month, all were community associated. Sources include urinary tract infections and biliary disease. None were attributed to urinary catheterisation.</div> <div>MRSA:</div> <div>• There have been no MRSA bacteraemia cases reported since Feb 2021.</div> <div>Pseudomonas aeruginosa:</div> <div>• There have been no cases this month.</div>				<div>Planned / Mitigation Actions</div> <div>C.Diff:</div> <div>• Samples from the ward have been sent to a reference lab for ribotyping to see if the cases are associated. Extensive deep clean has been initiated on the Ward. Surveillance continues to in order monitor the situation.</div> <div>E.Coli:</div> <div>• To continue with surveillance.</div> <div>MRSA:</div> <div>• To continue to undertake surveillance.</div> <div>Pseudomonas aeruginosa:</div> <div>• To continue to undertake surveillance.</div>				<div>Assurance / Recovery Trajectory</div> <div>C.Diff:</div> <div>• Close monitoring / support and surveillance continues. Confident that detection and effective management is in place and will continue.</div> <div>E.Coli:</div> <div>• There is no association between the cases.</div> <div>MRSA:</div> <div>A post infection review will be undertaken if any cases occur.</div> <div>Pseudomonas aeruginosa:</div> <div>• There is no national threshold set.</div>							

Safe			Executive Lead			Paul Moore			Lead			Paul Hurst; Sue Davis		
Safety Thermometer			Reporting Date Feb-23			Performance 98.5%			ROF # 3.1			Reporting Date Feb-23		
Harm Free Care Score (Safety Thermometer) - Adult: Manx Care			Threshold 95.0%			YTD Mean 98.1%			Benchmark 96.3%			Threshold 95.0%		
			(Higher value represents better performance)			+ Variation Description Special Cause of Improving variation (High)						(Higher value represents better performance)		
			+ Assurance Description Consistently hit target						+ Variation Description Common cause					
Harm Free Care Score (Safety Thermometer) - Children: Manx Care			Reporting Date Feb-23			Performance 95.2%			ROF # 3.1			Reporting Date Feb-23		
			Threshold 95.0%			YTD Mean 95.5%			Benchmark 98.9%			Threshold 95.0%		
			(Higher value represents better performance)			+ Variation Description Common cause								
			+ Assurance Description Inconsistently passing and falling short of target											
Issues / Performance Summary			Planned / Mitigation Actions			Assurance / Recovery Trajectory								
Adult: <ul style="list-style-type: none"> 98.5% of adult patients were kept free from harm, this has exceeded the target for 10 out of 11 reporting months YTD. Maternity: <ul style="list-style-type: none"> 100% of Maternity patients were kept free from harm. Children: <ul style="list-style-type: none"> 95.24% of children were kept from harm, above target of 95%. 			Adult: <ul style="list-style-type: none"> To continue with ongoing actions. Maternity: <ul style="list-style-type: none"> Continue with activities to maintain compliance. Children: <ul style="list-style-type: none"> Continue with activities to maintain compliance. 			Adult: <ul style="list-style-type: none"> Performance is exceeding target of 95% with the YTD mean positive at 98%. Maternity: <ul style="list-style-type: none"> Performance exceeds the target. YTD Mean positive at 100%. Children: <ul style="list-style-type: none"> Reasonably confident of maintenance of high standards. <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																																																																											
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<div>Hand Hygiene:</div> <ul style="list-style-type: none">The hand hygiene (WHO five moments of hand hygiene) compliance score was 96% and the Bare Below the Elbow audit was 97%. <div>Review of Antibiotic Prescribing:</div> <ul style="list-style-type: none">58%, a drop from January.				<div>Hand Hygiene:</div> <ul style="list-style-type: none">To continue with monthly audits. <div>Review of Antibiotic Prescribing:</div> <ul style="list-style-type: none">To continue to monitor.				<div>Hand Hygiene:</div> <ul style="list-style-type: none">This shows good compliance and there is reasonable level of confidence in a continuation of same. <div>Review of Antibiotic Prescribing:</div> <ul style="list-style-type: none">Limited confidence that this will improve. Performance is currently being addressed through antimicrobial ward rounds but will likely require step change in prescribing practice. <div>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</div>																																																																													

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)	Feb-23		8%	10%	-	5% by Apr '23			EF019		CFSC - % Complex Needs Reviews held on time	Feb-23		43%	49%	-	85%		
EF002		Planned Care - Total Number of Cancelled Operations	Feb-23		317	303	3338	-			EF021		CFSC - % Total Initial Child Protection Conferences held on time	Feb-23		50%	78%	-	90%		
EF003		Theatres - Number of Cancelled Operations on Day	Feb-23		39	40	400	-			EF022		CFSC - % Child Protection Reviews held on time	Feb-23		86%	78%	-	90%		
EF004		Theatres - Theatre Utilisation	Feb-23		82%	74%	-	85%			EF023		CFSC - % Looked After Children reviews held on time	Feb-23		100%	94%	-	90%		
EF005		Length of Stay (LOS) - No. patients with LOS greater than 21 days	Feb-23		125	102	-	-													
EF024		Mortality - Hospitals LFD (Learning from Death reviews)	Feb-23		92%	35%	-	80%													
EF008		ASC - West Wellbeing Contribution to reduction in ED attendance	Feb-23		7%	2%	-	-5%													
EF009		ASC - West Wellbeing Reduction in admission to hospital from locality	Feb-23		-6%	8%	-	-10%													
EF010		IPCC - % Dental contractors on target to meet UDA's	Feb-23		75%	-	-	40%													
EF011		MH - Average Length of Stay (LOS) in MH Acute Inpatient Service	Feb-23		72.0	47.5	-	-													
EF012		MH - Length of Stay (LOS) - No. patients with LOS greater than 21 days	Feb-23		9	7	-	-													
EF013		MH - % service users discharged from MH inpatient to have follow up appointment	Feb-23		94%	90%	-	100%													
EF014		MH - % Re-referrals within 6 months	Feb-23		24%	17%	-	10-20 %													
EF015		ASC - % of Re-referrals	Feb-23		5%	10%	-	10%													
EF016		ASC - % of all Adult Community Care Assessments completed in Agreed Timescales	Feb-23		33%	68%	-	80%													
EF017		ASC - % of individuals (or carers) receiving a copy of their Adult Community Care Assessment	Feb-23		0%	10%	-	100%													
EF018		ASC - % of all Residential Beds Occupied	Feb-23		68%	77%	-	85%													
EF025		Nutrition and Hydration - complete at 7 days (Acute Hospitals and Mental Health)	Feb-23		89%	82%	-	95%													
EF026		MH - Crisis Team one hour response to referral from ED	Feb-23		75%	91%	-	75%													

Effective	Planned Care	Executive Lead	Oliver Radford	Lead	J.Watson; M.Cox; L.Thompson
<div><div>Planned Care - Total No. Cancelled Operations</div></div> <div><div>Planned Care - Cancelled Operations by source</div><div>● Hospital ● Patient Linear (Hospital) Linear (Patient)</div></div>		<div><div>Reporting Date</div>Feb-23</div> <div><div>Performance</div>317</div> <div><div>ROF #</div>4.3</div> <div><div>Threshold</div>-</div> <div><div>YTD Mean</div>303</div> <div><div>Benchmark</div>321</div> <div>(Lower value represents better performance)</div> <div><div>+</div>Variation Description</div> Common cause <div>Assurance Description</div>	<div><div>No. patients with Length of Stay (LOS) greater than 21 days</div></div>	<div><div>Reporting Date</div>Feb-23</div> <div><div>Performance</div>125</div> <div><div>ROF #</div>4.3</div> <div><div>Threshold</div>-</div> <div><div>YTD Mean</div>102</div> <div><div>Benchmark</div>69</div> <div>(Lower value represents better performance)</div> <div><div>-</div>Variation Description</div> Common cause <div>Assurance Description</div>	
		<div><div>Reporting Date</div>Feb-23</div> <div><div>Performance</div>-</div> <div><div>ROF #</div>4.3</div> <div><div>Threshold</div>-</div> <div><div>YTD Mean</div>-</div> <div><div>Benchmark</div>-</div> <div>(Lower value represents better performance)</div> <div><div>+</div>Variation Description</div> <div>Assurance Description</div>	<div><div>Average Length of Stay (ALOS) by site</div><div>● ALOS Noble's ● ALOS - RDCH Linear (ALOS Noble's) Linear (ALOS - RDCH)</div></div>	<div><div>Reporting Date</div>Feb-23</div> <div><div>Performance</div>Noble's : 5.3 days RDCH : 49.8 days</div> <div><div>ROF #</div>4.3</div> <div><div>Threshold</div>-</div> <div><div>YTD Mean</div>Noble's : 5 days RDCH : 43 days</div> <div><div>Benchmark</div>-</div> <div>Variation Description</div> <div>Assurance Description</div>	
<div>Issues / Performance Summary</div> <div>Length of Stay:</div> <ul style="list-style-type: none">Staffing pressures, closures of ward 12, re-enablement delays and lack of availability of residential and nursing care beds have all contributed to longer lengths of stay.The acuity of patients being admitted has increased for surgical patients driving longer lengths of stay in hospital.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.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.The spike in cancelled operations in January was due to unforeseen circumstances where one of the Synaptik Ophthalmologists under the R&R programme became unable to operate. All patients affected were re-booked and the ophthalmology activity timelines were restored by booking additional operating sessions.		<div>Planned / Mitigation Actions</div> <div>Length of Stay:</div> <ul style="list-style-type: none">Daily activity to ensure surgical patients discharged as soon as clinically appropriate to do so.Spot purchasing of community bedsImplementation of enhanced recovery pathways under the Restoration & Recovery (R&R) programme.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.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 & 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.		<div>Assurance / Recovery Trajectory</div> <div>Length of Stay:</div> <ul style="list-style-type: none">Significant improvements in the reduction of length of stays for both R&R and BAU activity (e.g. orthopaedic hip & 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 & District Cottage Hospital.Reduced LOS on the R&R pathway have allowed all patients to be accommodated on the 15 bed private patient ward (PPU). <div>Note - Benchmarks are the Manx Care monthly average for 2021/22.</div>	

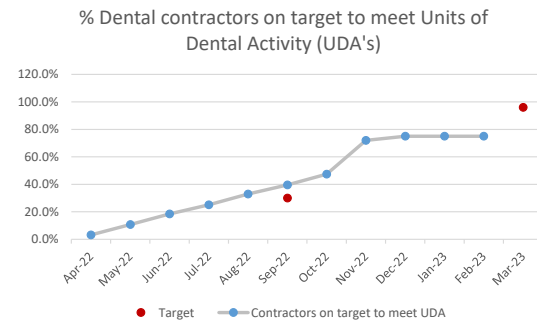
15

Effective	Mortality	Executive Lead	Sree Andole	Lead	David Hedley; Alison Hool																												
<div>Hospitals LFD (Learning from Death reviews)</div> <table border="1"><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Feb-23</td><td>92.0%</td><td>3.6</td></tr></tbody></table> <table border="1"><thead><tr><th>Threshold</th><th>YTD Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>80.0%</td><td>35.4%</td><td>88.0%</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 #	Feb-23	92.0%	3.6	Threshold	YTD Mean	Benchmark	80.0%	35.4%	88.0%	<div>Mortality by age band: 01/04/2021 to 28/02/2023</div> <table border="1"><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>-</td><td>740 in Total</td><td>3.6</td></tr></tbody></table> <table border="1"><thead><tr><th>Threshold</th><th>YTD Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>-</td><td>-</td><td>-</td></tr></tbody></table> <div>+ Variation Description</div> <div>- Assurance Description</div>		Reporting Date	Performance	ROF #	-	740 in Total	3.6	Threshold	YTD Mean	Benchmark	-	-	-	<div>Issues / Performance Summary</div> <div>Hospitals LFD (Learning from Death) Reviews:</div> <ul style="list-style-type: none">92% of Level 1 reviews completed, which is by far the highest result to date and in excess of the target of 80%.		<div>Planned / Mitigation Actions</div> <div>Hospitals LFD (Learning from Death) Reviews:</div> <ul style="list-style-type: none">An improved system has been put in place to improve compliance and decrease backlog..		<div>Assurance / Recovery Trajectory</div> <ul style="list-style-type: none">Reporting casemix adjusted mortality rates in line with Hospital Standardised Mortality Ratio (HSMR) methodologies is currently being developed, with the intention to begin reporting against this methodology in the April 23 report. The benefits and requirements of reporting against the Summary Hospital-level Mortality Indicator (SHMI) methodology are also being evaluated and considered for future reporting. <div>Hospitals LFD (Learning from Death) Reviews:</div> <ul style="list-style-type: none">Following an awareness campaign by the Medical Director, the number of retrospective reviews outstanding is decreasing and compliance therefore improving. High level of assurance for continued compliance.	
Reporting Date	Performance	ROF #																															
Feb-23	92.0%	3.6																															
Threshold	YTD Mean	Benchmark																															
80.0%	35.4%	88.0%																															
Reporting Date	Performance	ROF #																															
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Threshold	YTD Mean	Benchmark																															
-	-	-																															

Effective	Nutrition & Hydration	Executive Lead	Paul Moore	Lead	Paul Hurst, Sue Davis
<div> <div> <p>Nutrition & Hydration - complete at 7 days (Acute Hospitals & Mental Health)</p> </div> <div> <p>Reporting Date: Feb-23</p> <p>Performance: 89.0%</p> <p>ROF #: 3.1</p> <p>Threshold: 95.0%</p> <p>YTD Mean: 81.9%</p> <p>Benchmark: 83.7%</p> <p>(Higher value represents better performance)</p> <p>+ Variation Description: Common cause</p> <p>- Assurance Description: Consistently fail target</p> </div> </div>					
Issues / Performance Summary		Planned / Mitigation Actions		Assurance / Recovery Trajectory	
<p>Nutrition & Hydration:</p> <ul style="list-style-type: none"> 88.95% for February. Whilst this remains below the target of 95% the result is the highest YTD and demonstrates significant improvement, particularly in the IMHS (50% Jan / 85% Feb). 		<p>Nutrition & Hydration:</p> <ul style="list-style-type: none"> This has been addressed in all areas and showing a noticeable improvement this month. 		<p>Nutrition & Hydration:</p> <ul style="list-style-type: none"> Attention has been dedicated to this indicator under the leadership of the Director of Nursing and ADOs. Reasonably confident of maintained improvement across all hospital / acute services, including inpatient IMHS. <p>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</p>	

Effective	Wellbeing Services	Executive Lead	David Hamilton	Lead	Michele Mountjoy																						
<div>West Wellbeing service contribution to reduction in ED attendance</div> <table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Feb-23</td><td>7.3%</td><td>4.11.1</td></tr></tbody></table> <table><thead><tr><th>Threshold</th><th>YTD Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>-5.0%</td><td>1.8%</td><td>-</td></tr></tbody></table> <p>(Lower 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 #	Feb-23	7.3%	4.11.1	Threshold	YTD Mean	Benchmark	-5.0%	1.8%	-	<div>West Wellbeing service reduction in admission to hospital from locality</div> <table><thead><tr><th>Reporting Date</th><th>Performance</th><th>ROF #</th></tr></thead><tbody><tr><td>Feb-23</td><td>-6.4%</td><td>4.11.1</td></tr></tbody></table> <table><thead><tr><th>Threshold</th><th>YTD Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>-10.0%</td><td>7.8%</td><td>-</td></tr></tbody></table> <p>(Lower 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 #	Feb-23	-6.4%	4.11.1	Threshold	YTD Mean	Benchmark	-10.0%	7.8%	-
Reporting Date	Performance	ROF #																									
Feb-23	7.3%	4.11.1																									
Threshold	YTD Mean	Benchmark																									
-5.0%	1.8%	-																									
Reporting Date	Performance	ROF #																									
Feb-23	-6.4%	4.11.1																									
Threshold	YTD Mean	Benchmark																									
-10.0%	7.8%	-																									
<div>Issues / Performance Summary</div> <div>Wellbeing Services:</div> <ul style="list-style-type: none">• 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.• 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.• Patients may be attending A&E due to capacity in community services, e.g. dementia patient unable to access Community Occupational Therapy services, falling and attending A&E.• Concern re: metric with data collected on short term basis (6 months), and difficulty in evidencing the direct contribution of the service on ED and Hospital attendance as there are many factors contributing to the demand for those services that are outside the scope and control of the Wellbeing service.		<div>Planned / Mitigation Actions</div> <div>Wellbeing Services:</div> <ul style="list-style-type: none">• The service is raising awareness regarding the impact the lack of capacity in community services has on ED.• New frailty service identifying patients at an earlier stage.• Targeting of nursing homes specifically for falls.		<div>Assurance / Recovery Trajectory</div> <div>Wellbeing Services:</div> <ul style="list-style-type: none">• The service will look to refer more patients to third sector services, e.g. respite services as appropriate.• 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, and to better evidence the direct impact of the Wellbeing service on ED and hospital demand.• Impact of new frailty service to be reviewed in Q4. <div>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</div>																							

Effective	Integrated Primary & Community Care	Executive Lead	Oliver Radford	Lead	Annmarie Cubbon
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Reporting Date: Feb-23
Performance: 75.0%
ROF #: 4.8.3

Threshold: 40.0%
YTD Mean: -
Benchmark: -
(Higher value represents better performance)

+ Variation Description

- Assurance Description
Consistently hit target

Issues / Performance Summary

Dental Contractors:

- 7 of the 8 dental providers are currently at 80% of their contract delivery or above.

Planned / Mitigation Actions

Dental Contractors:

- Practices that under achieve will reimburse the Department in full at the end of the financial year.

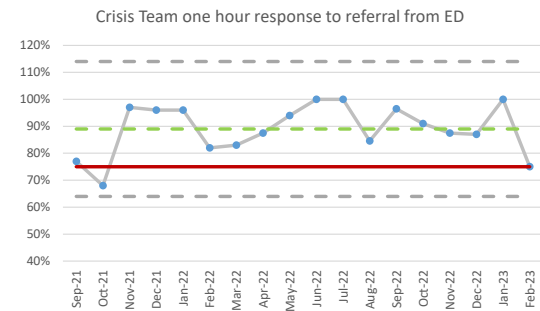
Assurance / Recovery Trajectory

Dental Contractors:

- Any contractors that under-deliver will be required carry over 4% of their UDA delivery into the next financial year and reimburse the department in full at year end.

Effective	Mental Health (1 of 2)	Executive Lead	David Hamilton	Lead	Ross Bailey
<p>MH - Average Length of Stay (ALOS) in MH Acute Inpatient Service</p>		<p>Reporting Date Feb-23</p> <p>Performance 72.0</p> <p>ROF # 4.7.7</p>	<p>MH - % service users discharged from MH inpatient that have follow up appointment within 3 days</p>		<p>Reporting Date Feb-23</p> <p>Performance 94.0%</p> <p>ROF # 4.7.6</p>
<p>Threshold -</p> <p>YTD Mean 47.5</p> <p>Benchmark 31.3</p> <p>(Lower value represents better performance)</p> <p>Variation Description Common cause</p> <p>Assurance Description</p>		<p>Threshold 100.0%</p> <p>YTD Mean 89.6%</p> <p>Benchmark 93.3%</p> <p>(Higher value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>- Assurance Description Inconsistently passing and falling short of target</p>			
<p>MH - Length of Stay (LOS) - No. patients with LOS greater than 21 days</p>		<p>Reporting Date Feb-23</p> <p>Performance 9</p> <p>ROF # 4.7.7</p>	<p>MH - % Re-referrals within 6 months</p>		<p>Reporting Date Feb-23</p> <p>Performance 23.7%</p> <p>ROF # 4.7.6</p>
<p>Threshold -</p> <p>YTD Mean 7</p> <p>Benchmark 7</p> <p>(Lower value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>Assurance Description</p>		<p>Threshold 10-20 %</p> <p>YTD Mean 17.4%</p> <p>Benchmark 19.5%</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>Issues / Performance Summary</p> <p>Average Length of Stay (ALOS):</p> <ul style="list-style-type: none"> ALOS has increased slightly in February. The average length of stay on Glen Suite is 101 days, and Harbour Suite 21. Relatively small bed volume can have a significant impact on interpretation of data. <p>3 Day follow up:</p> <ul style="list-style-type: none"> Performance in February (94%) was just below the required threshold of 100%. However, it has been recognised that the current standard of 100% does not account for breaches due to service user choice. <p>Length of Stay greater than 21 days:</p> <ul style="list-style-type: none"> The number of service users discharged after a stay of 21 days or more decreased in February. <p>There are currently 9 patients admitted to Manannan Court that have a Length of Stay over 21 days.</p> <p>Re-referrals:</p> <ul style="list-style-type: none"> There was a significant increase in the number of re-referrals in February, with 125 service users re-referred against a YTD average of 96. A lower than average number of referrals for the month has compounded the achieved performance. 		<p>Planned / Mitigation Actions</p> <p>3 Day follow up:</p> <ul style="list-style-type: none"> It has been agreed that the threshold for 2023/24 will be 90% to account for patient choice. IMHS are working with Live Systems team and the BI team to gather this information electronically. <p>Re-referrals:</p> <ul style="list-style-type: none"> Currently this data is unreliable. The information for this indicator has not been validated, the BI team are working with IMHS to gather the number of new users referred to the service, which will exclude referrals made within the service. This will bring referral methodology in line with the changes made to caseload reporting in July 2022. 		<p>Assurance / Recovery Trajectory</p> <p>Average Length of Stay (ALOS):</p> <ul style="list-style-type: none"> The service regularly monitor patients who are admitted and actively look to progress the most appropriate treatment/care plan on an individual basis. The mean ALOS combines both Glen and Harbour Suite. The ALOS on the Glen suite is consistently higher, given the challenges in securing dementia beds, we suggest we should report on each ward individually. <p>Re-referrals:</p> <ul style="list-style-type: none"> The numbers are actually lower for the same period in 2021-2022 and comparable to 2020-21. <p>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</p>	

Effective	Mental Health (2 of 2)	Executive Lead	David Hamilton	Lead	Ross Bailey
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Reporting Date	Performance	ROF #
Feb-23	75.0%	3.1
Threshold	YTD Mean	Benchmark
75.0%	91.2%	85.6%
(Higher value represents better performance)		
-	Variation Description	
	Common cause	
-	Assurance Description	
	Consistently hit target	

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Crisis Team: <ul style="list-style-type: none"> 75% YTD performance of 91% is above target. 	Crisis Team: <ul style="list-style-type: none"> To continue to monitor monthly 	Crisis Team: <ul style="list-style-type: none"> If adherence falls below 75% to review workforce, staffing, prioritisation and individual case circumstances. English NHS benchmarking standard is 80% for this indicator, which they routinely fail to meet. CRHTT performance is significantly better than the English NHS Equivalent. <p>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</p>

Effective	Adult Social Work	Executive Lead	David Hamilton	Lead	Michele Mountjoy
<p>ASC - % of Re-referrals</p>		<p>Reporting Date Feb-23 Performance 4.5% ROF # 4.10</p> <p>Threshold 10.0% YTD Mean 9.7% Benchmark 16.8%</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>Reporting Date Feb-23 Performance 33.3% ROF # 4.10</p> <p>Threshold 80.0% YTD Mean 68.0% Benchmark 72.2%</p> <p>(Higher value represents better performance)</p> <p>- Variation Description Common cause</p> <p>- Assurance Description Inconsistently passing and falling short of target</p>	
<p>ASC - No. of Referrals</p>		<p>Reporting Date Feb-23 Performance 66 ROF # 4.10</p> <p>Threshold - YTD Mean 162 Benchmark -</p> <p>Variation Description</p> <p>Assurance Description</p>		<p>Reporting Date Feb-23 Performance 0.0% ROF # 4.10</p> <p>Threshold 100.0% YTD Mean 10.0% Benchmark 30.6%</p> <p>(Higher value represents better performance)</p> <p>- Variation Description Common cause</p> <p>- Assurance Description Consistently fail target</p>	
<p>Issues / Performance Summary</p> <p>The number of new referrals received in February was 66.</p> <p>Re-Referrals:</p> <ul style="list-style-type: none"> Re-referral rates remain within the expected threshold. There was a change to the reporting methodology in October, with the ASAT team 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 3 re-referrals in February. <p>Assessments completed within Timescales:</p> <ul style="list-style-type: none"> The completion of Wellbeing Partnership assessments in February remained below the required threshold. <p>Individuals receiving copy of Assessment:</p> <ul style="list-style-type: none"> The reported number of individuals receiving copies of their Wellbeing Partnership assessments in February remained significantly below the required threshold. The reported position is artificially low due to a data capture issue. 		<p>Planned / Mitigation Actions</p> <ul style="list-style-type: none"> Processes are being continually reviewed to make them more streamlined. <p>Assessments completed within Timescales:</p> <ul style="list-style-type: none"> Team members have been reminded to complete the appropriate assessment related data sets on Wellbeing Partnership assessments to ensure continued accuracy of data. <p>Individuals receiving copy of Assessment:</p> <ul style="list-style-type: none"> 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. 		<p>Assurance / Recovery Trajectory</p> <ul style="list-style-type: none"> 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. <p>Individuals receiving copy of Assessment:</p> <ul style="list-style-type: none"> 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 IPR for the April 2023 position. The estimated figure of assessments shared is 60%. Going forward, data will be available where assessments have and have not been shared, not sharing may take place due to the assessment not yet being complete. The low number of assessments completed during February is in part attributable to this systems issue, as the mandatory requirement to indicate where an assessment has been shared has been included at each stage which has slowed down the process. This issue has now been resolved. <p>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</p>	

Effective	Social Work (Children & Families)	Executive Lead	David Hamilton	Lead	Julie Gibney
<p>% Complex Needs Reviews held on time</p>		<p>Reporting Date Feb-23</p> <p>Performance 42.9%</p> <p>ROF # 4.10.6</p>		<p>Reporting Date Feb-23</p> <p>Performance 85.7%</p> <p>ROF # 4.10.6</p>	
<p>Threshold 85.0%</p> <p>YTD Mean 49.2%</p> <p>Benchmark 68.8%</p> <p>(Higher value represents better performance)</p>		<p>Threshold 90.0%</p> <p>YTD Mean 90.0%</p> <p>Benchmark 84.4%</p> <p>(Higher value represents better performance)</p>		<p>Threshold 90.0%</p> <p>YTD Mean 90.0%</p> <p>Benchmark 84.4%</p> <p>(Higher value represents better performance)</p>	
<p>-</p> <p>Variation Description Common cause</p>		<p>-</p> <p>Variation Description Common cause</p>		<p>+</p> <p>Variation Description Common cause</p>	
<p>-</p> <p>Assurance Description Consistently fail target</p>		<p>-</p> <p>Assurance Description Consistently fail target</p>		<p>-</p> <p>Assurance Description Consistently fail target</p>	
<p>% Total Initial Child Protection Conferences held on time</p>		<p>Reporting Date Feb-23</p> <p>Performance 50.0%</p> <p>ROF # 4.10.6</p>		<p>Reporting Date Feb-23</p> <p>Performance 100.0%</p> <p>ROF # 4.10.6</p>	
<p>Threshold 90.0%</p> <p>YTD Mean 77.5%</p> <p>Benchmark 63.3%</p> <p>(Higher value represents better performance)</p>		<p>Threshold 90.0%</p> <p>YTD Mean 93.8%</p> <p>Benchmark 86.0%</p> <p>(Higher value represents better performance)</p>		<p>Threshold 90.0%</p> <p>YTD Mean 93.8%</p> <p>Benchmark 86.0%</p> <p>(Higher value represents better performance)</p>	
<p>-</p> <p>Variation Description Common cause</p>		<p>-</p> <p>Variation Description Common cause</p>		<p>+</p> <p>Variation Description Common cause</p>	
<p>-</p> <p>Assurance Description Inconsistently passing and falling short of target</p>		<p>-</p> <p>Assurance Description Inconsistently passing and falling short of target</p>		<p>+</p> <p>Assurance Description Inconsistently passing and falling short of target</p>	
<p>% Total Child Protection Review Conferences held on time</p>		<p>Reporting Date Feb-23</p> <p>Performance 85.7%</p> <p>ROF # 4.10.6</p>		<p>Reporting Date Feb-23</p> <p>Performance 100.0%</p> <p>ROF # 4.10.6</p>	
<p>Threshold 90.0%</p> <p>YTD Mean 90.0%</p> <p>Benchmark 84.4%</p> <p>(Higher value represents better performance)</p>		<p>Threshold 90.0%</p> <p>YTD Mean 93.8%</p> <p>Benchmark 86.0%</p> <p>(Higher value represents better performance)</p>		<p>Threshold 90.0%</p> <p>YTD Mean 93.8%</p> <p>Benchmark 86.0%</p> <p>(Higher value represents better performance)</p>	
<p>-</p> <p>Variation Description Common cause</p>		<p>-</p> <p>Variation Description Common cause</p>		<p>+</p> <p>Variation Description Common cause</p>	
<p>-</p> <p>Assurance Description Consistently fail target</p>		<p>-</p> <p>Assurance Description Consistently fail target</p>		<p>+</p> <p>Assurance Description Inconsistently passing and falling short of target</p>	
<p>% Looked After Children reviews held on time</p>		<p>Reporting Date Feb-23</p> <p>Performance 100.0%</p> <p>ROF # 4.10.6</p>		<p>Reporting Date Feb-23</p> <p>Performance 100.0%</p> <p>ROF # 4.10.6</p>	
<p>Threshold 90.0%</p> <p>YTD Mean 93.8%</p> <p>Benchmark 86.0%</p> <p>(Higher value represents better performance)</p>		<p>Threshold 90.0%</p> <p>YTD Mean 93.8%</p> <p>Benchmark 86.0%</p> <p>(Higher value represents better performance)</p>		<p>Threshold 90.0%</p> <p>YTD Mean 93.8%</p> <p>Benchmark 86.0%</p> <p>(Higher value represents better performance)</p>	
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<p>Issues / Performance Summary</p> <p>Complex Needs Reviews held on time:</p> <ul style="list-style-type: none"> The number of reviews undertaken within timescale in February reduced to 42.9% and remains below the required threshold. There have been significant pressures in the IRT/Out of Hours Team due to reduced management capacity and vacancy factor. This has led to increased caseloads, priority has been given to unknown risks coming in via duty rather than risks understood and managed as the Complex Needs process. There was some difficulty in transferring cases due to capacity in Care Management. IRT remain holding long-term CWCN cases for the foreseeable future, whilst balancing immediate response to new cases. <p>Initial Child Protection Conferences held on time:</p> <ul style="list-style-type: none"> 50% of conferences were held within the timescales in February. <p>Child Protection Review Conferences held on time:</p> <ul style="list-style-type: none"> 85.7% of conferences were completed within the timescales in February. <p>Looked After Children reviews held on time:</p> <ul style="list-style-type: none"> 100% of reviews were held within the timescales in February. 		<p>Planned / Mitigation Actions</p> <p>Complex Needs Reviews held on time:</p> <ul style="list-style-type: none"> 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. 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. 		<p>Assurance / Recovery Trajectory</p> <ul style="list-style-type: none"> 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. 12 children (5 families) were subject to ICPC. For 5 of those children (2 families, 3 meetings) ICPCs were held out of timescale. One was out of time as the conference needed to be held 6 weeks post birth of the child, the other to accommodate the half term holiday as it was important that the school attending the meeting and that the family had available childcare to facilitate attendance. <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	Feb-23		0	0	0	0			CA012		FFT - How was your experience? No. of responses	Feb-23	-	235	161	966	-		
CA002		Complaints - Total number of complaints received	Feb-23		27	28	307	<= 450 PA			CA013		FFT - Experience was Very Good or Good	Feb-23		87%	78%	-	80%		
CA007		Complaint acknowledged within 5 working days	Feb-23		100%	100%	-	100%			CA014		FFT - Experience was neither Good or Poor	Feb-23		10%	7%	-	10%		
CA008		Written response to complaint within 20 days	Feb-23		100%	100%	-	100%			CA015		FFT - Experience was Poor or Very Poor	Feb-23		4%	16%	-	<10%		
CA010		No. complaints exceeding 6 months	Feb-23		0	0	0	0			CA016		Manx Care Advice and Liaison Service contacts	Feb-23	-	770	542	5,962	-		
CA011		No. complaints referred to HSCOB	Feb-23	-	0	0	0	-			CA017		Manx Care Advice and Liaison Service same day response	Feb-23		90.0%	89.2%	-	80%		

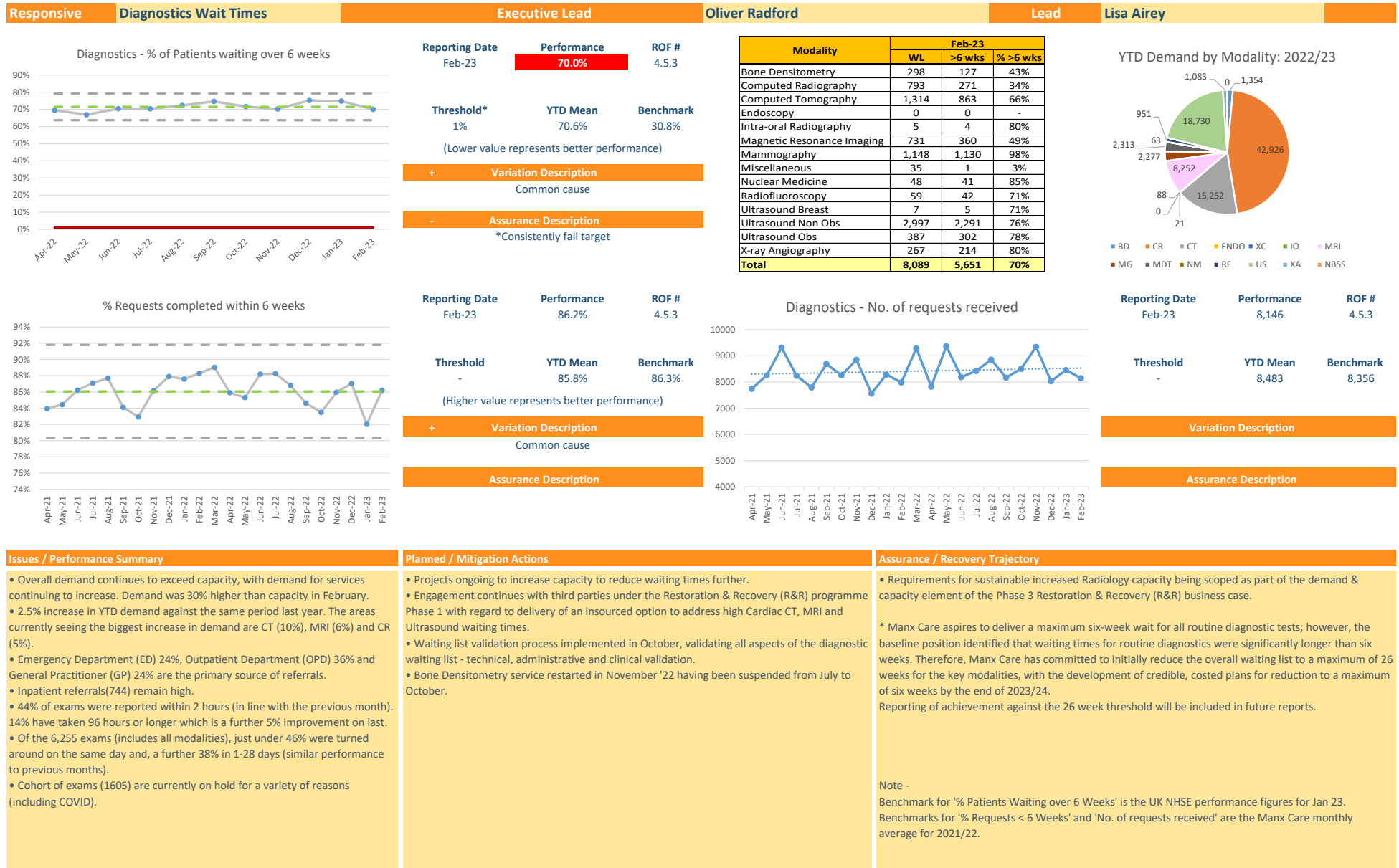
Caring	Complaints	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis																																															
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<p>November was the first full month of reporting under the new Complaint Regulations.</p> <p>Number of Complaints:</p> <ul style="list-style-type: none">25 logged in February which is a slight increase from January. Remains below monthly YTD average of 28. <p>Acknowledged within 5 Days:</p> <ul style="list-style-type: none">Fourth full month of new Complaint Regulations. No issues or concerns to report. Full compliance with Regulatory requirement. <p>Written Response within 20 days:</p> <ul style="list-style-type: none">Fourth full month of new Complaint Regulations. No issues or concerns to report. Full compliance with Regulatory requirement. <p>No. Complaints Exceeding 6 Months:</p> <ul style="list-style-type: none">Fourth full month of new Complaint Regulations. No issues or concerns to report. Full compliance with Regulatory requirement. No complaint is able to exceed 6 months until after April 2023. <p>No. complaints referred to HSCOB:</p> <ul style="list-style-type: none">Fourth full month of new Complaint Regulations. No issues or concerns to report.		<p>Number of Complaints:</p> <ul style="list-style-type: none">CQS Team to continue to monitor performance in order to identify patterns and trends. <p>Acknowledged within 5 Days:</p> <ul style="list-style-type: none">CQS Team to continue to monitor daily performance to ensure compliance. <p>Written Response within 20 days:</p> <ul style="list-style-type: none">CQS Team to continue to monitor daily performance to ensure compliance. <p>No. Complaints Exceeding 6 Months:</p> <ul style="list-style-type: none">CQS Team to continue to monitor daily performance to ensure compliance. <p>No. complaints referred to HSCOB:</p> <ul style="list-style-type: none">Referral activity to be monitored and reported. Heads of CQS Team have offered to meet with Chair of HSCOB to establish working relationship and points of contact.		<p>Number of Complaints:</p> <ul style="list-style-type: none">Reasonably confident of effective complaint handling going forward. MCALS having a significant impact in terms of early intervention / complaint avoidance (evidenced by a 49% reduction in formal complaints for first 3 months of new Complaints Regulations when compared to same period in pervious year). <p>Acknowledged within 5 Days:</p> <ul style="list-style-type: none">Confident in continued compliance. <p>Written Response within 20 days:</p> <ul style="list-style-type: none">Confident in continued compliance. <p>No. Complaints Exceeding 6 Months:</p> <ul style="list-style-type: none">Confident in continued compliance. <p>No. complaints referred to HSCOB:</p> <ul style="list-style-type: none">CQS Team have been advised, via a complainant, that the HSCOB is not yet fully operational; same referred to DHSC. <p>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</p>																																																

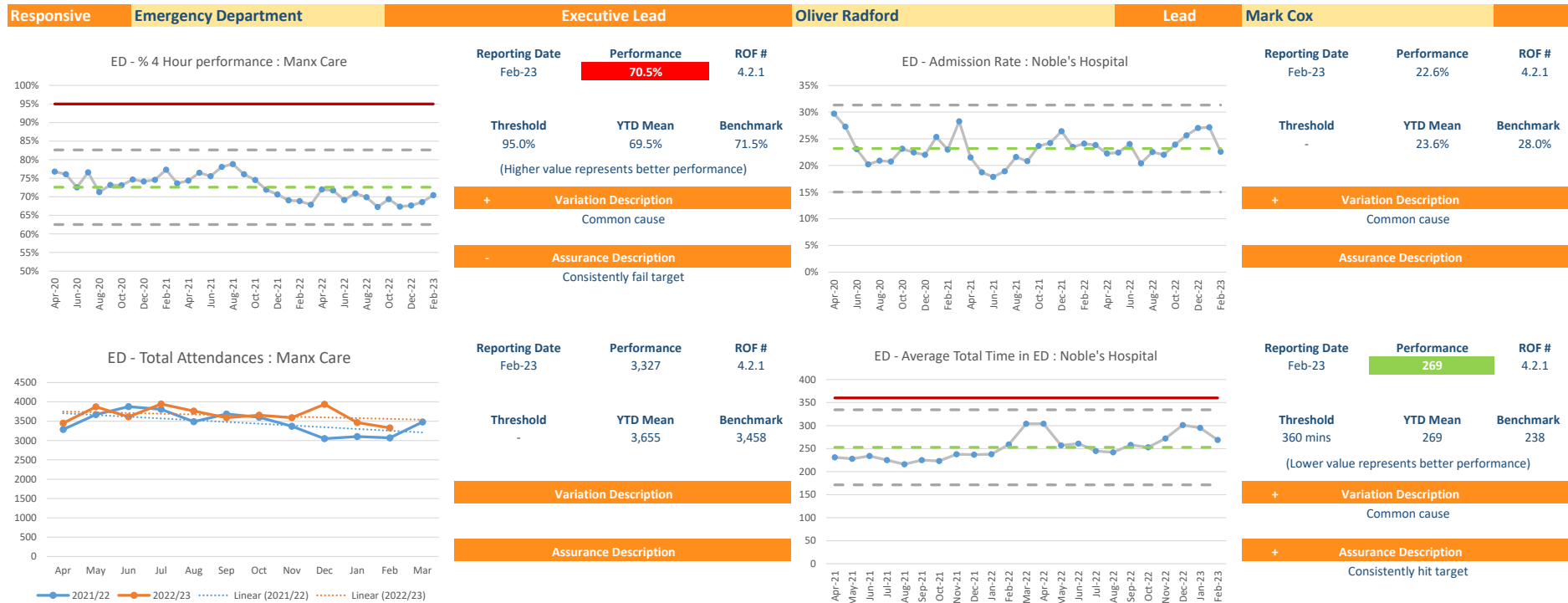
Caring	Friends & Family Test	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis
<p>FFT - No. of responses (Manx Care)</p>		<p>Reporting Date Feb-23</p> <p>Performance 235</p> <p>ROF # 3.1</p>	<p>FFT Experience - Outcomes</p>		<p>Reporting Date Feb-23</p> <p>Performance 87.0%</p> <p>ROF # 3.1</p>
		<p>Threshold -</p> <p>YTD Mean 161</p> <p>Benchmark -</p>			<p>Threshold 80.0%</p> <p>YTD Mean 77.5%</p> <p>Benchmark -</p>
		Variation Description			(Higher value represents better performance)
		Assurance Description			+ Variation Description Common cause
					+ Assurance Description Inconsistently passing and falling short of target
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"> • 235 surveys completed in February (increase of 51% compared to January) • 372 surveys were completed in February for the GP Friends and Family Survey • 13 survey were completed for the Contracted Dental FFT • 0 surveys were completed for the Opticians FFT survey. <p>Total for Manx Care FFT and Primary Care FFT = 620</p>		<ul style="list-style-type: none"> • Primary care data is now reported with overall Manx Care data and are aligning with the Manx Care FFT survey by the end of March 2023. QR code has been added to some clinical letter templates, including discharge letters. Plans progressing for text reminder service to include invitation to complete the survey 48 hours after discharge. Educational sessions planned for wards, teams and departments to demonstrate survey and to encourage their service users to complete it. 		<ul style="list-style-type: none"> • Reasonable assurance that number of completed surveys will increase. 	

Caring	MCALS	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis
<p>MCALS No. of Contacts</p>		<p>Reporting Date Feb-23</p> <p>Performance 770</p> <p>ROF # 3.2</p>	<p>MCALS same day response</p>		<p>Reporting Date Feb-23</p> <p>Performance 90.0%</p> <p>ROF # 3.2</p>
		<p>Threshold -</p> <p>YTD Mean 542</p> <p>Benchmark 412</p>			<p>Threshold 80.0%</p> <p>YTD Mean 89.2%</p> <p>Benchmark -</p> <p>(Higher value represents better performance)</p>
		Variation Description			+
		Assurance Description			+
					Common cause
					Consistently hit target
Issues / Performance Summary		Planned / Mitigation Actions		Assurance / Recovery Trajectory	
<p>Number of Contacts:</p> <ul style="list-style-type: none"> 770 contacts received in February 2023 (increase of 190 contacts compared to January 2023 - 25% increase). <p>Same Day Response:</p> <ul style="list-style-type: none"> In February, MCALS had resolved all contacts within 24 hours 90% of the time. Key Line of Enquiry Target is 80% of contacts receive a response within 24 hours. 		<p>Number of Contacts:</p> <ul style="list-style-type: none"> MCALS continues to provide excellent support in ensuring that where possible service user issues are addressed. <p>Same Day Response:</p> <ul style="list-style-type: none"> MCALS continues to provide excellent support in ensuring that where possible service user issues are addressed. 		<p>Number of Contacts:</p> <ul style="list-style-type: none"> Continued good performance in dealing with service user contacts. <p>Same Day Response:</p> <ul style="list-style-type: none"> Continued good performance in dealing with service user contacts. <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	Feb-23	-	15,380	14,512	-	-			RE017		CWT - % patients referral for suspected cancer to first outpatient attendance within 2 weeks	Feb-23		67%	60%	-	93%		
RE002		RTT - No. patients waiting for Daycase procedure	Feb-23	-	2,622	2,998	-	-			RE018		CWT - % patients decision to treat to first definitive treatment within 31 days	Feb-23		77%	83%	-	96%		
RE003		RTT - No. patients waiting for Inpatient procedure	Feb-23	-	570	733	-	-			RE019		CWT - % patients urgent referral for suspected cancer to first treatment within 62 days (RTT)	Feb-23		33%	35%	-	85%		
RE004		RTT - % Urgent GP referrals seen for first appointment within 6 weeks	Feb-23		48%	54%	-	85%			RE020		CWT - % Two Week Wait (Breast Symptomatic)	Feb-23		87%	50%	-	93%		
RE005		Diagnostics - % requests completed within 6 weeks	Feb-23	-	86%	86%	86%	-			RE021		CWT - % 31 Day Subsequent Treatment (Surgical)	Feb-23		-	-	-	94%		
RE006		Diagnostics - % Patients waiting over 6 weeks	Feb-23		70%	71%	-	1%			RE022		CWT - % 31 Day Subsequent Treatment (Drugs)	Feb-23		0%	88%	-	98%		
RE007		ED - % 4 Hour Performance	Feb-23		70%	69%	70%	95%			RE023		CWT - % 31 Day Subsequent Treatment (Radiotherapy)	Feb-23		-	87%	-	94%		
RE008		ED - % 4 Hour Performance (Non Admitted)	Feb-23	-	80%	79%	79%	-			RE025		CWT - % 28 Days to diagnosis or ruling out of cancer	Feb-23		66%	66%	-	75%		
RE009		ED - % 4 Hour Performance (Admitted)	Feb-23	-	21%	24%	24%	-			RE026		IPCC - % patients seen by Community Adult Therapy Services within timescales	Feb-23		54%	54%	-	80%		
RE010		ED - Average Total Time in Emergency Department	Feb-23		269	269	-	360 mins			RE027		IPCC - No. patients waiting for a dentist	Feb-23	-	2,983	2,248	-	-		
RE011		ED - Average number of minutes between Arrival and Triage (Noble's)	Feb-23		27	24	-	15 mins			RE031		IPCC - % of patients registered with a GP	Feb-23		5.3%	5.2%	-	5.0%		
RE012		ED - Wait time to see first Doctor in ED	Feb-23		176	185	-	180 mins			RE028		MH - No. service users on Current Caseload	Feb-23		4,995	4,896	-	4500 - 5500		
RE013		ED - 12 Hour Trolley Waits	Feb-23		27	16	177	0			RE029		MH - Number of Discharges	Feb-23		405	526	-	650-667		
RE014		Ambulance - Category 1 Response Time at 90th Percentile	Feb-23		15	20	-	15 mins			RE030		W&C - % New Birth Visits within timescale	Feb-23	-	86.7%	87.7%	-	-		
RE015		Ambulance - Category 1 Mean Response Time	Feb-23		8	10	-	7 mins													
RE016		Ambulance - % patients with CVA/Stroke symptoms arriving at hospital within 60 mins of call	Feb-23		15%	44%	-	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>Reporting Date Feb-23</p> <p>Performance 15,380</p> <p>ROF # 4.4.5</p>		<p>RTT - No. patients waiting for Inpatient procedures</p>	
<p>Threshold -</p> <p>(Lower value represents better performance)</p>		<p>YTD Mean 14,512</p> <p>Benchmark 13,405</p>		<p>Reporting Date Feb-23</p> <p>Performance 570</p> <p>ROF # 4.4.5</p>	
<p>Avg Wait Time (Referral to 1st Cons Led OP Appt.) 49 weeks</p>		<p>Threshold -</p> <p>(Lower value represents better performance)</p>		<p>YTD Mean 733</p> <p>Benchmark 873</p>	
<p>No. patients waiting 52 weeks or more for 1st OP 4,792</p>		<p>Avg Wait Time (Decision to Treat to Treatment - IP) 40 weeks</p>		<p>No. patients waiting 52+ weeks from Decision to Treat 142</p>	
<p>RTT - No. patients waiting for Daycase procedures</p>		<p>Reporting Date Feb-23</p> <p>Performance 2,622</p> <p>ROF # 4.4.5</p>		<p>% Urgent GP referrals seen for 1st appointment within 6 weeks</p>	
<p>Threshold -</p> <p>(Lower value represents better performance)</p>		<p>YTD Mean 2,998</p> <p>Benchmark 3,171</p>		<p>Reporting Date Feb-23</p> <p>Performance 48.4%</p> <p>ROF # 4.4.5</p>	
<p>Avg Wait Time (Decision to Treat to Treatment - DC) 40 weeks</p>		<p>Threshold 85.0%</p> <p>(Higher value represents better performance)</p>		<p>YTD Mean 53.8%</p> <p>Benchmark 53.6%</p>	
<p>No. patients waiting 52+ weeks from Decision to Treat 717</p>		<p>+ Variation Description Common cause</p>		<p>- Assurance Description Consistently fail target</p>	
Issues / Performance Summary		Planned / Mitigation Actions		Assurance / Recovery Trajectory	
<ul style="list-style-type: none"> Reduction in outpatient clinic capacity due to: <ul style="list-style-type: none"> Staff vacancies, annual leave and other absences. Difficulties in recruiting locum cover Ensuring prioritisation of doctor resource for 24/7 on call cover, inpatient, theatre and endoscopy activity. 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. Many outpatient pathways require considerable diagnostic intervention to enable their progression. 		<ul style="list-style-type: none"> R&R delivery (Feb'22 to Feb'23) of 476 outpatient appointments; 458 Endoscopic, 1,003 Ophthalmic, 491 Orthopaedic procedures, 105 procedures for other surgical specialties and 157 mental health referrals. Dedicated waiting list validation team established and programme of waiting list validation commenced in October '22. To date over 9,600 referrals have been through technical validation and over 4,300 letters have been sent to patients checking if they still require to be on the waiting list. Based on the outcomes of the validation to date, there has been a 4.6% reduction in the outpatient waiting list. No patient is removed from the waiting list without a clinical decision being made. ENT recovery plan commenced in November, including weekend outpatient clinics. Exploring creation of a 3rd ENT outpatient clinic based in Ramsey to further support the recovery. Outpatient recovery plans are being developed to provide support to Dermatology, Pain Clinic and Orthopaedics. Addition diagnostic capacity has been commissioned for approximately 1,300 scans (Echocardiograms, Cardiac Computed Tomography and Ultrasound) to improve outpatient pathway progression. In Q4 Ward 12 will provide additional bed capacity to Urology, Gynaecology and ENT elective inpatients. Restoration & Recovery (R&R) Phase 3 Business Case being developed which will include modelling of demand, capacity and sustainability of outpatient services and waiting lists across all specialties. 		<ul style="list-style-type: none"> General Surgery R&R activity commenced in November. Recovery of ENT waiting times from November with the start of weekend clinics. 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"> Waiting List Validation; started in October '22. Patient Tracking List (PTL) meetings (non Cancer); Pilot of PTL process for Orthopaedics commenced in November '22. Referral & Booking (initial focus on partial booking and patient initiated follow ups) Referral To Treatment (RTT) Rules and System implementation; Harm Review <p>Note - 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>	





Issues / Performance Summary

- February's performance of 70.5% remained below the 95% threshold and was slightly lower than the UK's performance of 71.5%.
 - Admitted Performance: 22.6%;
 - Non Admitted Performance: 77.4%;
 - The service was on the highest Operational Pressures Escalation Level (OPEL), Level 4, for 2.5 days in February.
 - High number of 12 Hour Trolley Waits: 27 (0.8% of attendances; UK 1.8%)
- Performance due to:
- Lack of ED observation space (Clinical Decision Unit space)
 - Lack of physical space to see patients
 - Lack of Ambulatory Emergency Care capability and capacity.
 - Limited Same Day Emergency Care (SDEC) capability.
 - Delays in transfer of patients to in-patient wards due to a lack of available beds.
 - Staffing availability (particularly nursing) and sickness.
 - Elderly case mix.
 - Lack of urgent surgical pathway.
- Certain patient groups are managed actively in the department beyond 4 hours if it is in their clinical interest. This includes elderly patients at night, intoxicated patients, back pain requiring mobilisation etc. In February, the average admission rate from Noble's ED of 22.6% was lower than that of the UK (28%).

Planned / Mitigation Actions

- New staff are being recruited to positions in ED, both doctors and nurses - this includes two new ED Consultants who have been offered Limited Term Appointments to remove the requirement for Locum cover to provide consistent 16 hours per day cover Monday to Friday (the busiest days of the week).
- The Lead Nurse for ED has visited the UK to observe the operation of 2 separate Emergency Departments in the Liverpool area.
- A business case for safer medical staffing is being completed.
- 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.
- Review of ED demand, acuity and complexity – identify if any increase in what would previously have been GP activity.
- Introduction of Acute Physician Inreach service so that senior decisions around admission/ambulation/discharge for medical referrals can be made within ED.
- Work on accuracy of time stamps for triage and treatment at briefings.
- Work streams around time of discharge – Non EM work stream.
- Other work streams around exit block - Non EM work stream.
- Facilities review in progress re CDU
- Review of GIRFT Programme National Specialty Report (Emergency Medicine) and potential for alignment with current processes and metrics.

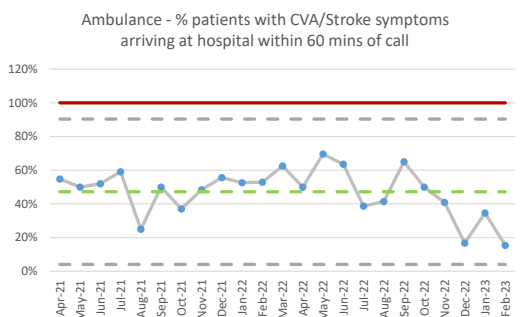
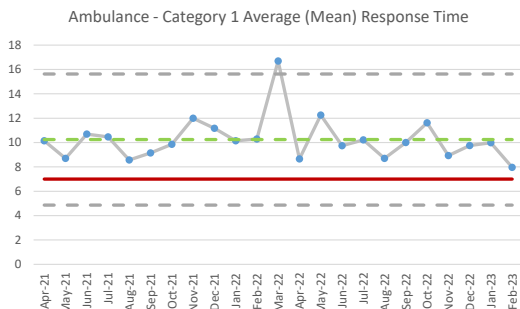
Assurance / Recovery Trajectory

- Average total time in department remains within the required 360 minute standard.
- 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 remained challenging over the winter period due to the additional seasonal pressures.
- Implementation of Winter Plan for 22/23 to reduce impact on ED.
- Application for Healthcare Transformation Funding to pump prime Intermediate Care for year 1 of operation (£1.2m) which develops diversionary pathways away from ED and invest in community services.
- Result of increase to Nursing Staffing availability and reducing sickness levels.
- 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.
- Secured funding to make improvements to the infrastructure. In the planning stages at present.

Note -

Benchmarks for '4 Hour' and 'Admission Rate' are UK NHSE performance figures for Feb' 23.

Benchmarks for 'Total Attendances' and 'Average time in ED' are the Manx Care monthly averages for 2021/22.



Reporting Date	Performance	ROF #
Feb-23	00:07:58	4.2.7
Threshold	YTD Mean	Benchmark
7 mins	00:09:48	00:08:30
(Lower value represents better performance)		

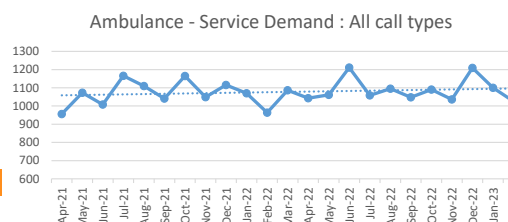
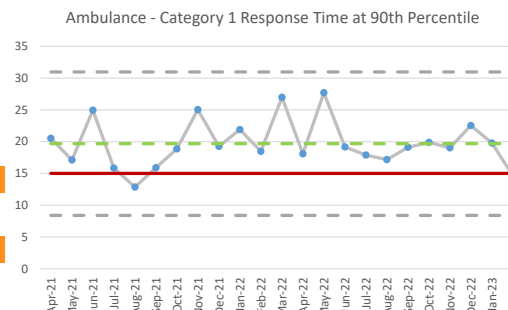
+ Variation Description	
	Common cause

Assurance Description
Consistently fail target

Reporting Date	Performance	ROF #
Feb-23	15.4%	4.2.7
Threshold	YTD Mean	Benchmark
100.0%	44.2%	50.0%
(Higher value represents better performance)		

Variation Description	
-	Common cause

Assurance Description
Consistently fail target



Feb-23	East	North	South	West	Total
Category 1 Calls	19	6	2	5	32
No. reached within 15 mins	18	5	2	4	29
% response within 15 mins	94.7%	83.3%	100.0%	80.0%	90.6%

Reporting Date	Performance	ROF #
Feb-23	00:14:37	4.2.7
Threshold	YTD Mean	Benchmark
15 mins	00:19:32	00:15:06
(Lower value represents better performance)		

+ Variation Description	
	Common cause

	Assurance Description
+	Inconsistently passing and falling short of target

Reporting Date	Performance	ROF #
Feb-23	1,025	4.2.7
Threshold	YTD Mean	Benchmark
-	1.089	1.067

Variation Description

Assurance Description

Issues / Performance Summary

- Demand for Ambulance services has increased in 2022/23.
- YTD 2021/22 = 11,717; YTD 2022/23 = 11,976;
- The average number of calls per month is approximately 2.2% higher than in the previous year.
- Category 1 Performance standards remain adrift from the required 7 minute key performance indicator, however the 15 minute standard for the 90th percentile of patients was achieved in February. We are hampered in this area by geography, resource availability and access to care (only one hospital on Island). However, we remain benchmarking well against the other category standards :
- Category 2; Standard < 40 mins; 90th percentile = 00:25:41.
- Category 3; Standard < 120 mins; 90th percentile = 00:32:04.
- Category 4; Standard < 180 mins; 90th percentile = 00:40:38.
- Category 5; Standard < 180 mins; 90th percentile = 01:19:31.
- CQC have advised that Category 1 'See and Treat' proportion (12.5%) is high in comparison to UK (approx. 1%).
- There were 14 instances where handover Turnaround Times were greater than 60 mins. 5 (36%) occurred on day (8th February).
- 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.

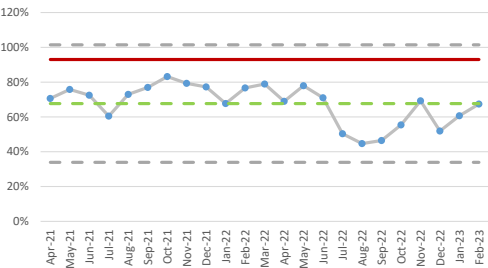
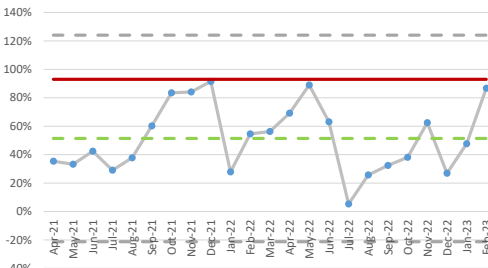
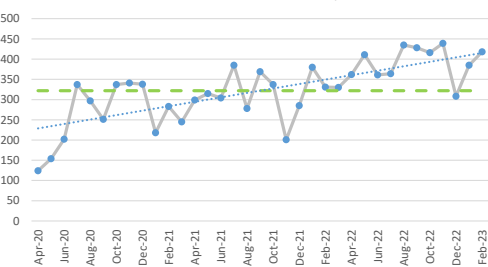
Planned / Mitigation Actions
<p>1. Review and update the project schedule to reflect the current status of the project.</p> <p>2. Identify and assign resources to the critical path activities.</p> <p>3. Implement risk management strategies to minimize the impact of potential delays.</p> <p>4. Communicate the project status and any changes to the project team and stakeholders.</p> <p>5. Monitor the project progress and adjust the schedule as needed.</p>

- Clinical Navigator Soft Launch phase has commenced with volunteer existing ambulance staff involved. They have received IMAS training package and have commenced ad-hoc, mentored navigation shifts within ESJCR. Full time (LTA) and Bank Clinical Navigator position interviews scheduled for late April. Once appointment and trained, service will move to 7 days per week, day time only provision
- Initial root cause analysis of handover breaches has been undertaken.
- 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).

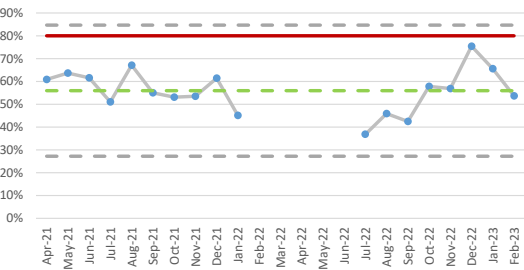
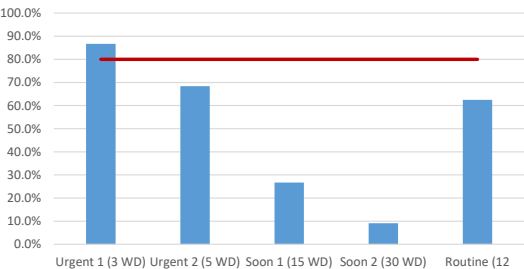
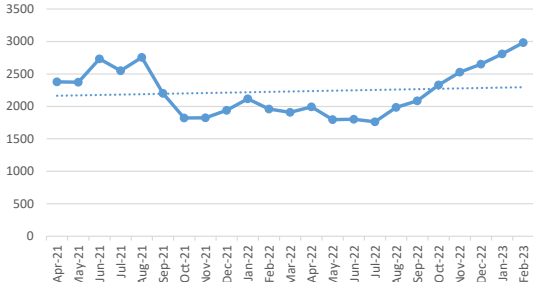
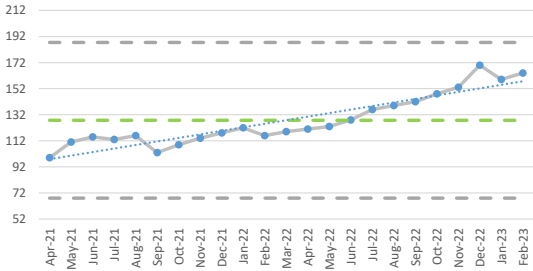
Assurance / Recovery Trajectory

- Development of supporting processes for robust management and reporting of Handover and Turnaround times will be undertake as per the timescales set out in the Operating Plan for 2023/26.
- 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 NHS performance figures for Jan' 23.
Benchmarks for 'CVA/Stroke' and 'Service Demand' are the Manx Care monthly averages for 2021/22.

Responsive	Cancer Wait Times (1 of 2)	Executive Lead	Oliver Radford	Lead	Lisa Airey																																																																																																																																							
<div>CWT - Two Week Wait (2WW) performance</div> 		<div>Reporting Date Feb-23</div> <div>Performance 67.5% (288 of 427)</div> <div>ROF # 4.6.4</div> <div>Threshold 93.0%</div> <div>YTD Mean 60.4%</div> <div>Benchmark 81.8%</div> <div>(Higher value represents better performance)</div> <div>+ Variation Description Common cause</div> <div>- Assurance Description Consistently fail target</div>		<div>CWT - Two Week Wait (Breast Symptomatic) performance</div> 		<div>Reporting Date Feb-23</div> <div>Performance 86.7% (13 of 15)</div> <div>ROF # 4.6.4</div> <div>Threshold 93.0%</div> <div>YTD Mean 49.7%</div> <div>Benchmark 76.9%</div> <div>(Higher value represents better performance)</div> <div>+ Variation Description Common cause</div> <div>- Assurance Description Consistently fail target</div>																																																																																																																																						
<div>CWT - 2WW referrals received for all suspected cancers</div> 		<div>Reporting Date Feb-23</div> <div>Performance 418</div> <div>ROF # 4.6.4</div> <div>Threshold -</div> <div>YTD Mean 393</div> <div>Benchmark 318</div> <div>Variation Description</div> <div>Assurance Description</div>		<table><tr><th rowspan="2">Tumour Group</th><th colspan="8">2WW Referrals</th></tr><tr><th>Feb-23</th><th>Apr - Feb 2022/23</th><th>Apr - Feb 2021/22</th><th>Year on Year Increase</th><th>Monthly Avg. 2022/23</th><th>Monthly Avg. 2021/22</th><th>*Trajectory 2022/23</th><th>Total 2021/22 (Apr 21- March 22)</th><th>Forecast Demand Growth</th></tr><tr><td>Colorectal</td><td>88</td><td>846</td><td>706</td><td>19.8%</td><td>106</td><td>88</td><td>1,058</td><td>772</td><td>37.0%</td></tr><tr><td>Dermatology</td><td>76</td><td>904</td><td>777</td><td>16.3%</td><td>113</td><td>97</td><td>1,130</td><td>846</td><td>33.6%</td></tr><tr><td>Gynaecology</td><td>43</td><td>428</td><td>330</td><td>29.7%</td><td>54</td><td>41</td><td>535</td><td>359</td><td>49.0%</td></tr><tr><td>Haematology</td><td>7</td><td>52</td><td>44</td><td>18.2%</td><td>7</td><td>6</td><td>65</td><td>55</td><td>18.2%</td></tr><tr><td>Head & Neck</td><td>30</td><td>388</td><td>289</td><td>34.3%</td><td>49</td><td>36</td><td>485</td><td>319</td><td>52.0%</td></tr><tr><td>Lung</td><td>10</td><td>115</td><td>95</td><td>21.1%</td><td>14</td><td>12</td><td>144</td><td>102</td><td>40.9%</td></tr><tr><td>Other</td><td>1</td><td>26</td><td>10</td><td>160.0%</td><td>3</td><td>1</td><td>33</td><td>28</td><td>16.1%</td></tr><tr><td>Upper GI</td><td>43</td><td>373</td><td>284</td><td>31.3%</td><td>47</td><td>36</td><td>466</td><td>307</td><td>51.9%</td></tr><tr><td>Urology</td><td>40</td><td>363</td><td>368</td><td>-1.4%</td><td>45</td><td>46</td><td>454</td><td>426</td><td>6.5%</td></tr><tr><td>Sub-Total</td><td>338</td><td>3,495</td><td>2,903</td><td>20.4%</td><td>437</td><td>363</td><td>4,369</td><td>3,214</td><td>35.9%</td></tr></table> <div>*Forecast is straight line 12ths only - based on actuals plus avg referrals per month received Apr - Feb 2023.</div> <div>**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.</div> <div>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.</div>		Tumour Group	2WW Referrals								Feb-23	Apr - Feb 2022/23	Apr - Feb 2021/22	Year on Year Increase	Monthly Avg. 2022/23	Monthly Avg. 2021/22	*Trajectory 2022/23	Total 2021/22 (Apr 21- March 22)	Forecast Demand Growth	Colorectal	88	846	706	19.8%	106	88	1,058	772	37.0%	Dermatology	76	904	777	16.3%	113	97	1,130	846	33.6%	Gynaecology	43	428	330	29.7%	54	41	535	359	49.0%	Haematology	7	52	44	18.2%	7	6	65	55	18.2%	Head & Neck	30	388	289	34.3%	49	36	485	319	52.0%	Lung	10	115	95	21.1%	14	12	144	102	40.9%	Other	1	26	10	160.0%	3	1	33	28	16.1%	Upper GI	43	373	284	31.3%	47	36	466	307	51.9%	Urology	40	363	368	-1.4%	45	46	454	426	6.5%	Sub-Total	338	3,495	2,903	20.4%	437	363	4,369	3,214	35.9%	<table><tr><th>**Tumour Group</th><th colspan="2">Monthly number of</th></tr><tr><th></th><th>Feb-23</th><th>12 month Avg.</th></tr><tr><td>Breast</td><td>59</td><td>53</td></tr><tr><td>Breast symptomatic (non-suspected cancer)</td><td>21</td><td>20</td></tr><tr><td>Sub-Total</td><td>80</td><td>72.2</td></tr></table>		**Tumour Group	Monthly number of			Feb-23	12 month Avg.	Breast	59	53	Breast symptomatic (non-suspected cancer)	21	20	Sub-Total	80	72.2
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<div>Issues / Performance Summary</div> <div>2 Week Wait (2WW) Performance:</div> <ul style="list-style-type: none">668 patients on a cancer pathway. 564 on a 2WW pathway.Continued high number of referrals. 19% increase in referrals YTD in 2022/23 compared to same period in previous year.For February, the mean waiting time for all cancer types is 16 days (median = 12 days). Longest average waits are within colorectal and Gynaecology.Lack of specialist staff impacted on Outpatient and Endoscopy capacity for colorectal/upper GI/Gynaecology referrals.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.Volatility of percentages due to small numbers for some indicators.The 93% standard allows 7% for patient choice – in previous months there has been a greater percentage of patient choice breaches. For Feb'23: Reason for Breach - Hospital: 82% Reason for Breach - Patient Choice: 18% <div>2WW Breast Symptomatic:</div> <ul style="list-style-type: none">Short notice clinic cancellation due to adverse weather has impacted on performance this month.High proportion of breaches due to patient choice (50%).Volatility of percentages due to small numbers		<div>Planned / Mitigation Actions</div> <div>2 Week Wait (2WW) Performance:</div> <ul style="list-style-type: none">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.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.Second Consultant Breast Surgeon post with the Royal College for review ahead of re-advertisement.Consultant Dermatologist job is at advert stage.Locum requests have been approved but currently having difficulties with recruitment with specialist staff.The Dermatology team are working with a GP with Specialist Interest to provide additional face to face clinics for those on a 2WW pathway to improve the patient experience and 2WW performance. They are also looking to move the preparation clinic appointment (No clinical assessment) earlier in the pathway in order for the clinical appointment to occur within the 14 days and avoid a breach wherever possible.Significant investment in Cancer Tracking and MDT Coordination Workforce including introduction of a Team Manager post, 4 additional MDT Coordinator/Cancer Trackers.Additional clinics have been provided for Colorectal and Gynaecology to reduce the waiting times. <div>2WW Breast Symptomatic:</div> <ul style="list-style-type: none">Recruitment of specialist staff completed to support 2WW Breast Symptomatic pathway.		<div>Assurance / Recovery Trajectory</div> <ul style="list-style-type: none">Reporting data now taken directly from the Somerset Cancer Registry and automated.KPIs and performance management governance brought in line with the National Cancer Waiting Times Monitoring Dataset Guidance.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.Expected improvement in performance following further recruitment.Cancer service transformation workshops have been held to identify service improvements such as a rapid access diagnostic service. Supporting business cases continue to be developed which identify the resource and cost requirements of implementing such services.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 & recovery and transformational work-streams for cancer services.These actions and the outcomes of the demand & 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. <div>Note - Benchmarks for '2WW Performance' and 'Breast Symptomatic' are UK NHSE performance figures for Dec' 22. Benchmark for '2WW referrals received' is the Manx Care monthly average for 2021/22.</div>																																																																																																																																								

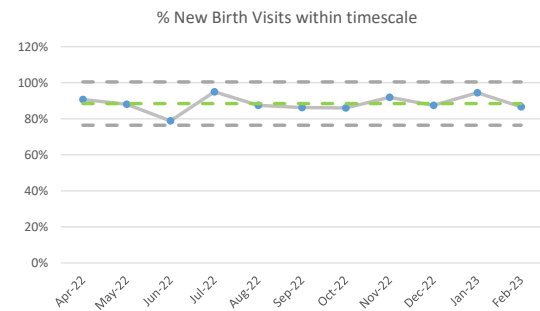
Responsive	Cancer Wait Times (2 of 2)	Executive Lead	Oliver Radford	Lead	Lisa Airey
<p>CWT - 62 Day Referral to Treatment</p> <p>Reporting Date Feb-23 Performance 33.3% (9 of 27) ROF # 4.6.4</p> <p>Threshold 85.0% YTD Mean 35.4% Benchmark 54.4%</p> <p>(Higher value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>- Assurance Description Consistently fail target</p>		<p>CWT - 31 Day Diagnosis to Treatment</p> <p>Reporting Date Feb-23 Performance 76.7% (33 of 43) ROF # 4.6.4</p> <p>Threshold 96.0% YTD Mean 83.0% Benchmark 88.5%</p> <p>(Higher value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>- Assurance Description Consistently fail target</p>		<p>CWT - 28 Days to diagnosis or ruling out of cancer</p> <p>Reporting Date Feb-23 Performance 66.2% (239 of 361) ROF # 4.6.4</p> <p>Threshold 75.0% YTD Mean 65.5% Benchmark 67.0%</p> <p>(Higher value represents better performance)</p> <p>- Variation Description Common cause</p> <p>- Assurance Description Consistently fail target</p>	
<p>Issues / Performance Summary</p> <ul style="list-style-type: none"> Performance for these pathways has been impacted by the delays to the first appointment. 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. Volatility of percentages due to small numbers at Tumour Group level. <p>Other Key Issues Identified in Patient Tracking List (PTL) Meetings:</p> <ul style="list-style-type: none"> Colorectal – Capacity has continued to be reported as issue at PTL meeting due to staff leave and lack of Locum cover impacting on Outpatient capacity and Endoscopy capacity. Issues with decontamination for Endoscopy were also noted. The high number of referrals are continuing to impact on the breach position. Gynaecology – The Care Group are reviewing capacity but limited by Outpatient capacity, nursing support and equipment for clinics. A redesign of clinics is due in March with new specialist staff commencing. Upper GI – Capacity has continued to be reported as issue at PTL meeting due to staff leave and lack of Locum cover impacting on Outpatient capacity and Endoscopy capacity. Issues with decontamination for Endoscopy were also noted previously. 		<p>Planned / Mitigation Actions</p> <ul style="list-style-type: none"> A number of the 62 day Referral to Treatment (RTT) breaches are due to the wait times at the UK specialist centres providing treatment, and as such are outside of Manx Care's control. Work is ongoing to improve breach allocation to identify this cohort, and to address the causes of such breaches with the specialist providers. 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. 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. 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. A remedial action plan with corresponding timescales will be produced as part of the site by site review being undertaken by the clinical teams. 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. 		<p>Assurance / Recovery Trajectory</p> <ul style="list-style-type: none"> Reporting data now taken directly from the Somerset Cancer Registry and automated. KPIs and performance management governance brought in line with the National Cancer Waiting Times Monitoring Dataset Guidance. Site by Site Remedial action plan to be implemented by the end of Q4. <p>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.</p> <ul style="list-style-type: none"> Action plan for improved data capture for 31 Day to be implemented in conjunction with wider remedial / transformational plans by the end of Q4. <p>Note - Benchmarks are UK NHSE performance figures for Jan' 23.</p>	

Responsive	Integrated Primary & Community Care (1 of 2)	Executive Lead	Oliver Radford	Lead	Annmarie Cubbon
<div><div><div>% patients seen by Community Adult Therapy Services within timescales</div><div></div></div><div><div>% seen by Community Adult Therapy Services within timescale - by category</div><div></div></div></div>		<div><div><div>Reporting Date Feb-23</div><div>Performance 53.7%</div><div>ROF # 4.8</div></div><div><div>Threshold 80.0%</div><div>YTD Mean 54.3%</div><div>Benchmark 57.2%</div><div>(Higher value represents better performance)</div></div><div><div>-</div><div>Variation Description Common cause</div></div><div><div>-</div><div>Assurance Description Consistently fail target</div></div></div>		<div><div><div>No. patients waiting for a Dentist (GDP)</div><div></div></div><div><div><div>Reporting Date Feb-23</div><div>Performance 2,983</div><div>ROF # 4.8.3</div></div><div><div>Threshold -</div><div>YTD Mean 2,248</div><div>Benchmark 1,994</div><div>(Lower value represents better performance)</div></div><div><div>-</div><div>Variation Description</div></div><div><div>-</div><div>Assurance Description</div></div></div></div>	
		<div><div><div>Reporting Date Feb-23</div><div>Performance -</div><div>ROF # 4.8</div></div><div><div>Threshold -</div><div>YTD Mean -</div><div>Benchmark -</div><div>(Higher value represents better performance)</div></div><div><div>-</div><div>Variation Description</div></div><div><div>-</div><div>Assurance Description</div></div></div>		<div><div><div>IPCC - Longest time waiting for General Dental Practitioner Allocation (Weeks)</div><div></div></div><div><div><div>Reporting Date Feb-23</div><div>Performance 164</div><div>ROF # 4.8.3</div></div><div><div>Threshold -</div><div>YTD Mean 144</div><div>Benchmark 113</div><div>(Lower value represents better performance)</div></div><div><div>-</div><div>Variation Description Special Cause of Concerning variation (High)</div></div><div><div>-</div><div>Assurance Description</div></div></div></div>	
Issues / Performance Summary		Planned / Mitigation Actions		Assurance / Recovery Trajectory	
<div>Community Adult Therapy:</div> <ul style="list-style-type: none">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.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.Continued focus on Urgent categories in February has resulted in sustained improvement in response times in those categories. However, offset by deterioration in timeliness of the Soon categories.86.7% of Urgent 1 (3 working day) and 68.4% of Urgent 2 (5 working day) patients were seen within the required timescales in February. <div>Dental:</div> <ul style="list-style-type: none">In February 175 patients were added to the dental allocation list. An average of 11 patients per day are added to the list. Since April 2022 an average of 192 patients have been added to the dental allocation list per month.		<div>Community Adult Therapy:</div> <ul style="list-style-type: none">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'.Following successful focus on response times for the Urgent categories, scope will be widened to the other urgencies. <div>Dental:</div> <ul style="list-style-type: none">To work with dental providers to see if there is the potential to cleanse their patient list to see if there is further capacity – once practice has recently cleansed their list but is not currently in a position to accept new patients.To look at the budget for dental services to see if there is further capacity with the budget to increase units of dental activity – at present there is no such capacity to increase units of dental activity.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 – this is an ongoing task.		<div>Dental:</div> <ul style="list-style-type: none">To update and review figures once dental allocation list cleansed – cleansing is ongoing an update will be provided once complete.We are currently cross checking allocations that were recently made where letters had been returned to the Department as patients had either moved address or left the island. Once checked, these patients will be backfilled from the dental allocation list and allocated accordingly. <div>Note -</div> <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																																							
<div><div><div>% of patients registered with a GP</div><table><thead><tr><th>Month</th><th>% of patients registered with a GP</th></tr></thead><tbody><tr><td>Jul-21</td><td>6.1</td></tr><tr><td>Aug-21</td><td>6.1</td></tr><tr><td>Sep-21</td><td>6.0</td></tr><tr><td>Oct-21</td><td>5.9</td></tr><tr><td>Nov-21</td><td>5.8</td></tr><tr><td>Dec-21</td><td>5.5</td></tr><tr><td>Jan-22</td><td>4.8</td></tr><tr><td>Feb-22</td><td>4.9</td></tr><tr><td>Mar-22</td><td>5.0</td></tr><tr><td>Apr-22</td><td>5.1</td></tr><tr><td>May-22</td><td>5.1</td></tr><tr><td>Jun-22</td><td>5.1</td></tr><tr><td>Jul-22</td><td>5.1</td></tr><tr><td>Aug-22</td><td>5.1</td></tr><tr><td>Sep-22</td><td>5.1</td></tr><tr><td>Oct-22</td><td>5.1</td></tr><tr><td>Nov-22</td><td>5.2</td></tr><tr><td>Dec-22</td><td>5.2</td></tr><tr><td>Jan-23</td><td>5.2</td></tr><tr><td>Feb-23</td><td>5.2</td></tr></tbody></table></div></div>		Month	% of patients registered with a GP	Jul-21	6.1	Aug-21	6.1	Sep-21	6.0	Oct-21	5.9	Nov-21	5.8	Dec-21	5.5	Jan-22	4.8	Feb-22	4.9	Mar-22	5.0	Apr-22	5.1	May-22	5.1	Jun-22	5.1	Jul-22	5.1	Aug-22	5.1	Sep-22	5.1	Oct-22	5.1	Nov-22	5.2	Dec-22	5.2	Jan-23	5.2	Feb-23	5.2	<div><div>Reporting Date</div><div>Feb-23</div></div> <div><div>Performance</div><div>5.3%</div></div> <div><div>ROF #</div><div>4.8.8</div></div> <div><div>Threshold</div><div>5.0%</div></div> <div><div>YTD Mean</div><div>5.2%</div></div> <div><div>Benchmark</div><div>5.6%</div></div> <div>(Lower value represents better performance)</div> <div><div>+</div><div>Variation Description</div><div>Common cause</div></div> <div><div>-</div><div>Assurance Description</div><div>Consistently fail target</div></div>
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Issues / Performance Summary		Planned / Mitigation Actions		Assurance / Recovery Trajectory																																								
<div>% of patients registered with a GP:</div> <div><div>Remains slightly above the 5% tolerance.</div></div>		<div>% of patients registered with a GP:</div> <div><div>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.</div><div>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.</div></div>		<div>% of patients registered with a GP:</div> <div><div>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.</div><div>We will continue to review the % on a monthly basis, working to the list cleansing timetable and with practices accordingly.</div></div> <div>Note -</div> <div>Benchmarks are the Manx Care monthly averages for 2021/22.</div>																																								

Responsive	Mental Health	Executive Lead	Teresa Cope	Lead	Ross Bailey
<div>MH - No. service users on Current Caseload</div> <div><div>Reporting Date Feb-23</div><div>Performance 4,995</div><div>ROF # 4.7</div></div> <div><div>Threshold 4500 - 5500</div><div>YTD Mean 4,896</div><div>Benchmark -</div></div> <div>(Value within range represents better performance)</div> <div>+<div>Variation Description Common cause</div></div> <div>+<div>Assurance Description Consistently hit target</div></div>		<div>MH - Discharges (vs Referrals)</div> <div><div>Reporting Date Feb-23</div><div>Performance 405</div><div>ROF # 4.7</div></div> <div><div>Threshold 650-667</div><div>YTD Mean 526</div><div>Benchmark 556</div></div> <div>(Value within range represents better performance)</div> <div>Variation Description</div> <div>-<div>Assurance Description Consistently fail target</div></div>			
<div>MH - Caseload by service</div> <div><div>Reporting Date Feb-23</div><div>Performance -</div><div>ROF # -</div></div> <div><div>Threshold -</div><div>Mean -</div><div>Benchmark -</div></div> <div>+<div>Variation Description Common cause</div></div> <div>+<div>Assurance Description</div></div>					
<div>Issues / Performance Summary</div> <div>Current Caseload:</div> <ul style="list-style-type: none">Caseload remains within the expected range.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. <div>Discharges:</div> <ul style="list-style-type: none">Referrals are down by 7.4% when compared to the same period in 2021/22.Correspondingly, discharges are 5.6% lower than in the same period in the previous year.		<div>Planned / Mitigation Actions</div> <div>Discharges:</div> <ul style="list-style-type: none">Currently this data is unreliable. The information for this indicator has not been validated, the BI team are working with IMHS to gather the number of final discharges from the service, which will exclude discharges within the service. This will bring discharge methodology in line with changes made to caseload reporting in July 2022.		<div>Assurance / Recovery Trajectory</div> <div>Current Caseload:</div> <ul style="list-style-type: none">Current caseload is significantly higher locally than you would expect within the English NHS, this is particularly evident within CAMHS whose caseload is some 4 times higher than you would expect per 100 thousand per population equivalent in England. <div>Discharges:</div> <ul style="list-style-type: none">The numbers are higher than the same period in 2020-21 and within an acceptable limit of 2021-22 figures <div>Note -</div> <div>Benchmarks are the Manx Care monthly averages for 2021/22.</div>	























Responsive	Women & Children	Executive Lead	Oliver Radford	Lead	Linda Thompson
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Reporting Date	Performance	ROF #
Feb-23	86.7%	4.9
Threshold	YTD 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>New Birth Visits: In February 2023 we conducted 45 new birth visits, 39 of which were within timeframe of up to 14 days and 6 were out of timeframe of 15 days and over.</p> <p>Percentage Within timeframe – 87% Out of Timeframe – 13%</p> <p>Exception Data 1 x Home visit planned for 20.01 – Baby in NNU 1 x Baby in NNU 1 x Mum cancelled and rearranged appointment due to illness</p> <p>Breach Data 3 x offered at day 15 by HV</p>	<p>New Birth Visits:</p> <ul style="list-style-type: none"> • We recognise the small breach, however there are currently no concerns around NBV. 	<p>New Birth Visits:</p> <ul style="list-style-type: none"> • All new birth visits will be conducted within timeframe where within our control.











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	Feb-22		6.4%	7.7%	-	4.0%		
WP002		Workforce - Number of staff on long term sickness	Jan-23	-	77	85	-	-		
WP003		Workforce - % Staff not on permanent contract	-	-	-	-	-	-		
WP004		Workforce - Number of staff leavers	Dec-22	-	16	19	211	-		
WP005		Workforce - Number of staff on disciplinary measures	Feb-23	-	6	6	67	-		
WP006		Workforce - Number of suspended staff	Feb-23	-	1	1	7	-		
WP007		Governance - Number of Data Breaches	Feb-23		14	13	144	0		
WP008		Governance - Number of Data Subject Access Requests (DSAR)	Feb-23	-	48	46	508	-		
WP009		Governance - Number of Access to Health Record Requests (AHR)	Feb-23	-	3	4	39	-		
WP010		Governance - Number of Freedom of Information (FOI) Requests	Feb-23	-	11	9	102	-		
WP011		Governance - Number of Enforcement Notices from the ICO	Feb-23	-	0	0	0	-		
WP012		Governance - Number of SAR, AHR and FOI's not completed within their target	Feb-23	-	6	7	79	-		

Well Led	Sickness Absence & Discipline	Executive Lead	Anne Corkill	Lead	Hannah Leighton
<p>% Hours lost to staff sickness absence</p>		<p>Reporting Date Feb-22 Performance 6.4% ROF # 5.1</p> <p>Threshold 4.0% YTD Mean 7.7% Benchmark 7.9%</p> <p>(Lower value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>- Assurance Description Consistently fail target</p>		<p>Number of staff on disciplinary measures : Manx Care</p>	
<p>Number of staff on long term sickness : Manx Care</p>		<p>Reporting Date Jan-23 Performance 77 ROF # 5.1</p> <p>Threshold - YTD Mean 85 Benchmark -</p> <p>(Lower value represents better performance)</p> <p>+ Variation Description Special Cause of Improving variation (Low)</p> <p>Assurance Description</p>		<p>Reporting Date Feb-23 Performance 6 ROF # 5.1</p> <p>Threshold - YTD Mean 6 Benchmark -</p> <p>(Lower value represents better performance)</p> <p>- Variation Description Common cause</p> <p>Assurance Description</p>	
		<p>Reporting Date Jan-23 Performance 77 ROF # 5.1</p> <p>Threshold - YTD Mean 85 Benchmark -</p> <p>(Lower value represents better performance)</p> <p>+ Variation Description Special Cause of Improving variation (Low)</p> <p>Assurance Description</p>		<p>Number of suspended staff : Manx Care</p>	
<p>Reporting Date Feb-23 Performance 1 ROF # 5.1</p> <p>Threshold - YTD Mean 1 Benchmark -</p> <p>(Lower value represents better performance)</p> <p>- Variation Description Common cause</p> <p>Assurance Description</p>					
<p>Issues / Performance Summary</p> <ul style="list-style-type: none"> • Worktime lost in January '23 by sickness category: Stress, Anxiety & Depression - 1.5% Cough, Cold & Flu - 1.3% Musculoskeletal - 1.2% Covid-19 - 0.4% Other sickness - 2.1% • Worktime lost in January '23 by Area: Integrated Social Care Services - 8.1% Medicine, Urgent Care & Ambulance Services - 7.8% Integrated Mental Health Services - 6.5% Surgery, Theatres, Critical Care & anaesthetics - 7% Infrastructure - 6.9% Integrated Primary & Community Care Services - 4.7% Integrated Women, Children & Families - 2.9% Integrated Cancer & Diagnostic Services - 4% Support & Corporate Services - 2.1% 		<p>Planned / Mitigation Actions</p> <ul style="list-style-type: none"> • 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. • Review and targeting of support for long term and frequent short term absence by management in conjunction with OHR . • OHR proactively setting up meetings to support managers. • Conducting absence management/capability briefing sessions to improve management competence and confidence application of procedures • CARE for Managers training which will involve tools for managing staff (e.g. performance management and managing absence) 		<p>Assurance / Recovery Trajectory</p> <ul style="list-style-type: none"> • Wellbeing initiatives being developed at organisational and care group level. • Working with Change Coaches to look at local level actions re wellbeing – targeted around return to work after absence. 	

Well Led	Governance	Executive Lead	Simon Collins	Lead	Jennifer Maynard
<p>Governance - Number of Data Breaches : Manx Care</p> <p>Governance - Information requests by type : Manx Care</p>		<p>Reporting Date Feb-23 Performance 14 ROF # 7.1</p> <p>Threshold 0 YTD Mean 13 Benchmark -</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 Feb-23 Performance 6 ROF # 7.1</p> <p>Threshold - YTD Mean 7 Benchmark -</p> <p>(Lower value represents better performance)</p> <p>- Variation Description Common cause</p> <p>- Assurance Description</p>	
<p>Reporting Date Feb-23 Performance - ROF # 7.1</p> <p>Threshold - YTD Mean - Benchmark -</p> <p>- Variation Description</p> <p>- Assurance Description</p>					
<p>Issues / Performance Summary</p> <p>Data Breaches:</p> <ul style="list-style-type: none"> There were 14 Data Breaches in February, slightly higher than the monthly average so far this year. 13 of the breaches affected a total of 15 data subjects. 1 Email breach (Manx Care bank staff general e-mail re: training) affected 395 data subjects. Email content was not personal data but the circulation list contained personal e-mail addresses. <p>All data subjects have been informed apart from 2: 1 x mass email sent out without BCC to bank staff; 1 x not in patient's best clinical interests.</p> <ul style="list-style-type: none"> The breaches in February relate to : <ul style="list-style-type: none"> 4 x Written Communication (e.g. incorrect appointment letter received) 8 x Email (e.g. email sent to incorrect address) 2 x Confidentiality (e.g. foster carer supervision notes given to wrong foster carer) <p>Data Subject Access Requests:</p> <ul style="list-style-type: none"> Increasing number of requests for mailbox searches. Addressing this as an area of concern. Limited number and availability of redactors (particularly within Mental Health) is contributing to extended timescales for the completion of requests. Will remain a challenge until adequate resource is identified and available. 		<p>Planned / Mitigation Actions</p> <ul style="list-style-type: none"> All breaches are reported to the ICO. Where a breach has occurred, Data subjects are informed unless there is a clinical reason not to do so. 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. Where investigations are in early stages. Mitigation/root cause analysis will be established upon their completion. Weekly meeting of Remediation Group to implement the ICO Remedial Plan. Recruiting an Audit and Assurance Officer who will look at the mitigations provided in the data breach investigation reports. Data breach training will form part of the IG training roll out. The IG team is collating all Lessons Learned and associated actions into a centralised action log. 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, following up on the timely completion of associated actions. Mental Health service area is working to identify additional resource for redacting. 		<p>Assurance / Recovery Trajectory</p> <ul style="list-style-type: none"> Staff are actively encouraged to report any data breaches should one occur (including reporting them to the ICO). Therefore consideration should be given to the number of breaches being reported as 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. The R.A.G. rating for this indicator has therefore been set to amber. Each breach gives us insight into weaknesses and improvements that can be made to ensure that similar breaches aren't made in the future. With each breach we learn lessons which will, in time, help us to reduce the number. It should also be noted that the ICO has stated Manx Care will always be the largest customer of the ICO for data breaches given the size of the organisation and the sensitivity of data that is handled. IG training roll out is due to take place over the next few months. Additional resource has been put in place by the I.G. team to improve the timeliness of DSAR responses which has led to a significant improvement in response times in recent months. The IG Team further endeavour to remain ahead of DSAR deadlines through improved processes and procedures currently being developed and implemented. 	

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)	Jan-22		126%	-	126%	100% (equiv. 1%)		
WF002		Total income (£)	Jan-22	-	-1141775.07	-£1,156,851	-	-		
WF003		Total staff costs (£)	Jan-22	-	20671098	£16,350,254	-	-		
WF004		Total other costs (£)	Jan-22	-	12235734.2	£11,507,193	-	-		
WF005		Agency staff costs (proportion %)	Jan-22	-	0.1142	9.5%	-	-		

Well Led	Finance	Executive Lead	Jackie Lawless	Lead	Samantha Allibone
<p>% Progress towards Cost Improvement Target (CIP)</p> <p>Total income (£)</p>		<p>Reporting Date Jan-22</p> <p>Performance 126.0%</p> <p>ROF # 6.1</p> <p>Threshold 100% (equiv. 1%)</p> <p>YTD Mean -</p> <p>Benchmark -</p> <p>(Higher value represents better performance)</p> <p>Variation Description</p> <p>+ Assurance Description Consistently hit target</p>		<p>Total staff costs (£)</p> <p>Reporting Date Jan-22</p> <p>Performance £20,671,098.02</p> <p>ROF # 6.1</p> <p>Threshold -</p> <p>YTD Mean £16,350,253.98</p> <p>Benchmark -</p> <p>(Lower value represents better performance)</p> <p>- Variation Description Common cause</p> <p>Assurance Description</p>	
<p>Total income (£)</p>		<p>Reporting Date Jan-22</p> <p>Performance -£1,141,775.07</p> <p>ROF # 6.1</p> <p>Threshold -</p> <p>YTD Mean -£1,156,851.41</p> <p>Benchmark -</p> <p>(Higher value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>Assurance Description</p>		<p>Agency staff costs (proportion %)</p> <p>Reporting Date Jan-22</p> <p>Performance 11.4%</p> <p>ROF # 6.1</p> <p>Threshold -</p> <p>YTD Mean 9.5%</p> <p>Benchmark -</p> <p>(Lower value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>Assurance Description</p>	
<p>Issues / Performance Summary</p> <p>% Progress towards Cost Improvement Target (CIP):</p> <ul style="list-style-type: none"> 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. <p>Total income (£):</p> <ul style="list-style-type: none"> The result for January is an operational overspend of (£0.2m) with the YTD position now being an overspend of (£10.4m). Although the monthly results are showing an improvement from last month this is mainly due to further analysis being carried out to identify high cost patients and care packages that can be reclaimed from the DHSC reserve. <p>Total staff costs (£):</p> <ul style="list-style-type: none"> YTD Employee Costs are currently (£7.1m) over budget. Largest spend are Medicine (£3.37m), Surgery (£2.92m) and Mental Health (£2.07m). <p>Agency staff costs (proportion %):</p> <ul style="list-style-type: none"> YTD £12.3m. Over 75% of Agency spend is associated with Medical, Nursing & Midwifery staff, highlighting the workforce gaps in these areas. 		<p>Planned / Mitigation Actions</p> <p>% Progress towards Cost Improvement Target (CIP):</p> <ul style="list-style-type: none"> To date, £5.4m of cash-out savings have been delivered, exceeding the original target of £4.3m and representing 76% of the revised delivery target of £7.1m. Efficiency savings of £1.4m have also been delivered so far against the target of £3.2m. <p>Total income (£):</p> <ul style="list-style-type: none"> DHSC hold a Reserve Fund of £6.5m that is not shown as part of Manx Care's financials. Should the further £1.9m be approved from the Reserve Fund, the overspend position will reduce to £5.7m. 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. Tertiary activity has been analysed to determine an accurate forecast activity position. This has led to an adverse movement as the activity position is better understood. Additional CIP opportunities totalling approx. £1m have been identified. Activity reconciliations with our largest Trusts are underway. <p>Agency staff costs (proportion %):</p> <ul style="list-style-type: none"> 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%. 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. However, January's performance is significantly lower than the same month last years when the proportion peaked at 22%. 		<p>Assurance / Recovery Trajectory</p> <p>% Progress towards Cost Improvement Target (CIP):</p> <ul style="list-style-type: none"> 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. <p>Total income (£):</p> <ul style="list-style-type: none"> The operational forecast has worsened by £2.9m, which is mainly as a result of a change in the Tertiary forecast due to the ongoing work analysing the activity data. There has also been an underlying change to the forecast across the Care Groups of £0.5m. There are further business cases being finalised for the loss of PPU income (due to the ward being used for restoration work), nursing care placements in Mental Health and the reopening of a Children's Home which total £1.7m and potentially the IG fine of £0.2m. These cost pressures (actual and forecast) are still being reported in Manx Care's operational figures. Detailed analysis of Tertiary activity has been undertaken in recent weeks to determine a more accurate forecast activity position. This analysis has led to an adverse movement in this month's forecast as the activity position is better understood. Additional CIP opportunities totalling approx. £1m have also been identified which are reflected in the forecast and the CIP programme. Activity reconciliations with our largest Trusts are underway to further cement the position ahead of year end. <p>Agency staff costs (proportion %):</p> <ul style="list-style-type: none"> 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%. 	

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	Feb-23	<input type="radio"/>								CG1007	<input type="radio"/>	Number of Cancelled Operations on Day (non-clinical reason)	Feb-23	<input type="radio"/>							
CG1002	<input type="radio"/>	Never Events	Feb-23	<input type="radio"/>								CG1008	<input type="radio"/>	No. of patients cancelled on the day of surgery who are not re-booked within 28 days	Feb-23	<input type="radio"/>							
CG1003	<input type="radio"/>	Inpatient Health Service Falls (with Harm) per 1,000 occupied bed days	Feb-23	<input type="radio"/>								CG1009	<input type="radio"/>	Theatre Utilisation	Feb-23	<input type="radio"/>							
CG1004	<input type="radio"/>	No. of Medication Errors (with Harm)	Feb-23	<input type="radio"/>								CG1010	<input type="radio"/>	DNA Rate (Consultant Led outpatient appointments)	Feb-23	<input type="radio"/>							
CG1005	<input type="radio"/>	Inpatient Pressure Ulcers (per 1,000 bed days)	Feb-23	<input type="radio"/>								CG1011	<input type="radio"/>	No. patients with LOS greater than 21 days	Feb-23	<input type="radio"/>							
CG1006	<input type="radio"/>	Sepsis - % Inpatients receiving antibiotic within 60 mins	Feb-23	<input type="radio"/>								CG1012	<input type="radio"/>	% of Clinical Letters to GP completed within 10 days	Feb-23	<input type="radio"/>							
												CG1013	<input type="radio"/>	Mortality - % completion Hospitals Learning from Death reviews (LFDs)	Feb-23	<input type="radio"/>							
												CG1014	<input type="radio"/>	Total Hospital Deaths	Feb-23	<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	Feb-23	<input type="radio"/>								CG1024	<input type="radio"/>	RTT - No. patients waiting for first Consultant Led Outpatient appointment	Feb-23	<input type="radio"/>							
CG1016	<input type="radio"/>	Total No. Complaints Received	Feb-23	<input type="radio"/>								CG1025	<input type="radio"/>	No. patients waiting > 17 weeks for 1st Outpatient appointment	Feb-23	<input type="radio"/>							
CG1017	<input type="radio"/>	Complaint acknowledged within 5 working days	Feb-23	<input type="radio"/>								CG1026	<input type="radio"/>	RTT - No. patients waiting for Daycase procedure	Feb-23	<input type="radio"/>							
CG1018	<input type="radio"/>	Written response to complaint within 20 days	Feb-23	<input type="radio"/>								CG1027	<input type="radio"/>	No. patients waiting > 35 weeks from Decision to Treat to Daycase Treatment	Feb-23	<input type="radio"/>							
CG1019	<input type="radio"/>	% Complaints resolved within 20 days	Feb-23	<input type="radio"/>								CG1028	<input type="radio"/>	RTT - No. patients waiting for Inpatient procedure	Feb-23	<input type="radio"/>							
CG1020	<input type="radio"/>	Manx Care Advice & Liaison Service (MCALS) contacts	Feb-23	<input type="radio"/>								CG1029	<input type="radio"/>	No. patients waiting > 35 weeks from Decision to Treat to Inpatient Treatment	Feb-23	<input type="radio"/>							
CG1021	<input type="radio"/>	FFT - % Experience was Very Good or Good	Feb-23	<input type="radio"/>								CG1030	<input type="radio"/>	RTT - % Urgent GP referrals seen for first appointment within 6 weeks	Feb-23	<input type="radio"/>							
CG1022	<input type="radio"/>	FFT - % Experience was neither Good or Poor	Feb-23	<input type="radio"/>								CG1031	<input type="radio"/>	CWT - % patients referral for suspected cancer to first outpatient attendance within 2 weeks	Feb-23	<input type="radio"/>							
CG1023	<input type="radio"/>	FFT - % Experience was Poor or Very Poor	Feb-23	<input type="radio"/>								CG1032	<input type="radio"/>	CWT - % patients decision to treat to first definitive treatment within 31 days	Feb-23	<input type="radio"/>							
												CG1033	<input type="radio"/>	CWT - 31 day wait until subsequent treatments	Feb-23	<input type="radio"/>							
												CG1034	<input type="radio"/>	CWT - % patients urgent referral for suspected cancer to first treatment within 62 days (RTT)	Feb-23	<input type="radio"/>							
												CG1035	<input type="radio"/>	CWT - % Faster Diagnosis within 28 days	Feb-23	<input type="radio"/>							
												CG1036	<input type="radio"/>	% Outpatient Follow Up activity volume	Feb-23	<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	Feb-23	<input type="radio"/>								CG1046	<input type="radio"/>	Budget Position (variance to date)	Feb-23	<input type="radio"/>							
CG1038	<input type="radio"/>	Number of staff on long term sickness	Feb-23	<input type="radio"/>								CG1047	<input type="radio"/>	% Progress towards Cost Improvement Target (CIP)	Feb-23	<input type="radio"/>							
CG1039	<input type="radio"/>	Staff Turnover	Feb-23	<input type="radio"/>								CG1048	<input type="radio"/>	Total staff costs (£)	Feb-23	<input type="radio"/>							
CG1040	<input type="radio"/>	Number of staff not on permanent contract (%)	Feb-23	<input type="radio"/>								CG1049	<input type="radio"/>	Total other costs (£)	Feb-23	<input type="radio"/>							
CG1041	<input type="radio"/>	Number of staff on disciplinary measures	Feb-23	<input type="radio"/>								CG1050	<input type="radio"/>	Agency staff costs (proportion %)	Feb-23	<input type="radio"/>							
CG1042	<input type="radio"/>	Completion of Mandatory Training (%)	Feb-23	<input type="radio"/>																			
CG1043	<input type="radio"/>	% PDRs completed	Feb-23	<input type="radio"/>																			
CG1044	<input type="radio"/>	% Medical Appraisals	Feb-23	<input type="radio"/>																			
CG1045	<input type="radio"/>	Number of Data Breaches	Feb-23	<input type="radio"/>																			

 SUMMARY REPORT	Meeting Date:	APRIL 2023
	Enclosure Number:	

Meeting:	Board of Directors		
Report Title:	Nursing Workforce Report: Board Update		
Authors:	P. Moore - Executive Director of Nursing		
Accountable Director:	Paul Moore, Executive Director of Nursing		
Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/ Recommendation from that Committee
	N/A	N/A	N/A
Purpose of the report			
<p>The purpose of this report is to provide the Board with a high-level update on the progress of the nursing workforce programme. This paper builds on previous reports to the Board and we invite the reader to familiarise themselves with the content of those reports and the decisions taken beforehand. It is very encouraging to be able to report to Board that the success of the international recruitment programme has helped to stabilise staffing and rotas in most areas of the acute sector. In this regard, we have addressed much faster than anticipated the band-5 vacancy concern within most areas of the acute sector, the exception being maternity and children's services. We also believe there is, subject to attainment of satisfactory grades, the ability to increase the domestic production of adult and mental health trainees in line with our plans for 2023. These are very encouraging signs. As vacancy within the PIP system is based on pre-existing establishment requirements prior to the formation of Manx Care, there remains the risk, even though pre-existing band-5 vacancy has been addressed, that staffing levels still fail to meet recommended safe minimums in some clinical areas. To mitigate this risk, we continue to explore options involving reconfiguration of clinical areas to align staffing patterns more directly to the recommended levels within existing resources, look at redeployment of resources where appropriate and, where indicated, apply for resources using the Business Care Review Group governance process.</p>			

Recommendation for the Committee to consider:			
Consider for Action	<input type="checkbox"/>	Approval	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
		Information	<input type="checkbox"/>
The Board are invited to:			
<ul style="list-style-type: none"> (i) consider and note the update; and (ii) advise on any further or alternative actions required by the Board. 			

1. Update

- 1.1 As previously reported to Board, Manx Care has completed two rounds of acuity & dependency analysis to inform registered nurse requirements in each inpatient ward at Nobles and Ramsey, ED and MIU in November 21 and June 22. This analysis brought into sharp focus shortfalls in registered nurse requirements within the acute sector in the region of 92 WTE RNs at full operating capacity. An acuity & Dependency analysis has been undertaken in Mental Health using the MHOST Tool, the results of which are due to be reported to the Director of Nursing for review. As with all other reviews, we intend to undertake at least two rounds of analysis before proposing changes to establishments in Mental Health services.
- 1.2 The workforce models in each clinical area¹ have now been mapped, verified and signed off following the acuity & dependency analyses. The workforce model consists of an establishment, a clearly defined rota pattern, the application of an uplift to establishment to cover planned leave and training obligations, the incorporation of managerial protected time and a breakdown of pay requirements to operate the model in accordance with the staffing plan.
- 1.3 The workforce models are based on recommended establishment, informed by the output of recent acuity & dependency analysis. To ensure standards of consistency, we have also compared establishment with similar wards/units/departments in Cheshire & Merseyside as part of a peer review/calibration check. These workforce models are fully costed in each area reviewed.
- 1.4 In 2022 Manx Care initiated a campaign to attract international registered adult nurses which has started to deliver more registered adult nurses to the Isle of Man. This programme appears to have been successful thus far, addressing at pace the immediate band-5 vacancy concern and helping to stabilise rotas. This means Manx Care can start to reduce its dependency on international recruitment for adult nurses and shift its focus to the longer term by focussing on Isle of Man trainees. This is excellent news for Manx Care. However, the Board need to be aware that band-5 vacancy is currently set against a pre-existing and outdated establishment requirement or workforce model, and not the recommended safe staffing requirements as per the output of acuity and dependency analysis. This means, whilst staffing has become more stable and is very welcomed, there remains the risk that Manx Care is not able to recruit to the recommended safe staffing levels in some clinical areas, with the associated risk that this may continue to be raised and commented on by Care Quality Commission inspectors as a gap in compliance or a risk to safe care.
- 1.5 We continue to explore a range of options to help introduce safe staffing standards which may include the allocation or prioritisation of resources to enable recruitment to the levels indicated by the reviews, as well as looking at reconfiguration of some services to align more directly with staffing standards and decommissioning some services or beds where the dual benefit of greater efficiency and better alignment with standards can be achieved.

¹ Except Community Mental Health service, Prison Health service, Outpatients, Acute Oncology.

- 1.6 We have initiated the mechanism to expand adult and mental health pre-registration trainees in 2023 and remain on track to increase domestic production of trainees in 2023 as we planned. Whilst this is a long-term intervention, taking 3-years to come to fruition, this will boost the number of home-grown adult and mental health nurses from 2026 onwards to cover reasonably foreseeable gaps created by those choosing to activate retirement plans. Manx Care will carefully monitor the activation of retirement plans by staff in order to make adjustments to the number of trainees joining pre-registration programmes each year. Manx Care will therefore increase or decrease trainee intakes each year taking into account trends in the activation of retirement plans. This will be a finely balanced decision.
- 1.7 There remains a particular challenge in respect of safe staffing within maternity and children's services. We have, therefore, opted to continue with international recruitment and deployment of counter-measures² for midwives, registered sick children's nurses and specialist neonatal intensive care practitioners.


Actions in Progress

- 1.8 The following actions continue to be progressed:
- a) We have now scaled back international recruitment for adult registered nurses;
 - b) We are now looking at all high-cost agency and long-term temporary contracts at band-5 with a view to making positions available to those recruits scheduled to graduate and enter the workforce later in 2023. We expect this will make a beneficial contribution towards improving the financial position and also building a more substantive permanent workforce;
 - c) Manx Care is working through the existing budget, the pre-existing nursing establishment (i.e. the establishment funded at the point Manx Care was formed) and contrasting that with the recommended establishment (based on updated acuity & dependency outputs and workforce standards against which Manx Care will be inspected by the Care Quality Commission) to identify gaps and resourcing considerations going forward;
 - d) We will continue our goal to support patients and staff by staffing clinical areas to the recommended safe staffing levels as per the output of acuity & dependency review through the use of reconfiguration of services where applicable, redeployment of posts where appropriate, or through an application for resources via the Business Case Review Group where indicated; and
 - e) We continue to support international recruitment and use of agency to cover midwifery positions and specialist roles in children's and neonatal services which continue to be vulnerable at times.

² **Counter-measures** include using high-cost agency, using bank staff, staff redeployment, offering overtime or other payment enhancements, cancelling planned leave, cancelling planned training and development activities, cancelling clinical activity at specific locations, and restricting operational capacity open to better align with available staffing. These counter-measures work to address staffing crises in a reactive way. They are effective, but also have unintended consequences such as: (i) failing to support the workforce adequately; (ii) inability to undertake and complete training that is mandatory or essential to the role; (iii) a loss of discretionary effort; (iv) staff burnout; (v) contributing to expanding waiting lists and unmet clinical need; (vi) compromising compliance in CQC inspections in the safe, responsive and well-led domains; (vii) loss of or inability to regain financial control; and (viii) results in a poor experience of care which could, if not mitigated, lead to a loss of public confidence.

Summary

- 1.9** In summary, it is very encouraging to be able to report to Board that the success of the international recruitment programme has helped to stabilise staffing and rotas in most areas of the acute sector. In this regard, we have addressed much faster than anticipated the band-5 vacancy concern within most areas of the acute sector, the exception being maternity and children's services largely. We also believe there is, subject to attainment of satisfactory grades, the ability to increase the domestic production of adult and mental health trainees in line with our plans for 2023. These are very encouraging signs.
- 1.10** As vacancy within the PIP system is based on pre-existing establishment requirements prior to the formation of Manx Care, there remains the risk, even though pre-existing band-5 vacancy has been addressed, that staffing levels still fail to meet recommended safe minimums in some clinical areas. To mitigate this risk, we continue to explore options involving reconfiguration of clinical areas to align staffing patterns more directly to the recommended levels within existing resources, look at redeployment of resources where appropriate and, where indicated, apply for resources using the Business Care Review Group governance process

 SUMMARY REPORT	Meeting Date:	4 April 2023
	Agenda Item:	48.23
	Enclosure Number:	

Meeting:	Manx Care Board		
Report Title:	Finance Director's Report		
Authors:	Jackie Lawless		
Accountable Director:	Jackie Lawless		
Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/Recommendation from that Committee

Summary of key points in report

Current Forecast

The current projected overspend position (as per the Feb Management Accounts) is £7.2m. Whilst this appears to a small improvement of £400k since January, Manx Care's overall position has worsened.

The forecast has been adjusted to reflect the combined impact of the Back to Balance measures which generated a £2.9m improvement rather than the planned £4.7m.

The operational forecast has also worsened by £2.5m. This is primarily due to an adverse movement of £1.8m in the Tertiary forecast following adjustments made to the historic activity data by some of our largest providers. Additionally, the planned slowdown in month 12 Tertiary activity did not deliver the anticipated results. The remaining £700k is due to additional staff costs in the month and unexpected Purchase Card costs of £200k due to processing delays.

The only mitigations not reflected are the planned offsets from DHSC Reserve and 111 surplus, which total £2.6m. This brings the likely year end position to £4.5m overspend.

Jan Mgmt Accounts	(7,576)		
Additional Mitigations	<u>2,941</u>	(4,635)	
Operational Movements	<u>(2,533)</u>	(7,168)	Feb Mgmt Accounts
DHSC Reserve & Offset	<u>2,639</u>	(4,529)	Forecast Year end Position

Whilst it is extremely disappointing not to be able to achieve financial balance, Treasury have approved contingency funding of up to £5.6m to cover potential overspends to the end of 22/23. The approval of this funding provides mitigation against any further risks that may emerge over the final months of the year. These risks are detailed later in this report. However, there is extremely limited scope remaining to avoid requiring a supplementary vote.

The following financial risks are not yet reflected in the current year forecast:

- There is always a risk at financial year end of older invoices that have not been provided for materialising as other organisations seek to finalise their own year end positions. Similarly, late submitted timesheets can be problematic and have caused unexpected movements in the forecast during the year. We have made provisions for all known expenses and income but this remains a potential risk
- Significant amounts of Annual Leave have been carried over due to Covid, but it is not feasible to measure the quantum of this. An allowance has been made in this year's budget for this but the cost of Annual Leave may be considerably more than the amount allowed for – potentially in excess of £3m. It has been agreed to allow staff to carry over balances in excess of the standard 5 days with a plan to pay excess leave balances during 23/24. Treasury have a contingency for this across government so we may well be able to mitigate this risk fully.

CIP

To date, £7.3m of cash-out savings have been delivered, exceeding both the original target of £4.3m and the revised delivery target of £7.1m. Efficiency savings of £2.7m have also been delivered so far against the target of £3.2m. Total delivery against the CIP Plan is £10m (97%).

WORKSTREAM	22/23 CASH TARGET	22/23 EFFICIENCY TARGET	TOTAL 22/23 CIP	TOTAL CIP DELIVERED	% DELIVERED
Contracting	36,000		36,000	86,713	241%
Elective Care	578,788	1,793,560	2,372,348	1,131,516	48%
Infrastructure	229,000		229,000	-	0%
Mental Health	386,563		386,563	899,620	233%
Non Elective Care	1,020,000	1,200,605	2,220,605	3,016,048	136%
Primary Care	45,750	-	45,750	-	0%
Primary Care Medicines	476,631		476,631	596,571	125%
Procurement	160,380	209,256	369,636	204,135	55%
Radiology	52,536		52,536	-	0%
Secondary Care Medicines	828,163		828,163	1,006,772	122%
Social Care	182,500		182,500	279,500	153%
System-Wide Medicines	150,000		150,000	-	0%
Tertiary	1,289,625	-	1,289,625	1,429,825	111%
Workforce	1,673,451		1,673,451	1,367,211	82%
Grand Total	7,109,386	3,203,421	10,312,808	10,017,911	97%

Whilst a number of workstreams have overdelivered against targets, some have yet to deliver savings – most notable Infrastructure, Primary Care & System Wide Medicines. This is due to delays in enacting the proposed projects but they are expected to deliver in 23/24.

Workstream	22/23 CASH TARGET	22/23 CASH DELIVERED	% DELIVERED
Contracting	36,000	86,713	241%
Elective Care	578,788	779,781	135%
Infrastructure	229,000	-	0%
Mental Health	386,563	899,620	233%
Non Elective Care	1,020,000	707,798	69%
Primary Care	45,750	0	0%
Primary Care Medicines	476,631	596,571	125%
Procurement	160,380	204,135	127%
Radiology	52,536	-	0%
Secondary Care Medicines	828,163	1,006,772	122%
Social Care	182,500	279,500	153%
System-Wide Medicines	150,000	-	0%
Tertiary	1,289,625	1,429,825	111%
Workforce	1,673,451	1,367,211	82%
Grand Total	7,109,386	7,357,926	103%

A final report is being drafted to claim the Programme Costs of £700k from Treasury as agreed. These costs are not included in Manx Care's baseline as they're being funded separately.

The 23/24 CIP Plan is under development and will aim to deliver in excess of £11m savings which will be well in excess of our target of £4.5m. However, as part of the 23/24 budget planning we have assumed additional CIP savings of £3m plus additional income (which will be managed under the CIP programme) of £1.5m, which takes the minimum CIP requirement to £9.5m

The agreed plan will be finalised by mid-April but existing workstreams will continue to deliver whilst new workstreams are developed.

23/24 Funding

The confirmed funding envelope for Manx Care for 23/24 will be £302.6m. This represents a £19.8m increase on 22/23 budget. Cost pressures totalling £60m have now been identified which means the funding gap is £39.7m

This means that based on current assumptions, the funding amount for 23/24 will be insufficient to cover the Priority 1 – Unavoidable Cost Pressures identified.

A range of mitigations totalling £39.7m have now been identified. These would allow for a balanced position and funding of Priorities 1 & 2 and some of Priority 3 – Mandate. But it will still have a significant impact on the aspirations and ambitions of both Manx Care & DHSC of what is deliverable in 23/24. A full summary of the cumulative funding position is included at Appendix 1.

Some of these mitigations rely on funding from other sources such as Transformation and Capital funding. Others, such as increased income from prescription and dental charges will rely on DHSC policy decisions and implementation. Should these not be forthcoming, then the gap will increase.

Furthermore, 2% has currently been funded by Treasury for pay awards in 23/24. This is unlikely to be sufficient to meet the demands of staff groups and so industrial action during 23/24 is likely as we will be unable to reach agreement on pay. We have still not been able to settle the 21/22 or 22/23 pay disputes and pressure will increase further in 23/24 with expectations of pay increases in excess of 10% likely. An additional 10% increase would cost approx. £14m against available funding of £3.6m.

Clearly this would be far beyond the means of Manx Care to address from within the current funding envelope¹⁰⁵, so additional funding for pay awards may need to be sought separately – similar to the agreement made specifically for DESC this year. Staff side representatives of the MPTC pay group have indicated their intention to lobby Treasury directly in this regard. It may be worth exploring the possibility of a multi year pay deal to meet expectations over a 3 year period if Treasury were willing to commit to such a solution.

Treasury are aware of pay pressures across government and have asked all Depts to prepare a financial plan describing the impact of a 5% increase rather than the budgeted 2%. This would create an additional cost of £5.5m for Manx Care. Given the already constrained position and even employing all of the mitigations already suggested, we would be unable to meet our Priority 1 – Unavoidable Cost Pressures. The full summary of this position is included at Appendix 2.

A joint Board Meeting between Manx Care and DHSC is planned to agree the proposed budget allocations for 23/24. A separate report detailing the proposals will be prepared for consideration and discussion. It's clear that spending in 23/24 needs to be clearly prioritised to meet core safety and compliance standards and our response to the CQC recommendations. Therefore, opportunities for investment or service development are limited. The exception to this is the Board's commitment to fund additional student bursaries as part of the longer term stabilising of the nursing workforce. In the longer term, it jeopardises Manx Care's ability to absorb the ongoing costs of Transformation. Whilst this is not a funding issue for 23/24 decisions will need to be made in this financial year regarding the priorities and work of Transformation.

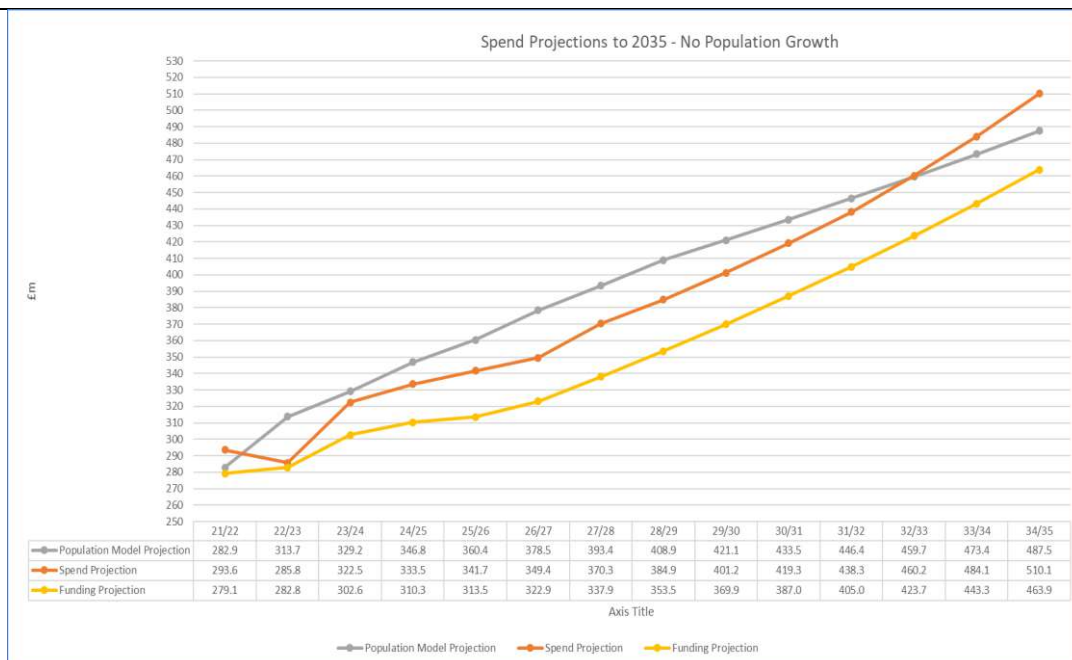
Future Funding

The Manx Care Non-Executive Directors were asked to attend COMIN on 2nd March to discuss Manx Care's finances. The CEO, FD and Director of Nursing also attended. The pressures in this year and next were discussed, as was the challenge around future funding.

Manx Care outlined the potential service implications of the constrained financial position in 23/24. Given the requirement to focus on core safety and compliance requirements.

The longer term spend projections analysis was updated to include projections based on the expected impact of demographic changes over the next 12 years. This is summarised in the graph below and represents the current position excluding the impact of the population growth ambitions contained in the Island Plan. Any increased population growth would likely increase financial pressure accordingly.

The graph below shows how projected funding (yellow) lags behind projected spend (orange). However, the projected spend is still significantly lower than that predicted by the population growth modelling (grey). However, spend it is expected to exceed the population projection by 2032. The spend and funding growth predictions are based on applying the Sir Jonathan Michael funding assumptions of Growth + Inflation less CIP to baseline spend and budget in 2020/21.



The presentation also outlined the historic funding gap due to the inconsistent application of the funding formula outlined by Sir Jonathan Michael. To date, that gap stands at £84m (see below) with £30m additional funding applied versus £114m expected.

Agreed Funding Model

Sir Jonathan Michael Report assumed:

Application from 2019/2020
Uplift applied to 2019 Spend

Additional funding by 23/24 (including Inflation)

Applied for the first time in 2022/2023
Uplift applied to Budget

Additional Funding since 2019 (including Inflation)



COMIN requested follow up discussions to explore this proposal in more detail, along with some of the opportunities to drive cross government savings. Many opportunities exist for Manx Care to initiate changes that would save wider government money but that would have no positive impact on Manx Care's finances and in fact would probably require investment of resource and capacity to deliver. Therefore, a mechanism for supporting such activity is needed.

A further date has not been agreed, but initial indications are that COMIN would wish to engage at least quarterly with Manx Care.

Recommendation for the Board to consider:

Consider for Action		Approval		Assurance	X	Information	X
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Appendix 1 – 23/24 Funding Gap Detail

	£000's	£000's	£000's	£000's	£000's	£000's
	Amount	Cumulative Amount	Variance to 23/24 Budget	Mitigation	Mitigated Cumulative	Mitigated Variance to 23/24 Budget
2022/23 BUDGET	282,858	282,858	20,117			
22/23 PAY AWARD @ 6%	7,019	289,876	13,098	0	289,876	13,098
23/24 PAY AWARD @ 2%	3,662	293,539	9,436	0	293,539	9,436
EXISTING TSY B/CASE ADJS	(48)	293,491	9,484	0	293,491	9,484
CIP @ 1.5%	(4,545)	288,946	14,029	(3,000)	285,946	17,029
INTERNAL B/CASE ADJS	2,062	291,008	11,966	(1,381)	286,628	16,347
TERTIARY UPLIFT	3,500	294,508	8,466	(2,000)	288,128	14,847
CONTRACT UPLIFT @ 6%	5,123	299,631	3,344	0	293,250	9,724
OTHER INFLATION @ 6%	2,057	301,688	1,287	0	295,307	7,667
INCOME	(803)	300,885	2,090	(1,500)	293,004	9,971
PPU 50% OPERATIONAL	(429)	300,455	2,519	429	293,004	9,971
UNAVOIDABLE COST PRESSURES	10,999	311,454	(8,480)	(5,322)	298,681	4,294
STATUTORY/COMPLIANCE	5,036	316,490	(13,516)	(4,118)	299,599	3,376
MANDATE REQUIREMENTS	7,121	323,611	(20,637)	(7,121)	299,599	3,376
CORE SERVICE DELIVERY	13,447	337,059	(34,084)	(10,422)	302,624	351
ENHANCED SERVICE DELIVERY	3,879	340,938	(37,963)	(3,879)	302,624	351
NEW SERVICE DEVELOPMENTS	1,943	342,881	(39,906)	(1,393)	303,174	(199)
2023/24 FUNDING REQUIREMENT	342,881			(39,707)	303,174	
2023/24 BUDGET	302,975				302,975	
VARIANCE	(39,906)				(199)	

Fully Funded
Part Funded
Not Funded

	£000's	£000's	£000's	£000's	£000's	£000's
	Amount	Cumulative Amount	Variance to 23/24 Budget	Mitigation	Mitigated Cumulative	Mitigated Variance to 23/24 Budget
2022/23 BUDGET	282,858	282,858	20,117			
22/23 PAY AWARD @ 6%	7,019	289,876	13,098	0	289,876	13,098
23/24 PAY AWARD @ 5%	9,156	299,032	3,943	0	299,032	3,943
EXISTING TSY B/CASE ADJS	(48)	298,984	3,991	0	298,984	3,991
CIP @ 1.5%	(4,545)	294,439	8,535	(3,000)	291,439	11,535
INTERNAL B/CASE ADJS	2,062	296,502	6,473	(1,381)	292,121	10,854
TERTIARY UPLIFT	3,500	300,002	2,973	(2,000)	293,621	9,354
CONTRACT UPLIFT @ 6%	5,123	305,124	(2,150)	0	298,744	4,231
OTHER INFLATION @ 6%	2,057	307,181	(4,207)	0	300,800	2,174
INCOME	(803)	306,378	(3,403)	(1,500)	298,497	4,477
PPU 50% OPERATIONAL	(429)	305,949	(2,974)	429	298,497	4,478
UNAVOIDABLE COST PRESSURES	10,999	316,948	(13,973)	(5,322)	304,174	(1,199)
STATUTORY/COMPLIANCE	5,036	321,984	(19,009)	(4,118)	305,092	(2,117)
MANDATE REQUIREMENTS	7,089	329,072	(26,098)	(7,089)	305,092	(2,117)
CORE SERVICE DELIVERY	12,747	341,820	(38,845)	(9,805)	308,035	(5,060)
ENHANCED SERVICE DELIVERY	3,603	345,422	(42,448)	(3,351)	308,287	(5,312)
NEW SERVICE DEVELOPMENTS	1,943	347,366	(44,391)	(1,393)	308,837	(5,862)
2023/24 FUNDING REQUIREMENT	347,366			(38,529)	308,837	
2023/24 BUDGET	302,975				302,975	
VARIANCE	(44,391)				(5,862)	

Fully Funded
Part Funded
Not Funded



Manx Care Management Accounts

February 2023

Manx Care Management Accounts – February 2023

FINANCIAL SUMMARY

MANX CARE FINANCIAL SUMMARY - 28 FEBRUARY 2023

	MONTH £'000				YTD £'000				FY £'000				Mov't to Prior Month	Mov't to Prior Forecast
	Actual	Budget	Var (£)	Var (%)	Actual	Budget	Var (£)	Var (%)	Forecast	Budget	Var (£)	Var (%)		
OPERATIONAL COSTS	25,384	23,571	(1,812)	(8%)	271,949	259,286	(12,663)	(5%)	290,025	282,858	(7,168)	(3%)	(1,578)	408
Income	(1,159)	(1,274)	(115)	(9%)	(12,662)	(14,018)	(1,356)	(10%)	(13,730)	(15,292)	(1,562)	(10%)	17	(7)
Employee Costs	15,309	14,819	(490)	(3%)	171,012	163,014	(7,999)	(5%)	181,738	177,834	(3,904)	(2%)	166	(86)
Other Costs	11,234	10,026	(1,207)	(12%)	113,598	110,290	(3,308)	(3%)	122,017	120,316	(1,701)	(1%)	(1,761)	500
DHSC RESERVE CLAIMS	495	0	(495)	-	3,792	0	0	-	4,652	0	0	-	769	0
TT/MGP Costs	0	0	0	-	0	0	0	-	357	0	0	-	0	0
High Cost Patients	145	0	(145)	-	3,245	0	0	-	3,724	0	0	-	1,007	0
Winter Pressures	350	0	(350)	-	507	0	0	-	530	0	0	-	(279)	0
Foundation Doctors Rebate	0	0	0	-	41	0	0	-	41	0	0	-	41	0
FUND CLAIMS	2,106	0	(2,106)	-	18,879	0	(18,879)	-	25,757	0	(25,757)	-	4,547	(2,420)
Pay Award (Above 2%)	575	0	(575)	-	5,707	0	(5,707)	-	6,906	0	(6,906)	-	4,336	0
Medical Indemnity	12	0	(12)	-	1,048	0	(1,048)	-	1,108	0	(1,108)	-	38	840
Covid Costs	102	0	(102)	-	3,607	0	(3,607)	-	4,075	0	(4,075)	-	(30)	(570)
Covid Vaccination	161	0	(161)	-	952	0	(952)	-	1,039	0	(1,039)	-	(96)	(248)
Restoration & Recovery	1,245	0	(1,245)	-	7,427	0	(7,427)	-	11,085	0	(11,085)	-	296	(2,443)
Transformation Fund	11	0	(11)	-	138	0	(138)	-	1,545	0	(1,545)	-	4	(0)
ADD'N FUNDING - DHSC	181	0	(181)	-	552	0	(552)	-	597	0	(597)	-	(139)	(165)
111 Service	181	0	(181)	-	552	0	(552)	-	597	0	(597)	-	(139)	(165)
MANDATE INCOME	(28,166)	(23,571)	4,595	19%	(295,172)	(259,286)	32,094	12%	(321,031)	(282,858)	33,521	12%	(3,599)	2,177
GRAND TOTAL	0	0	0	-	0	0	0	-	0	0	0	-	0	0

Manx Care Management Accounts – February 2023

Overview

- The result for January is an operational overspend of (£1.8m) with the YTD position now being an overspend of (£12.7m). In January a number of adjustments were made as a result of identifying high cost patients & care packages that were reclaimed from the DHSC reserve fund so this months result is more in line with expectations. Further detail is provided in Table 4.
- The operational forecast has improved by £0.4m to £7.2m. Although further claims to the DHSC reserve fund will net against this position, Manx Care is now unlikely to achieve a balanced position against its operational budget by year end. Further detail on the movement in forecast from prior month is provided in Table 1 with further detail on the full year variance to forecast provided in Table 2.
- There are further business cases totalling £1.9m being finalised for the loss of PPU income (due to the ward being used for restoration work), nursing care placements in Mental Health and potentially the IG fine. These cost pressures (actual and forecast) are still being reported in Manx Care's operational figures. There is also a small balance remaining on the Reserve Fund which will net against Manx Care's financial position.
- Should the further £1.9m be approved from the Reserve Fund, the overspend position will reduce to £5.3m. Additional mitigations were implemented to address the overspend. However, the impact of these has been less than anticipated. Combined with further cost pressures that have materialised, this makes it unlikely that financial balance will be achievable.
- The target CIP for this financial year is £4.3m. To date £9.9m in savings having been delivered, of which £7.3m are cash savings.
- 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 – February 2023

Table 1 – Forecast Movement to Prior Month

Forecast Movement to Prior Month	£'000	
Income	(7)	No changes in assumptions to the previous forecast.
Employee costs	(86)	Forecast is in line with previous month's reporting.
Other Costs	500	There are a number of adjustments across the care groups including mitigations identified to reduce the overspend for year end but further cost pressures particularly in Tertiary have been identified which has reduced the expected improvement.
Total	408	

Table 2 – Operational Forecast FY Variance to Budget

Forecast Variance to Budget	£'000	
Other Income	(1,562)	(£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	(3,904)	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.
Other Costs - Tertiary	(4,104)	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	2,402	Although there are a number of variances across the Care Groups, the forecast reflects the contingency budget of £3.3m which is netting against known cost pressures.
Total	(7,168)	

Manx Care Management Accounts – February 2023

Table 3 - Operational YTD Variance to Budget

YTD Variance to Budget	£'000	
Other Income	(1,356)	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 £280k 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	(7,999)	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	(3,954)	Activity is higher than the baseline budget with costs for high cost patients now being reclaimed from the DHSC Reserve Fund.
Other Costs - Contingency	646	There are a number of variances across the care groups and the impact of the contingency budget YTD is £2.9m (which has been fully allocated to cover some of the cost pressures).
Total	(12,663)	

Manx Care Management Accounts – February 2023

Employee Costs

YTD Employee Costs are currently (£8.0m) over budget.

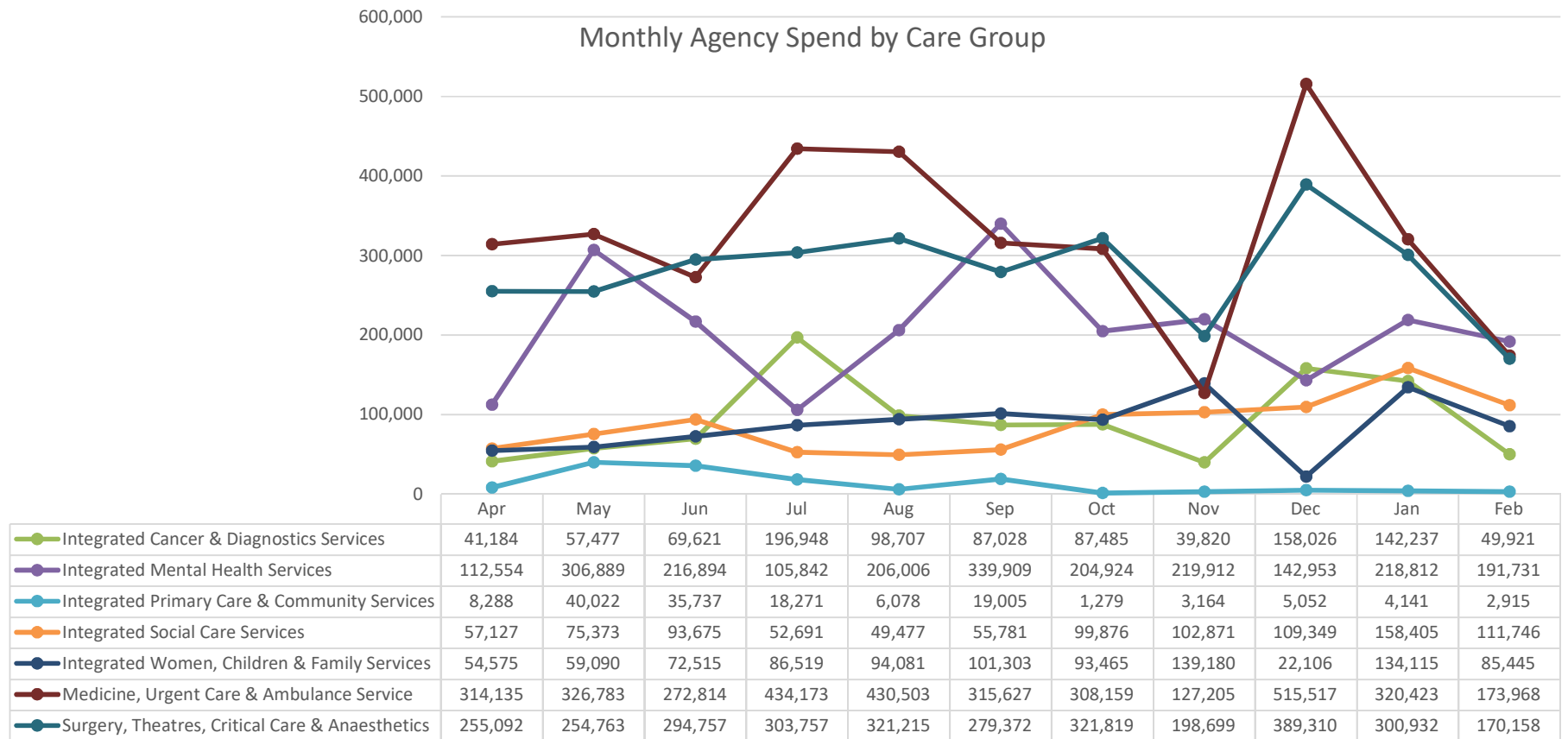
Agency spend is a significant factor driving this overspend, with a total spend YTD of £13.2m. This spend is broken down across Care Groups below.

The Care Groups with the largest spend are Medicine (£3.5m), Surgery (£3.0m) and Mental Health (£2.3m). Following a peak in December costs have continued to reduce. The cost is primarily incurred to cover existing vacancies in those areas.

Costs in February have dropped significantly by £500k compared to January and are £200k below average. This is primarily as a result of additional restrictions on agency spend introduced in the month. These reductions were especially noticeable in Medicine £146k, Surgery £130k and Cancer Services £92k.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Total	Month Mov't
Total Agency £'000	932.0	1,254.2	1,192.8	1,226.0	1,331.0	1,364.3	1,176.8	959.2	1,486.1	1,397.7	1,032.8	13,212.9	504.9
Corporate Services	45.4	49.1	29.2	-3.1	35.8	47.1	-0.5	51.9	66.7	42.7	42.9	387.2	0.2
Infrastructure & Hospital Operations	18.5	23.5	20.4	17.0	21.5	26.8	19.0	32.0	24.7	24.7	28.5	256.6	-3.8
Integrated Cancer & Diagnostics Services	41.2	57.5	69.6	196.9	98.7	87.0	87.5	39.8	158.0	142.2	49.9	1,028.3	92.3
Integrated Mental Health Services	112.6	306.9	216.9	105.8	206.0	339.9	204.9	219.9	143.0	218.8	191.7	2,266.4	27.1
Integrated Primary Care & Community Services	8.3	40.0	35.7	18.3	6.1	19.0	1.3	3.2	5.1	4.1	2.9	144.0	1.2
Integrated Social Care Services	57.1	75.4	93.7	52.7	49.5	55.8	99.9	102.9	109.3	158.4	111.7	966.4	46.7
Integrated Women, Children & Family Services	54.6	59.1	72.5	86.5	94.1	101.3	93.5	139.2	22.1	134.1	85.4	942.4	48.7
Medicine, Urgent Care & Ambulance Service	314.1	326.8	272.8	434.2	430.5	315.6	308.2	127.2	515.5	320.4	174.0	3,539.3	146.4
Nursing, Patient Safety & Governance Services	1.8	1.8	0.6	1.3	1.8	3.6	21.7	-4.5	13.9	-17.5	7.8	32.3	-25.3
Operations Services	20.6	57.7	84.1	10.7	57.0	80.0	30.5	46.7	38.9	63.2	45.5	534.9	17.7
Surgery, Theatres, Critical Care & Anaesthetics	255.1	254.8	294.8	303.8	321.2	279.4	321.8	198.7	389.3	300.9	170.2	3,090.0	130.7
Tertiary Care Services	2.7	1.7	2.4	1.9	8.8	8.8	-10.9	2.2	-0.4	5.6	2.3	25.1	3.3

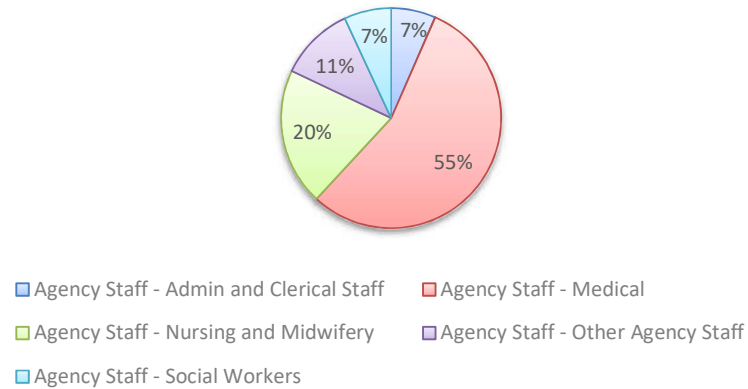
Manx Care Management Accounts – February 2023



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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 %

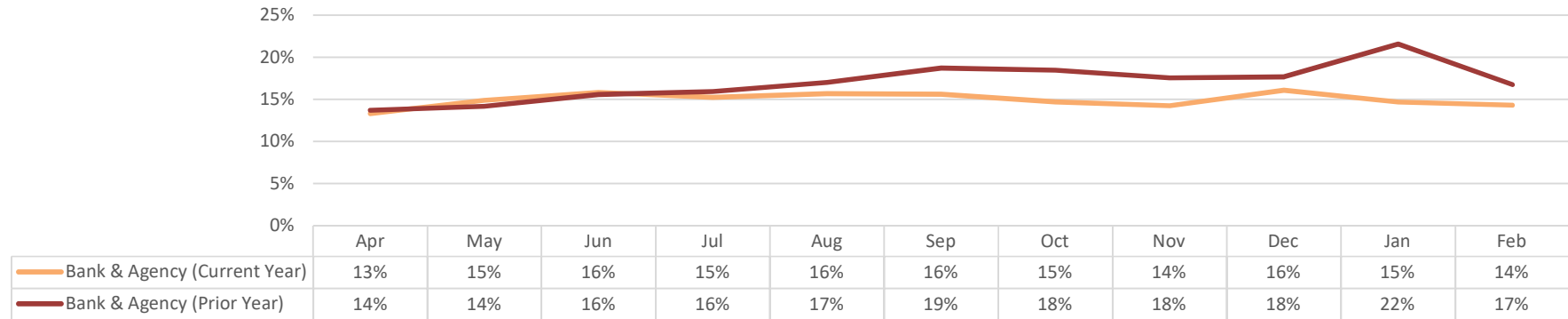


A key focus this year is on recruitment activity to address the 20% vacancy rate across the organisation. As these start to take effect, we will expect to see spend on temporary resource such as Bank & Agency as a proportion of total spend to reduce. The below table shows this data against last year when the proportion of spend ranged from 14% to 22% with an average of 17%. Bank spend in the month is £291k lower than the previous month, although still £114k above average.

So far, spend is tracking closely against last year, and showing a small improvement from last year in the last quarter. This increased slightly during December reflecting the operational pressures faced in the month – in particular the sharp increase in agency costs in Medicine and Surgery. However, subsequent months have reduced and are still tracking lower than last year.

Manx Care Management Accounts – February 2023

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. This analysis has led to an adverse movement in this month's forecast as the activity position is better understood. Additional CIP opportunities totalling approx. £1m have also been identified which are reflected in the forecast and the CIP programme. Activity reconciliations with our largest Trusts are underway to further cement the position ahead of year end.

Table 4 – Movement in Operational Cost from Prior Month

Movement to Prior Month	£'000	
Income	17	Income levels in line with last month.
Employee Costs	166	Movements across the Care Groups with revised assumptions included in the revised forecast.
Other Costs	(1,761)	The movement is due to the prior month being lower than normal as an analysis of contracts resulted in costs being moved against funding from the DHSC Reserve.
Total	(1,578)	

Manx Care Management Accounts – February 2023

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 £10.3m

To date, £7.3m of cash-out savings have been delivered, exceeding both the original target of £4.3m and the revised delivery target of £7.1m. Efficiency savings of £2.7m have also been delivered so far against the target of £3.2m. Total delivery against the CIP Plan is £9.9m (96%).

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.

Financial Risks & Opportunities

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

Risk / (Opportunity)	£'000	
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.
Untaken annual leave	3,600	Operational pressures have impacted the ability of many staff to utilise their leave this year. Many also have additional leave carried over post Covid when the usual 5 day carryover amount was increased to 10. So, it's possible that many staff may have leave balances they wish to carry into next year in excess of the 5 days normally permitted. It may be necessary to pay those excess balances or incur the cost of covering those leave absences
Total	5,600	

Manx Care Management Accounts – February 2023

Appendix 1 - Summary by Care Group as at 28th February 2023

OPERATIONAL COSTS BY CARE GROUP - 28 FEBRUARY 2023								
	YTD £'000				FY £'000			
	Actual	Budget	Var (£)	Var (%)	Forecast	Budget	Var (£)	Var (%)
TOTAL BY CARE GROUP	275,743	263,079	(12,663)	(5%)	294,683	287,509	(7,168)	(2%)
CLINICAL CARE GROUPS	254,149	242,017	(12,132)	(5%)	275,945	264,515	(11,430)	(4%)
Medicine, Urgent Care & Ambulance Service	37,692	31,100	(6,592)	(21%)	40,933	34,057	(6,876)	(20%)
Surgery, Theatres, Critical Care & Anaesthetics	36,220	32,887	(3,333)	(10%)	38,234	36,015	(2,219)	(6%)
Integrated Cancer & Diagnostics Services	21,217	20,781	(436)	(2%)	22,634	22,689	55	0%
Integrated Women, Children & Family Services	15,768	15,106	(662)	(4%)	17,127	16,479	(648)	(4%)
Integrated Mental Health Services	23,104	22,705	(399)	(2%)	25,265	24,769	(496)	(2%)
Integrated Primary Care & Community Services	51,411	54,182	2,772	5%	56,415	59,108	2,693	5%
Integrated Social Care Services	46,177	46,648	471	1%	50,725	50,890	165	0%
Tertiary Care Services	22,561	18,606	(3,954)	(21%)	24,612	20,508	(4,104)	(20%)
SUPPORT & CORPORATE SERVICES	21,594	21,062	(532)	(3%)	18,736	22,995	4,259	19%
Infrastructure & Hospital Operations	8,103	8,080	(23)	(0%)	8,792	8,814	22	0%
Operations Services	3,454	2,930	(524)	(18%)	3,496	3,196	(300)	(9%)
Nursing, Patient Safety & Governance Services	3,064	3,949	885	22%	3,557	4,308	750	17%
Medical Director Services & Education	2,592	2,070	(523)	(25%)	2,881	2,238	(643)	(29%)
Corporate Services	4,381	4,034	(347)	(9%)	10	4,439	4,429	100%

For reporting purposes, fund claims from the DHSC are shown as additional budget in the figures above

Manx Care Management Accounts – February 2023

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 Q4 have been approved by Treasury.
Covid Vaccination	Funding of £0.6m has been agreed so far for 22/23. Additional costs are recovered as part of the Covid claim above.
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.