

**The Boardroom, Management Suite, 1st Floor West Wing,
 Nobles Hospital, Strang, Braddan IM4 4RJ**

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

AGENDA

Minute number	GOVERNANCE	Lead	Page	Time
50.23	Welcome & apologies	Chair	Verbal	1.00
51.23	Declarations of Interest	Chair	3	
52.23	Minutes of the meeting held in public - 4 April 2023	Chair	7	1.05
53.23	Matters arising/Review of Action Log	Chair	18	1.10
54.23	Notification of any other items of business	Chair	Verbal	1.15
55.23	Board assurance framework for 2023-2024 - Deep Dive Risk 5 – Stakeholder Support	CEO	19	1.20
56.23	23/24 Board Work Plan	Bd Sec	28	1.40
UPDATES				
57.23	Chair’s report	Chair	30	1.50
58.23	Chief Executive’s report and horizon scan	CEO	31	2.00
59.23	Committee Chairs’ Exception Reports - QSE Committee – 25 April 2023 - ICP Committee – 25 April 2023 - FP&C Committee – 26 April 2023	Comm Chairs	Verbal	2.30
REFRESHMENT BREAK 2.45pm				
60.23	Integrated Performance Report	Dir of Nursing/ Medical Dir/ Dir of Social Care/Dir of Ops	38	3.00
PRIORITY ONE – PATIENT SAFETY				
61.23	CQC Update	Dir of Nursing	Verbal	3.30

PRIORITY TWO - CREATING A POSITIVE WORKING CULTURE				
62.23	Update on Pay Negotiations	CEO/Dir of OHR	Verbal	3.40
PRIORITY THREE – MAINTAINING A STABLE FINANCE POSITION				
63.23	Director of Finance Report: <ul style="list-style-type: none"> - March Management Accounts - CIP Delivery - Budget setting 23/24 	Dir of Finance	81	3.50
ANY OTHER BUSINESS				
64.23	With prior agreement of the Chair	Chair		4.10
FORMAL MEETING CLOSING 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: 4 July 2023				

Register of Directors' Interest

25 April 2023



Name	Position within, or relationship with Manx Care	Type of Interest	Description of Interest (including for indirect interests, details of the relationship with the person who has the interest)	Date interest relates		Is the interest direct or indirect?	
				From	To	Direct	Indirect
Sarah Pinch	Non-Executive Director	Direct Financial Interests	Managing Director, Sarah Pinch Limited T/A Pinch Point Communications, consultancy provider for many NHS organisations in England	Jan-13	-	X	
Sarah Pinch	Non-Executive Director	Direct Non Financial Professional Interest	Chair of The Taylor Bennett Foundation, a charity supporting BAME young people into careers in PR and Communications	Oct-17	-	X	
Sarah Pinch	Non-Executive Director	Direct Non-Financial Personal	Independent Advisor to the Senedd, chair of REMCOM	Nov-18	-	X	
Sarah Pinch	Non-Executive Director	Direct Non-Financial Personal	Trustee of Bristol Students Union, member of REMCOM	Nov-20	July-22	X	
Katie Kapernaros	Non-Executive Director	Direct Non-Financial Professional Interests	Non – Executive Director, The Property Ombudsman. Remuneration and Nominations Committee	Jan-19	-	X	
Katie Kapernaros	Non-Executive Director	Direct Non-Financial Professional Interests	Non – Executive Director, The Pensions Regulator. Remuneration and People Committee.	Apr-20	-	X	
Katie Kapernaros	Non-Executive Director	Direct Non-Financial Professional Interests	Non – Executive Director, Oxford University Hospitals NHS Foundation Trust. Remuneration, Appointments and Audit Committees, Equality and Diversity board champion.	Oct-19	-	X	
Katie Kapernaros	Non-Executive Director	Direct Non-Financial Professional Interests	Non – Executive Director, BPDTS (Digital supplier to Dept. of Work and Pensions) Remuneration and Nominations Committees.	Feb-19	Jun-21	X	
Andy Guy	Non-Executive Director	Indirect Interest	Son is employed by St Christopher’s Fellowship who are a supplier of services to Manx Care	current		n/a	
Nigel Wood	Non-Executive Director	Indirect Interest	Wife was employed by Manx care as a part-time radiographer in the X ray department of Nobles Hospital		July 22		X
Nigel Wood	Non-Executive Director	Other Interest	Nigel’s business offers a registered office facility to a Radiology online training service owned by an un connected individual. Previously had provided guidance on establishing a business. No remuneration received.	current		X	
Tim Bishop	Non-Executive Director	Direct Financial interest	Director / Shareholder Wellingham Partners Ltd consultancy	Apr-16		x	
Tim Bishop	Non-Executive Director	Direct Non-Financial interest	Unremunerated Chair and Trustee of St Martin of Tours Housing Association	Jan-22		X	
Tim Bishop	Non-Executive Director	Professional	Remunerated member of Assurance Committee Professional Record Standards Body	Nov-20		X	
Tim Bishop	Non-Executive Director	Direct Non-Financial	Unremunerated Vice Chair and Trustee Camphill Village Trust	Jan-18		X	
Tim Bishop	Non-Executive Director	Professional	Registered member: Social Work England	Aug-12		X	

Name:	Position within, or relationship with Manx Care:	Type of Interest	Description of Interest (including for indirect interests, details of the relationship with the person who has the interest)	Date interest relates		Is the interest direct or indirect?	
				From	To	Direct	Indirect
Dr Sree Andole	Medical Director	Professional	Specialist Advisor, Care Quality Commission UK	2012	-	X	
Dr Sree Andole	Medical Director	Financial	Governing Body member, Southend on Sea CCG, UK	2019	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 and acting staff side lead for MPTC				
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				

Present:

Non-Executive Directors

Sarah Pinch (SP)	Interim 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
Jackie Lawless (JL)	Finance Director

In Attendance:

Anne Corkill (AC)	Director of HR Business
Oliver Radford (OR)	Director of Operations
Dr Marina Hudson (MH)	Consultant Psychiatrist (Deputising for Medical Director)
Dr Oliver Ellis (OE)	Medical Director, Primary Care
Aneurin Pritchard (AP)	Director of Infrastructure
Will Bellamy (WB)	Head of Ambulance and Paramedic Service (item 42.23 only)
Elaine Quine (EQ)	Board Secretary and Minute Secretary
Jane Wolstencroft (JW)	Deputy Board Secretary

Apologies:

Dr Sree Andole (SA)	Medical Director
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GOVERNANCE

Item	Action
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34.23 Welcome and apologies

SP welcomed everyone to the meeting. Apologies had been received from Dr Sree Andole. SP stated that this and future meetings would no longer be televised however an audio recording would be made and would be available on the usual social media outlets.

Minute Silence and Tribute to Andrew Foster

With great sadness SP confirmed that Andrew Foster, Chairman of the Board since its inception in April 2021, had passed away on 21 March 2023 following a short illness. The transcript of her tribute is set out in full below.

‘Andrew had been tasked with taking the Sir Jonathan Michaels recommendations forward following Tynwald’s approval of those recommendations, including the fundamental recommendation of establishing Manx Care. Andrew’s legacy will be lasting and life changing for many people on the Isle of Man. Manx Care has found new ways of working by improving the culture of the workforce, increasing levels of trust and encouraging staff to work together across the organisation and we have seen great improvements in standards of care and outcomes for patients and service users. Indeed a patient story was delivered to the Board in private session held earlier yesterday and a patient had received treatment via a brand new pathway following a heart attack. Andrew was a strong leader, a thoughtful and caring colleague, an insightful and collegiate chairman and his knowledge and expertise

were invaluable to us as a new organisation. He was warm, he was funny, always incredibly well dressed, he was kind and considerate and we have plan to honour his legacy which would be announced once agreed with his wife and family. On Thursday myself, Teresa and Katie and David Ashford MHK will be attending the funeral to represent Manx Care and the people of the Isle of Man. Manx Care has indeed lost a great friend and a great leader but he has left us with the most extraordinary lasting legacy’.

SP invited all present to stand to observe a minute’s silence in memory of Andrew.

35.23 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.

36.23 Minutes of the Board meetings held on 7 February 2023 (public)

The minutes of the meetings held on 7 February 2023 (public) were accepted as an accurate record.

37.23 Matters Arising and Review of Action Log

All matters had been listed as agenda items and would be discussed later in the meeting.

38.23 Notification of any other items of business

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

39.23 Board Assurance Framework (‘BAF’) 2022/23

- Risk 2 Overwhelming Demand

The BAF was noted. SP invited OR to lead the meeting through the deep dive into risk no2 on the BAF.

OR stated that the risk related to the potential of demand for health services overwhelming capacity which could result 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 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 had resulted in significant waiting list pressures across a number of hospital and mental health services which had 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 the waiting list position had 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 included:

- Completion of Recovery and Restoration phases 1 and 2 which will see achievement of a six week waiting time for surgery across a number of surgical specialties
- 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
- Developing an improved appointments management system which will see a much reduced period between receiving the appointment letter and the appointment taking place and increased use of text reminders
- Focus on other productivity measures such as Patient Initiated Follow Up, 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 up to 20%

- Comprehensive Demand and Capacity Analysis across all specialties – this would determine where there are substantive gaps in capacity which could not be bridged despite productivity improvements and where investment needed to be made in the clinical workforce in order to maintain an acceptable waiting time
- Submission of Recovery & Restoration Phase 3 business case which would 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 would also seek funding to introduce necessary infrastructure to offer a ‘Referral to Treatment’ (RTT) pathway with the aim to offer an 18 week RTT pathway eventually.

The risk also focussed 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 continued to prove challenging to Manx Care. The continuation of the Covid-19 Vaccination Programme into 2023/24 and beyond would 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 would be very small. Challenges would arise if a significant volume of staff contract Covid-19 and therefore could not attend work as per policy – these scenarios were managed on a day by day basis by service and professional leads and where required services were scaled down to target clinical staffing to the area’s most in need.

2. Escalation Planning

The OPEL (Operational Pressure Escalation Level) Framework has been in place across Noble’s Hospital since October 2021 and provided 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 operates 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. The 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 several projects have been decoupled from the overarching Integrated Urgent Care project in order that they can progress as soon as possible – these included 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 could 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 was 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 was not possible, additional resource would 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 had 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 the utmost priority. The winter planning process would commence in June 2023 for this year's winter period and would continue to focus on supporting people to stay well in the community, expanding the workforce during the winter to help cope with additional demands and safeguarding the elective programme which traditionally had been reduced during winter periods to accommodate emergency demand. Funding had been set aside in the 23/24 Manx Care budget to fund additional resources during the winter period as was commonplace in the UK.

KK observed that it was a good indicator of maturity that that BAF was now being used for operational purposes and was therefore making risk 'real' throughout the organisation. TC concurred and emphasised the importance of ensuring that improvements in productivity were recorded accurately so that the financial impact could be assessed. OR replied that the data had been captured over many years but had never been fully utilised for this purpose. It was essential to look forward as whilst the current demand was being assessed, the impact of increasing demand and an aging population must also be taken into consideration. The next stage would be to carry out a harm review to illustrate the impact of high demand. Demand within Primary Care would also need to be assessed and TC suggested that an OPEL framework should also be rolled out across primary care. OE advised that it was a priority for the PCN to introduce an OPEL framework and that this would be progressed when the new operations manager came into post.

TB queried whether there was any learning that could be taken from the 23/23 winter plan to improve the 23/24 plan. OR replied that the winter period finished at the end of March so each scheme would be evaluated to assess whether there would be value in repeating it for winter 23/24 and also identify areas of improvement. NW commented that the Did Not Attend ('DNA') rates were very high and queried what immediate action was being taken to address this. OR replied that the current Patient Access System had limitations in that it did not have functionality to record a preferred method of communication for patients and therefore the default was to write to all patients often twelve months in advance of their appointment date. A new partial booking system would be rolled out where patients would receive a letter via post which would request that they contact the hospital to make an appointment. This system was introduced in the UK in 2004 and would hopefully improve the DNA rates until the Manx Care record could be implemented. NW observed that whilst it was positive DNA rates were being addressed, the solution to computerise a manual process was far from ideal. A fully digital solution should be implemented if real change was to be achieved. OR concurred and stated that the aspiration was to have one system, the Manx Care record, which would be used by both primary and secondary care. The current system was a cause of frustration for all as appointments were issued up to 12 months in advance and did not take account of consultant leave

periods which then resulted in clinics being cancelled and appointments rescheduled. The partial booking system would issue appointments six weeks in advance so whilst it was not the optimum solution, it should improve DNA rates. The pilot would be rolled out in orthopaedics in May / June and if successful would be rolled out more widely thereafter.

UPDATES

40.23 Chair's Report

The Chair's report was noted. SP recorded her thanks to all that had been involved in the recent staff awards that had taken place on 9 February particularly to the sponsors of the awards which had meant that the event was cost neutral for Manx Care and there was no cost to the taxpayer. The importance of acknowledging the achievement of colleagues was recognised particularly non-patient facing areas which are often overlooked.

41.23 CEO Report and Horizon Scan

The CEO report was noted. TC made the following observations:

- The Spring booster campaign had been launched the previous day
- Manx Care's planning for the 2023 TT event had begun and the TT Planning Group had met on the 27 March 2023.
- Following intense recruitment activity all vacancies within the IG Team had been filled and new starters would be in post by early April. A meeting would be held with the ICO during the following week and it was hoped that Manx Care had made sufficient progress to further stay the penalty notice. All data breaches were now being reported and investigated and learning from each review was disseminated accordingly.
- The Board remained fully supportive of the Primary Care at Scale ('PCAS') strategy. It was necessary to stabilise the PCN and this would be the focus for the next six months in terms of GP capacity and community pharmacy provision. Offering virtual appointments would be instrumental in increasing GP capacity. The local wellbeing hubs would be pivotal in transferring services from secondary to community care which would be a cohesive process in conjunction with primary care colleagues.
- There would be a risk workshop delivered to the EMC on 16 May and this would be followed by a Board risk workshop on 4 July.
- The current Medical Director, Dr Sree Andole, had accepted a secondment to the University Hospitals of Derby and Burton. Dr Marina Hudson would deputise until interviews for an interim Medical Director were concluded.

Ballasalla Medical Centre

With regard to Ballasalla Medical Centre the contract would cease at the end of April and Manx Care would assume management of the practice from that date and a period of transition would commence. It was hoped that the transition for patients would be seamless and there would be no change to the services offered. NW reflected on the significant cost of delivering the PCAS model and queried whether offering GP's a salaried model would be an attractive proposition. TC replied that her vision was to have the ability to offer agility and flexibility to primary care services GP service with options for the traditional partner model but also a salaried model if that is what GP's wanted. Manx Care could provide a menu of back office services which GP's could avail themselves of to suit their practice requirements. The relationship between Manx Care and the PCN was key to delivering this and weekly meetings were being held with the PCN and other key stakeholders in the Primary Care at Scale Programme. There was a long journey ahead to develop a relationship that was mutually beneficial and based on trust with the PCN but TC was confident that the foundations were in place. The challenges faced by GP's were well known and it was essential that PCAS was managed carefully with appropriate resource and funding.

OFSTED Inspection of Social Care

DH provided an overview of the preparation for the OFSTED inspection of Children and Families Services. This would be the initial inspection for social care and whilst there was some uncertainty about the process amongst colleagues, the inspectors were sensitive to the concerns and also to the differences in legislation between the Isle of Man and the UK. Verbal feedback would be provided on conclusion of the inspection with a formal report thereafter. DH continued that a self-assessment was being carried out which would identify areas of weakness. All colleagues involved in the inspection would be encouraged to open and honest and had been reassured that there would be no repercussions for doing so. It was essential that a baseline was established from which future improvements could be measured.

42.23 Staff Story

SP introduced WB to the meeting and invited him to tell share his experience of working within Manx Care. WB would summarise his initial impression of Manx Care, his experience since joining and his vision for the future of the ambulance service. Since joining the overriding concern for WB and been the unprecedented growth in demand for the service. Based on the current workforce establishment 5,000-8,000 calls could be accommodated each year, however at year-end, there had been approximately 15,000 calls made to the service. His initial observation on joining was the poor behaviour and culture that existed and this was attributable to stress and fatigue caused by colleagues being overworked. To counter this WB had introduced new frameworks from the UK which were appropriate for the size of the service and concentrated on creating an atmosphere of open challenge and debate where all colleagues' opinions were valued and listened too. One area that was never a concern was the equipment and tools available to the service which were all fit for purpose. The CQC inspection further encouraged the culture of openness and whilst there was some reticence to the inspection initially, all colleagues responded fully and WB expressed his pride at the receptiveness demonstrated by the team throughout the inspection process. This had also been evidenced by the upward trajectory of incident reporting as previously colleagues were afraid to report incidents but now there was an open culture focusing on learning and open clinical debate. A testament to have far the team had come could be evidenced by the volume of UK based applicants that had applied for a secondment to Nobles during the TT festival.

Looking forward, WB and his team would continue to develop clinical and operational models in order to offer a gold standard of care to patients and to secure future stability and sustainability. He would continue to contribute to the wider 'blue light strategy' to ensure an appropriate response would be enacted if a major incident on the Island were to occur. The importance of challenging existing practice was emphasised. Continuing to provide the same services without seeking to improve and innovate was not in the best interests of patients. Being bold and brave to continue to improve clinical governance, clinical knowledge and education would enable the service to support the required improvements in primary, secondary and advanced care. TC added that the importance of investing in education could not be underestimated as it was essential that colleagues were supported to practise at the top of their registration which would not only improve patient care but would assist with recruitment and retention. A Director of education had been appointed at Keyll Darree to oversee the education programmes across the organisation.

TB observed that the conveyance to hospital via ambulance was currently at 80% whereas in England the figure was 50%. He queried how WB was being supported to change community and social care pathways so that all patients were not automatically taken to hospital. WB stated that currently the social and intermediate care infrastructure did not exist in the same way that it did in England and therefore there were fewer community or home based treatment pathways available. This resulted in more patients being conveyed to hospital. Work was ongoing with frailty practitioners and wellbeing hubs to identify frequent service users to invest in their care needs to lessen reliance on the ambulance service. The longer term strategy was to increase community based provision and support patients to

receive treatment in the local community and in their own home. OE commented that this fed directly into the PCAS strategy but cautioned that by reconfiguring services in favour of community provision did not mean that there was a reduction in the volume of patients requiring treatment. SP on behalf of the Board thanked WB for the improvements he had made since joining Manx Care and confirmed the Boards continued endorsement to continue with his ambition for continual improvement of the ambulance service.

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. Andy Guy had stepped down as a non-executive Director on 31 March. NW would assume Chair of the Committee on an interim basis until a replacement could be identified.

QSE Committee

TB reported that the Committee had not received adequate assurance that consent policy was being consistently applied across Manx Care. The consent policy had not been reviewed or updated for many years and a full review was now being undertaken and an action plan to deliver the assurance to the Committee was being developed. The action plan would be presented to the next meeting.

FP&C Committee

NW informed the meeting that the 22/23 year-end position would not be one of balance which was extremely disappointing. It was likely that there would be an overspend of £5m and whilst that was a large amount of money, it represented approximately 1% of the total budget. The Cost Improvement Plan ('CIP') had outperformed its target and had achieved savings in excess of £10m which was a significant achievement. Additional efficiencies had also been achieved and whilst both of these were positive, the challenge to deliver the mandated objectives remained very large. The budget bid submitted by Manx Care for 23/24 had been rejected and the budget awarded fell far short of what would be required to deliver the mandate. Manx Care was at a tipping point which must be recognised by stakeholders and a longer term funding strategy must be considered. The Sir Jonathan Michael's report was five years old and NW mooted whether delivery of the recommendations remained affordable in the current economic climate. The impact of inflation alone would significantly reduce the 23/24 budget in real terms. It was essential that alignment was achieved with DHSC and Manx Care to determine what services could be provided within the financial envelope awarded. Quality and compliance would always be the priority for financial decision making and this would mean that there would be some very difficult decisions ahead.

Digital and Informatics Committee

An exercise was underway to assess the entire IT estate utilised by Manx Care, most of which was elderly and out dated. Remediation would be costly and would require resource in order to continue to operate the various systems until the full digital transformation could be undertaken in the form of the Manx Care Record. The Manx Care record was a once in a generation piece of transformation that would require significant investment but would facilitate the fully integrated care model recommended in the Sir Jonathan Michaels report. The cost of not implementing the Manx care Record would be huge as manual records would continue to be relied upon which would stifle transformation of services. KK was concerned that there was very limited time in which to deliver the project. The intention had to be to partner with Liverpool however Liverpool had not yet commenced its procurement exercise.

People Committee

The work regarding 'Retire and Return' was ongoing and was fully supported by the Committee and there was a wider consultation across government as to how policy changes could be made to allow people return to the workplace without it being disadvantages.

(The meeting adjourned and 10.30am and reconvened at 10.40am)

PRIORITY ONE – IMPROVING PATIENT SAFETY

24.23 Integrated Performance Report (IPR)

PM, DH, MH and OR made the following observations:

- There remained low exposure to serious incidents
- There had been almost nineteen months without a never event occurring
- Mortality reviews were improving
- MCAL's continued to be an astonishing success and they would be requested to present to a future Board meeting
- Universal screening for malnutrition required improvement
- Clinical deterioration was improving with input from Clinical Directors
- Anti-microbial stewardship had declined in February and this was due to a member of staff taking leave during the period. This had occurred during the previous year and PM would investigate the reasons for this as it would be necessary to improve resilience in that areas
- Confidence in social care data was improving
- Waiting times for assessment required improving. This was largely due to capacity however there was a recruitment exercise being carried out which would resolve this
- Consultants and Associate Medical Directors must improve engagement with core clinical audits
- Category 1 ambulance performance was the best that it had been in the last 2 years and an analysis would be undertaken to determine whether the improvement was sustainable
- There had been an improvement in the 2 week wait metric for cancer referrals although the target was still not being met
- There had been a 5.1% increase in demand for services during February
- OPEL 4 had been reached for 2.5 days
- Outpatient wait lists were increasing and it was hoped that the validation exercise would reduce this number. Phase 3 of the R&R project would further address wait lists and revitalise the virtual outpatient model
- The business case for phase 3 of the R&R project would be submitted

TB queried whether any data on re-admissions was available as that was a good indicator particularly with regard to social care. OR confirmed that data was available however due to the issues with coding there was some doubt as to the accuracy. He would discuss further with the head of performance. NW requested that the name of the MCAL's service be considered further as it may have little meaning to service users.

TC commented that it was essential to reduce 12 hour trolley waits and that a root cause analysis must be carried out on anyone waiting in excess of 12 hours. As discussed at a previous meeting the term 'trolley wait' was slightly misleading. If a patient was waiting in ED they were provided with a hospital bed and offered the same care and nutrition as a patient that had been admitted to a ward. The main difference was that ED was operationally 24 hours per day so it remained a very busy environment. An extended length of stay in ED was a preferable term to trolley wait.

45.23 CQC Update

An overarching action plan was being devised to address the issues raised by the CQC. This would be presented to a Board meeting to be held in public in due course.

PRIORITY TWO – CREATING A POSITIVE WORKING CULTURE

46.23 Nursing Workforce Update

PM reported that recruitment was moving in the right direction. The International recruitment drive and eliminated the band 5 vacancy position much more quickly than expected. This had allowed for much more stable rotas in the acute setting and the reduction on the dependence on high cost bank and agency staff. The focus would now be on increasing the production of home grown nurses and, subject to achieving the required grades, the nursing intake would increase in 23/24. The intake could also be adjusted based upon intelligence received regarding the amount of nurses retiring. It was acknowledged that there would always be areas in which recruitment would be difficult such as maternity, children, neonatal and children and adolescent mental health services and a degree of reliance on bank and agency staff would be inevitable.

47.23 Update on Pay Negotiations

TC reflected on the last meeting at which Claire Ellis, the Acting Staff Side Lead, had attended and spoken about the positive relationship between the unions and Manx Care. Notwithstanding the progress that had been made, TC highlighted that this would be the second year that Manx Care would remain in dispute with its unions over pay. The suggested rise of 2% for 23/24 which was within Manx Care's baseline budget allocation, would likely also be unacceptable and the reality would be a third year of dispute. The Royal College of Nursing had voted overwhelmingly in favour of strike action and whilst it wasn't known when this would take place, there was a possibility that it could be during the TT festival. This was a significant risk that the Board must be cognisant of. She confirmed that there was absolutely no more money that Manx Care could offer to resolve pay disputes for either 21/22 or 22/23 and that this now was a matter that must be addressed by wider Government via escalation to the DHSC, Treasury and COMIN. It was essential that the deadlock was broken in order for all parties to be able to move forward. NW observed that in terms of resolving the pay dispute Manx Care had responsibility without power and that a pay offer of 2% against a prevailing inflation rate of 10% could never add up. This would also impact adversely on the progress that had been made with recruitment and retention. The Board concurred that a government wide position on public sector pay was required.

PRIORITY THREE – IMPROVING FINANCIAL HEALTH

48.23 Director of Finance Report

February Management Accounts

The management accounts were noted. As discussed earlier in the meeting the year end position would be an overspend on £4.5m which was extremely disappointing. A £10m CIP programme had been delivered with a total of £7.3m being cash out savings which had way exceeded the original target of £4.3m. The main reason for the overspend had been continued volatility in the tertiary spend and the back to balance initiatives not yielding what had been hoped during the last quarter. PM reflected on the CIP achievements and whilst he acknowledged the disappointment that was felt by all colleagues that balance had not been achieved, the savings drawn out from the CIP plan were a considerable achievement. He thanked JL for her tenacity in supporting colleagues to understand what they needed to spend to deliver the improvements in clinical quality and safety that were being consistently sought whilst simultaneously improving financial governance.

Looking ahead to 23/24 JL observed that there was an increasingly challenging landscape. The funding award was significantly behind what had been requested by Manx Care and as such funding pressures and priorities had been identified to attempt to bridge the gap where possible to allow Manx Care to deliver services whilst remaining within its funding envelope. This approach had been approved at a Board meeting held in private sessions the previous day. The priority would continue to be safety and

compliance and whilst services would not be cut, demand could not be met by the current funding level which ultimately would lead to wait list increases. It was noted that a core strategy of The Island Plan was to increase the population and these figures should be included in the financial modelling. Currently only census data had been used which did not take into account the aspirational population increase. TB cautioned that in other areas that had seen population growth amongst the younger demographic it was often the case that older relatives would also move to be closer over time, and this demographic would likely have care needs. TC stated that Manx Care took its responsibility to manage within its financial envelope very seriously and, as indicated by JL, would seek to achieve agreement with DHSC as to what the priorities for 23/24 would be. The priority would always be compliance and safety and the action plan in relation to the CQC inspection would inform what must be delivered throughout 23/24. Where a decision was made not to fund service improvements a clinical impact assessment would be carried out so that the exact implication would be known. A framework of the impact of the decisions would be created as this would directly impact on the ability or otherwise of Manx Care to deliver any of the Mandate objectives which remained largely unfunded.

33.23 Any Other Business with Prior Agreement of the Chair

There was no other business.

SP took the opportunity to thank Mr Mann, a regular attender to each Manx Care meeting, for the very kind and moving letter that he had sent on hearing the sad news of Andrew Fosters death.

There being no other business the Chair declared the meeting closed and invited questions from the public.

A question had been submitted in writing and the transcript is set out below:

Q1. The Manx Care mandate for 23/24 sets out a funding provision of £303 million. Taking into account the last publicly available projected year end figure of £287,538,000 from the December 22 Management Accounts, the true budget, taking into account 9% inflation should have been £312,968,000 leaving an operational shortfall in funding of £9 million or thereabouts just to provide the same service as last year. These figures were, I feel, fully accepted by Minister Hooper at a public meeting held by Liberal Vannin on 27th March 2023 attended by Mrs Cope.

I have since viewed the latest management accounts and the projected shortfall of £39 million. This is now a much more serious issue. I note the attendance of non-executive Directors at a Co Min meeting ahead of the budget being set and question with what figures and projections they traversed the issue with Co Min. Did Ms Lawless attend with them?

From the December 22 Management accounts and the projected year end, somehow the figures are now massively out. Are the accounting reports to the Board lapsing far too far behind? I know that this was a concern that Andrew Foster expressed some time ago. I think he was right and I think we are owed an explanation from Ms Lawless.

These are the points I would make to open the brief discussion:

- (1) How will the shortfall impact on service delivery, wage settlements, retaining and recruiting of staff?
- (2) How will the shortfall also impact on the delivery of the Jonathon Michael's recommendations?
- (3) Will the shortfall result in Manx Care standing still, losing ground or failing to make any progress during 23/24?
- (5) Can Manx Care potentially utilise the dispute process to correct the shortfall and if so, how soon should this be done?

- (6) Will Manx Care and its staff face more criticism and problems in its relationships with the public if the shortfall in funding is left unabated and services decline as a result?
- (7) What range of charges may need to be introduced to reduce the gap in funding if Government doesn't make up the difference?
- (8) I have endeavoured to find out why the mandate budget was not challenged when it was presented to Tynwald and it seems likely that it was accepted because members were unaware there was a shortfall. How is this now going to be rectified?

It was acknowledged that all matters raised had been answered during the course of the meeting.

Q. When the Mandate was submitted to the Council of Ministers for approval it may have been the case that many of the MHK's present did not appreciate that Manx Care had submitted a funding bid significantly in excess of what it had been granted in order to deliver the mandate objectives. Taking into account the impact of inflation there appeared to be a funding shortfall of £9m which would need to be bridged in order to deliver existing services. There was no funding made available to deliver the mandate objectives. Tynwald had committed to delivering the recommendations of the Sir Jonathan Michael's report but now appeared unwilling to provide the funding.

A. Ideally Manx Care would be in receipt of the 24/25 Mandate objectives from the DHSC now so the funding requirements for each Mandate objective could be worked up and submitted to Treasury as part of the budget submission to Treasury in July 2023. This is a shared ambition with DHSC but currently it is not possible to achieve. DHSC is obliged to assign a funding stream to each Mandate objective and without such, Manx Care could not be obligated to deliver the unfunded objectives. There was no dispute as to the objectives within the Mandate as Manx Care would endorse and deliver every objective if the associated funding was in place but currently there was a £7m shortfall. A Board to Board meeting with DHSC would be held later in the day to agree on priorities for 23/24. Going forward it would be essential to work one year in advance to enable Manx Care to submit the funding obligations required to deliver each objective. If the submissions were not approved they would not appear in the Mandate so there would be clarity for the public on exactly what could be delivered.

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
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	04.07.23	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 and a session for the Board would be held on 4 July	

 manx care Kiarail Vannin	SUMMARY REPORT	Meeting Date:	2 May 2023

Meeting:	Manx Care Board Meeting		
Report Title:	BAF Risk 5 – Loss of Stakeholder Support and Confidence		
Authors:	Teresa Cope		
Accountable Director:	Teresa Cope		
Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/ Recommendation from that Committee
	Risk Management Committee		

Summary of key points in report

The purpose of this paper is to provide an update of Risk 5 of the BAF – Loss of Stakeholder Support and Confidence.

This risk relates to the potential inability of Manx Care to provide certain services due to financial or other constraints leading to a loss of confidence by all stakeholders including the local population and wider Government. By overlooking or misunderstanding stakeholder concerns, confidence in Manx Care could be eroded or lost.

Such constraints could be:

- Staff vacancy rates impacting on operational throughput which impacts waiting times for consultation, diagnosis and intervention
- Inability to recruit and retain GPs and other clinicians and care workers due to global workforce challenges
- The re-designation of existing clinical pathways and the development of formalised strategic partnerships with a wide range of organisations outside of Manx Care could lead to a perception of a run-down of on-island provision
- Non-compliance with CQC regulatory framework which Manx Care seeks
- Inability to deliver all the required ICO compliance regulations and requirements

In order to mitigate these risks the Board has endorsed the following

- 1. Proactive engagement with the Minister and DHSC leadership.**
 - The Chair meets with the Minister weekly and the CEO of Manx Care meets with the current Interim CEO of the DHSC.
 - Board to Board meetings are held between Manx Care and DHSC after every meeting of the Manx Care Board held in public

Recommendation for the Board to consider:

Consider for Action Approval Assurance Information

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').

- There is a joint protocol in place with IOM Constabulary and Coroner which sets out the process for how serious incident investigations are treated.
- Information Governance arrangements have been strengthened via the Non-Clinical Quality Group with oversight of the Information Governance Advisory Board and the Digital & Informatics Committee of the Board which review all IT and IG related issues.
- Strong engagement in safeguarding arrangements and Manx Care is leading multi-agency safeguarding hub arrangements.
- Monthly meetings are held with the ICO where progress is reviewed.
- Monthly meetings with Attorney General's Office.
- Effective engagement with CQC via DHSC. The CQC inspection was carried out during 2022 and all reports have been issued and fact checked and a comprehensive framework will be implemented to address areas of non-compliance.

3. Proactive engagement with Manx government shared support and technology services including GTS; OHR; Transformation; Infrastructure, Treasury; Dept for Education; Internal Audit, AGC's.

- Manx Care CEO and the Interim Chair 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 that 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

4. Proactive engagement with all staff; including clinical staff and social care staff.

- Partnership Board with staff side representatives held monthly. As reported to the board meeting held in public in February, relations with our staff have improved dramatically, notwithstanding the ongoing pay dispute.
- There are bi-monthly open sessions for the CEO & Medical Director to listen to the consultant body.
- The staff induction programme includes an introduction by an Exec Team member.
- Fortnightly 'Let's Connect' to which all colleagues are invited and is recorded to listen to later.
- 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.
- Manx Care linked into the wider Great Place to Work Programme led by Government.

5. Proactive engagement with providers of tertiary and specialist care in England.

- 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

6. Proactive engagement with Island media including radio, newsprint; social media.

- Manx Care Head of Communications maintains close contact with opinion formers and journalists at principal Island outlets.
- Manx Care has a planned calendar of engagement activity.

7. Proactive engagement with the Island's voluntary and charity sector.

- 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 Hospice IoM.
- CEO engages with Crossroads charity, putting carers first.
- CEO and senior officers regularly meet with key charities across the Island.
- CEO of CVO is a representative of Integrated Care Partnership, a sub-committee of the Board, to ensure they are involved in the shaping of hospital care.
- CVO is assisting Manx Care in undertaking a stakeholder map to identify all charities on the Island who are involved with Health and Care.

The ongoing improvements to our risk management processes enable us to better identify the risk that Manx Care strategies may not meet the expectations of our stakeholders. We are committed to transparent and open communications to ensure the strategy is clearly communicated and understood by all stakeholders in order preserve and improve stakeholder confidence in Manx Care.

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

Failure to provide safe health care.	Overall risk owner:	Amendment date:	Oct-22	
	Paul Moore	Committee scrutiny:	QSE Committee	
Which of the 2022-23 objectives may be impacted:		TARGET: L x I	5 x 2 = 10	
1 Covid-19 response. x	7 Reducing waiting times. x	May '22: L x I	5 x 4 = 20	
2 Service user feedback drives improvement. x	8 Continuous improvement. x	June '22: L x I	5 x 4 = 20	
3 Transforming health & social care delivery. x	9 Workforce engagement and development. x	Jul '22: L x I	5 x 4 = 20	
4 Corporate, clinical and social care governance. x	10 Primary Care at scale. x	Oct '22: L x I	5 x 4 = 20	
5 Transform urgent and emergency care. x	11 Early interventions. x	Dec '22: L x I	5x3 = 15	
6 Financial balance.	12 Environmental sustainability contribution.	Feb '23: L x I	5x3 = 15	

Related operational risks:	Primary Controls	Lead	Positive Assurance: Satisfactory control	Negative Assurance: Gaps in control	Gaps in assurance	Assurance RAG
A widespread loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction.	Quality Governance Arrangements 1. Clear and resourced Care Group triumvirate leadership teams 2. Quality governance meeting structures at ward/department/Care Group/Exec/sub-board levels 3. Nursing workforce models for each ward and clinical department (to verify establishment needs and staffing levels required) combined with rota and leave planning 4. Comprehensive set of policies, procedures and guidelines available and accessible to front line clinical teams and practitioners 5. Quality dashboard enables monitoring and reporting of a range of leading, lagging and predictive quality measures for Manx Care aligned to Manx Care's priorities 6. Incident reporting system and comprehensive procedures for handling serious incidents including Causal Factor Analysis in operation 7. Complaints handling procedures 8. Established risk management process operating at Manx Care 9. A mandatory and role specific training programme to support practitioners in their work 10. International nurse recruitment to boost staffing 11. Use of bank and agency to cover shortfalls in staffing 12. Suitable and sufficient supplies of medical devices required to meet patient needs 13. Effective safeguarding procedures for vulnerable adults and children 14. There are clear procedures to recognise and respond to the signs of clinical deterioration for inpatients at Nobles and Ramsey	Paul Moore	1. Leadership structures in place and operating - L1 2. Evidence of regular monthly meetings and line of sight between Care Group/Operational Group/QSE and Board - L2 3. Establishments reviewed and in place for all wards and clinical departments. Health roster reset well underway and likely to conclude by December 2022 ahead of schedule - L2 5. Stable and reliable quality dashboard gives Manx Care insight into safety and quality performance, improvement and flags areas for improvement - L2 6. Effective incident reporting system in operation. Duty of Candour obligations are met. - L2 6. Effective serious incident handling procedures, outputs examined by QSE. Stable numbers and lower than expect volume of serious incidents in the year to date. Causal Factor Analysis established. No 'Never Events' for more than a year at Manx Care. 7. Complaints responsive now under control and compliant with new regulations. L2 8. Risk Management policy and process now in place, risk Management COmmittee operational since October 2022, all Care Group and Corporate function risk registers are now under review. 13. CQC have recognised safeguarding improvements - L3 14. Deteriorating patient reports in October 2022 indicate strong compliance and sustained improvement in timeliness of vital sign measurements - L2	4. Volume of out of date policies, procedures and guidelines remains a concern, harmonisation of shared service policies to address the needs of Manx Care remains a concern, access to policies and procedures for some staff is complicated and not intuitive (those using Windows 10 for example cannot use links in the same way) - L2 8. Risk Manager substantive recruitment unsuccessful at first pass - L1 9. Mandatory training is not yet under prudent control. OHR are leading on the redesign of the system of mandatory training. New policy has been agreed, but will require implementation. E-Learnvannin and PiP systems need better integration to support Manx Care's needs - L2 10. International recruitment is underway, but volume of recruits starting is lower than expected/needed (n=31 in Nov 2022). Efforts continue to increase recruits and numbers of staff - L3 11. Vacancies and sickness results in substantial gaps in the workforce meaning we continue to be reliant on high bank and very high agency usage to deliver safe care. Although even these contingencies are becoming unreliable to fill gaps - L2 12. CQC have identified concern in respect of control over equipment replacement and maintenance upon which front line practitioners depend. This is subject to actions to be set out in the CQC action plan and will be led by the Director of Infrastructure - L3 13. Mixed picture in CQC reports - in some cases CQC highlight the improvements being made and safeguarding leadership, but also draw Manx Care's attention to the adequacy or maturity of safeguarding procedures in clinical practice - L3 14. 23% of patient's who demonstrated signs of clinical deterioration did not receive the correct response to escalation in October 2022 (this is an improvement and is improving, but remains short of expected standards of clinical practice) - L2	13. Audit the adequacy of safeguarding procedures for vulnerable adults and children	R
	Clinical Audit & Clinical Effectiveness 1. Clinical Audit medical lead(s) and Team established 2. Regular meeting of the Clinical Audit Committee 3. Updated annual plan of clinical audit requirements prioritised in response to any identified quality concerns, national audit priorities or local service improvements 4. Report of the delivery of the Clinical Audit Programme into Operational Clinical Governance Group 5. Agreed Clinical Audit Policy and Clinical Effectiveness strategy directs frontline teams to oversee and improve clinical outcomes 6. Mortality Review process in place to evaluate the safety and effectiveness of care for those who die in hospital. There is a local requirement to carry out a medically-led review of a death in hospital within 1 month of the death being certified.	Sree Andole	1. Medical leads (Associated Medical Directors X2 and Medical Examiners X2) appointed to clinical audit roles, reporting to the Executive Medical Director - L1 2. Established Clinical Audit Committee which has reinstated regular meetings - L1 3. Audit programme for 201/22 in place - L2 4. Audit programme monitored by the Operational Quality Governance Group	1. Dependent upon one Clinical Audit Officer to meet Manx Care's clinical audit needs; a single point of failure that is likely not sufficient to meet the Board's assurance needs - L1 3. Very limited audit activity linked to UK national audit requirements, this can impede effective clinical benchmarking and comparison - L2 5. No Clinical Audit Policy or Clinical Effectiveness Strategy is yet in place - L2 6. Manx Care is not yet achieving the volume of mortality reviews required by local standards. In October 2022 77% of deaths were not reviewed within a month - L2.	5. Clinical coding 5. Clinical benchmarking availability 5. Clinical outcomes for priority conditions	A
If MC does not communicate, engage effectively and respond to service users concerns in the planning and delivery of care, stakeholders may be dissatisfied with the service provided and may not meet the needs of local communities.	Service User Experience, Engagement & Involvement 1. Established Manx Care Advice & Liaison Service (MCALS) - aims to signpost and resolve concerns on the spot 2. Service user engagement (discovery interviews, focus groups, liaison with representative groups) 3. Continuous testing of the level of satisfaction using a modified Friends & Family Test (FFT) 4. Complaints handling procedures 5. User representation in meetings where quality of care is reviewed and services redesigned Service User Engagement & Involvement Strategy provides a stakeholder map of representative groups or people Manx Care uses for advice and to help shape future services	Paul Moore	1. MCALS in place and operational. Achieving 92% of concerns raised being resolved on the spot in October '22. 2. Manx Care has established links at the Western Wellbeing Centre, Southern Wellbeing Centre and Northern Wellbeing Centre - 25 contacts made in October '22 - held coffee morning to promote MCALS. Specific drive to engage with those who are learning disabled, autism initiatives, Breathe Easy IOM, voluntary organisations - L1 3. FFT has been rolled out to all areas of Manx Care from August 2022. 63% of service users currently rate the service as very good or good in October '22. 4. Complaints responsiveness now under control and compliant with new regulations. L2 5. User representation via HCC at QSE, F&P and Mandate	2. No independent advocacy service on Island - L1	None	G

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

1b Failure to provide safe social care.	Which of the 2022-23 objectives may be impacted:		Overall risk owner:	Amendment date:	Dec-22
			David Hamilton	Committee scrutiny:	QSE Committee
	1 Covid-19 response.	7 Reducing waiting times.	x	TARGET: L X I	3 x 3 = 9
	2 Service user feedback drives improvement. x	8 Continuous improvement.	x	May '22: L x I	4 x 4 = 16
	3 Transforming health & social care delivery. x	9 Workforce engagement and development.		June '22: L x I	4 x 4 = 16
	4 Corporate, clinical and social care governance. x	10 Primary Care at scale.		Aug '22: L x I	4 x 4 = 16
	5 Transform urgent and emergency care. x	11 Early interventions.	x	Oct '22: L x I	-
6 Financial balance. x	12 Environmental sustainability contribution.	x	Dec '22: L x I	3x4 = 12	
			Feb '23: L x I	3x4 = 12	

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 usage - L1 2. Policies are ratified by the Operational Care Quality Group ('OCQG') and its deliberations are reported by exception to the Executive Management Committee ('EMC') monthly. The end of a care episode all service users are invited to provide feedback on their experience. Together with complaints and compliments intelligence, these are used as prompts for further improvement in the design of controls. The updated Complaints Regulations and accompanying policy are a positive move towards a more joined-up approach in complaint handling across Social Care - L2 3. The Safeguarding Board has commissioned external support to review and develop safeguarding policy and practice across Adults and C&F, with a number of policies being signed off - L3	1. Whilst the policy suite remains incomplete, it does not cover the wide range of areas required nor can it be consistently applied. A number of policies are out of date, some significantly so, within the Adult Social Care/Social Work Policy Index. C&F use an online provider TriX to store policies and procedures, which are publically visible. The lack of a joined-up policy index which is freely accessible by all Care Group staff is sub-optimal - L1	2. There can be a disconnect between the clinical and care OCGs - this means that policy ratification is sometimes disjointed - L2	A.
	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	A.
	Complete, communicate and consistently apply a suite of standard operating procedures across adult social care.	Michele Mountjoy	Work is ongoing with Care, Quality & Safety to ensure that suite of policies are updated and accessible by all staff within Social Care - L1	Until all procedures have been ratified by a group of appropriate subject matter experts, there remain gaps in control effectiveness.		A.
	Adding resilience and capacity to the provider of last resort facilities and capabilities within Manx Care.	Jonathan Carey	Social Care team meet regularly with management in externally commissioned partners; care homes are subject to inspection; CQC feedback on the 'Caring' standard was positive across Adult Social Care. An inspection by Ofsted is planned for Children & Families for 2023, work is underway to prepare for this - L3 Recruitment is ongoing for foster carers to add resilience in this area, there have been some positive moves in respect of recruitment to key roles within the Family Placement Service to ensure that carers are adequately supported - L1	It remains very challenging to place a sibling group in residential care - L2 Manx Care has little / no current resource to bridge any capacity gap created by the withdrawal of any private sector or charitable provider - L3	The short notice periods most third sector / private care services work to poses a risk in terms of unsafe or inappropriate placements in the event of provider failure. ASC are struggling in respect of staffing and infrastructure and could not reasonably at this time function as a provider of last resort - L2	A.

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

2 Overwhelming demand.	Overall risk owner:	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 I	6	

Related operational risks:	Main Controls 1-4	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	Assurance RAG
#281 CCU demand may exceed capacity. #242 Covid 19 impact upon cohort of renal patients. #289 Insufficient staff to deliver renal replacement therapy to ventilated renal patients. Nursing vacancy rate is 20%. Anaesthetist vacancy rate is 25%	1 Covid 19 adaptation, vigilance and vaccination campaigns	Oliver Radford	Island vaccination programme reduced mortality and morbidity, allowing a much reduced demand on hospital services from people who are Covid positive. Island continues to follow JCVI guidelines around programmes of delivery, with the 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	A.
	2 General escalation planning	Oliver Radford	The Operational Pressure Escalation Levels ('OPEL') framework is in place and embedded. It is in a constant state of review by the Access and Capacity Team and has been shown to be an effective tool in managing and escalating operational pressure. OPEL reporting is a constant item of review for the Performance and Delivery Group which reports by exception to the EMC.		The systematic capture of timely, high quality data on this topic is improving however significant progress needs to be made particularly around data validation, automation, reporting and effective use of this information to drive change/improvement	A.
	3 Service transformation of urgent and emergency care	Transformation team	Clear project aims established to divert appropriate patients into community pathways (i.e. Intermediate Care) allowing for a reconfiguration of ED services and non-elective pathways. Led by the Transformation resources within Cabinet Office and reported into the Transformation Oversight Group. Internally, Manx Care project leaders (M Cox, S Taylor) report progress to Executives. Manx Care CEO is a member of the Transformation Programme Officer Board and the Manx Care Chair is a member of the Transformation Political Board. The 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.	R.
	4 Capacity and demand planning	Oliver Radford	Appointment of Head of Performance who will provide leadership on the roll out of demand and capacity analysis and ongoing monitoring - additional external support will be required to undertake demand and capacity analyses for all services in a timely way to inform service development plans/business cases or areas of focus around productivity. Service sustainability review is underway within Transformation to determine which services can be sustainably delivered on island and which services need to be delivered off island within tertiary centres due to low volume or complexity. Manx Care has successfully engaged with Cheshire and Mersey Cancer Network and the other tertiary providers in Liverpool to ensure access to off-island services. Further strengthening of strategic relationships with Cheshire & Mersey providers ongoing. 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.	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 all outpatient clinic templates is ongoing in order to refine the process.	A.
	5 Winter Planning 2023/4	Oliver Radford	The Winter Period is traditionally a time of significantly increased pressure on the non-elective pathway from people suffering winter illnesses as well as increased falls and exacerbation of the symptoms of frailty. This year 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. 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. 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	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 winter periods	G.

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

3	Competition for staff leading to critical shortages.	Overall risk owner:	Amendment date:	Nov-22
		Anne Corkill	Committee scrutiny:	People Comm.
Which of the 2022-23 objectives may be impacted:		TARGET: L X I	9	
1	Covid-19 response. x	7 Reducing waiting times. x	May '22: L x I	25
2	Service user feedback c x	8 Continuous improvement. x	June '22: L x I	25
3	Transforming health & x	9 Workforce engagement and development. x	Aug '22: L x I	25
4	Corporate, clinical and social care governance.	10 Primary Care at scale.	Oct '22: L x I	25
5	Transform urgent and € x	11 Early interventions.	Dec '22: L x I	25
6	Financial balance.	12 Environmental sustainability contribution.	Feb '23: L x I	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 Overseas recruitment via GTEC. Targetted recruitment via specialist agencies. Enhanced HR support for hard to recruit roles from Talent Acquisition Teams. Review of Vacancy data to ensure accuracy and enable clarity of recruitment priorities. Implementation of Agreed Manx Care Action Plan by OHR. Engagement of MIAA to assist in tartgetting recruitment to vacancies incurring additional cost Ongoing review of policies and procedures in relation to recruitment Maintenance of competitive terms and conditions to attract applicants	Anne Corkill	1. Assurance re Recruitment Controls Recruitment via GTEC - Project Manager provides reports to Director of Nursing who provides periodic reports to the Board. Recruitment via DEVA - As above Review of vacancy data - vacancies reported in People Analytics monthly report to ELT, Board and People Committee. Project updates provided to HR Director and exception reports to ELT. Implementation of Action Plan by OHR - periodic papers on specific actions provided to ELT. Engagement of MIAA - Terms of reference and reporting mechanisms to be agreed. Policy review project plan - regular updates provided to staff and mangement sides via partnership forum. exception reporting to ELT and People Committee	1. Gaps in Recruitment Controls Demand and capacity planning are at low levels of maturity which hamper the collation of input data into workforce planning. 'Make or buy' decision making for on/off island services remain a current project following a review of services and the outcomes will impact upon workforce planning. No overarching strategic plan for recruitment	1. Gaps in recruitment assurance. No established routine reporting to board or sub-committees for following: Overseas recruitment; Talent Acquisition, work of MIAA.	R.	
	2. Workforce Development Controls Academy Programme launched 2022 Revised Appraisal Scheme. Development of Mandatory Training Policy. E-Learn Vannin Data Cleanse. Nurse training and bursary. Support for GP trainees. Specialist training of GPs Support for CESR route to consultant qualification. Social Worker trainee scheme	Leadership	Workforce & Culture team Anne Corkill/OHR Director of Nursing , Medical Director Director of Social Care	2. Assurance re Workforce Development Controls Revised Appraisal Scheme -Progress reported by WF&C Team via monthly project plan updates to Transformation Steering Group, ELT, Board and People Committee Mandatory Training Policy - regular updates provided to staff and mangement sides of partnership forum. Exception reports to ELT, People Committee and Board Support for professional development of specific groups - exception reporting by relevant directors to Board	2. Gaps in Workforce Development Controls No strategic workforce plan, including succession plannng 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 conjuncttion with OHR . Review of monthly absence data, cross referencing long term absence data with current OHR caseload and active communication with management regarding case management. Proactively setting up meetings to support managers. Conducting absence management/capability briefing sessions to improve management competence and confidence application of procedures Targeted interventions by H&S teams in response to trends. Well defined policies and procedures to support absence management		HR Advisory Team	4. Assurance re Absence Management Controls Monthly people anlytics reports provided to ELT, People Committee and Board. People analytics reports, monthly absence reports and OHR caseload supplied to relevant members of the Executive Leadership Team.	4. Gaps in Absence Management Controls No automated mechanisms for monitoring application of absence management procedures Need to ensure routine reporting in relation to Health and Safety of staff to enable appropriate interventions..	4. Gaps in absence management assurance Quantative data on absence rates and reasons is reported. No data is available on consistency of management actions to address absence eg back to work interviews	R.
	5. Organisational structure and staffing complement matched to service needs. Limited Term Appointments and vacany reports supplied to managers on a monthly basis. Ad hoc service reviews to determine best modesl of service delivery.		Anne Corkill	5. Assurance re Organisational Structure Regular reporting to board on progress in relation to integrated care and primary care at scale. Exception reporting on developments in organisational 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:	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 responded. The TT promoter has sponsored development of the safety management system however this was not used during TT 2022 due to lack of time to implement fully. Manx Care formulated a written plan for TT 2022 outlining proactive actions implemented during the event to help cope with increased demand as well as actions required by clinical and managerial teams in the case of a significant increase in demand. This plan was used as a basis for the Manx Grand Prix plan for 2022 and will be adapted for 2023 however will need to be changed to match the new TT format. Changes in structure of the TT for 2023 may change the	Lack of safety management system (SMS) for TT event - inability for Manx Care to link in plans with the SMS. Assured delivery of SMS in 2023	Reduced availability of agency staff across the UK due to national staffing challenges and increased demand due to significant recovery and restoration projects have resulted in difficulty in attracting sufficient additional staff in order to cope with increases in demand during TT2022	A.
	3. Business continuity planning	Oliver Radford	Governance and response arrangements are designed, reviewed and tested under the auspices of the Emergency Planning Committee. Newly appointed Manx Care Emergency Planning Manager has been reviewing business continuity arrangements within several NHS Trusts as well as in Guernsey to identify areas of best practice in terms of policy framework and operational delivery of business continuity planning. Government wide system in place within Guernsey would most appropriately fit the IOM requirements and a paper is being considered at the Government Emergency Planning Strategic Group in December. Pending a decision on government wide roll out will determine the route that Manx Care takes to roll out a standardised business continuity planning framework across the organisation	Lack of Business Continuity Planning policy. Lack of a central repository of all business continuity plans for services and locations across Manx care is yet to be established.	Although there are pockets of business continuity planning being done across the organisation (particularly social care) there is no central record of completion of plans or repository of documents.	R.

6 Failure to achieve financial sustainability.		Overall risk owner: Jackie Lawless	Amendment date: Committee scrutiny: Oct-22 FPC Comm
Which of the 2022-23 objectives may be impacted:		TARGET: L x I	9
1 Covid- x	7 Reducing waiting times. x	May '22: L x I	Residual Score
2 Service user feedback drives improvement.	8 Continuous improvement x	June '22: L x I	25
3 Transl x	9 Workforce engagement a x	Aug '22: L x I	25
4 Corpo x	10 Primary Care at scale. x	Oct '22: L x I	12
5 Transl x	11 Early interventions. x	Dec '22: L x I	12
6 Finant x	12 Environmental sustainabi x	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.	High vacancy rates do not always produce underspends - they produce overspends as temporary / flexible workers are retained at premium rates (20%-70% premiums) which reflect the fluid markets in which the workers are contracted. These circumstances support a forecast overspend on staffing of circa £3.5M in 22-23 compared to the budgeted establishment for these overspent departments / services. There are likely to be instances where managers have recruited above their	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	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 likely 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	Contracting and procurement decision making can be inflexible and lacking in agility - this can result in lost opportunities to take advantage of advantageous pricing; shortened delivery times; or unexpetedly availability of preferred supplier resource.	The Attorney General's (AG) office leads on tendering but has predicted that should a high volume of tender activity be likely in 22-23 as is anticipated), the AG's office may not be resourced sufficiently to meet the demand. Operational areas may also not be sufficiently resourced to carry out the full service / contract reviews necessary	A
	4. Improvements to the design of the scheme of delegation	Jackie Lawless	A process of review of financial delegation is planned in 22-23 Dir of Finance sits on a Government wide management group scoping the provision of an electronic 'purchase to pay' system for all of Government Regular and granular scrutiny of spend by each	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	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	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. Addressing future funding requirements	Jackie Lawless	The principle of growth funding has been agreed with Treasury and is included in the projected increase in budget over the next 3 years. Transformation New Funding Arrangements project investigating options for government to fund health and social care in future e.g. taxation changes. Transformation have also produced a paper detailing potential mechanisms for agreeing the funding allocation to Manx Care proposing a blended approach to cover 'baseline' and additional	Whilst future funding has been indicated in the Pink Book it is not guaranteed and does not allow for significant service investment, rather underlying growth. The view of Treasury has been that this funding should cover all future requirements of the system and this position needs to be tested The budget setting and mandate setting cycles are misaligned with budgets for future years being set before mandate has been agreed	Understanding Manx Care's baseline cost for delivering planned service levels remains uncertain - undermining any discussion about establishment funding. Without longer term financial planning, Manx Care cannot adequately plan to grow services or plan other investment decisions. The implementation of the recommendations of Transformation are likely to take some time - a number of years - to generate efficiencies to cover required investment	A
	7. Improving internal financial governance mechanisms	Jackie Lawless	Regular meetings between Finance Business Partners and Budget Holders to review financials and address any anomalies / overspends and to improve financial forecasting Training provided to budget holders regarding their responsibilities and access to reporting has been trialled and will be rolled out across Manx Care Investment has been made in additional resource in Finance Team to aid with financial reporting and analysis Weekly Financial Assurance Group meetings between Manx Care & DHSC to address finances / financial planning. Monthly Management Accounts produced that show current and predicted performance and highlighting areas of risk / pressure Monthly FP&C Committee meeting to review and address financial, performance and commissioning issues. Monthly CIP Programme Board meeting to oversee delivery against target of the CIP programme and address any blockages / significant risks Business Case Review Group established to provide effective review and challenge of business cases	CIP programme requires additional operational resource to drive performance - this is currently provided by external resource but work is underway to recruit a CIP Programme Manager . More recently, additional resource has been funded by Transformation to accelerate the delivery of the CIP Programme to deliver a total of £10m savings in 22/23 rather than the target savings of £4.3m Further improvements to financial reporting can be made to provide more meaningful and timely information to a range of stakeholders Improved formal review and scrutiny planned of spend in operational areas that sit outside of Care Groups e.g. Tertiary, Corporate, Operations	Service level reviews continue to highlight deficiencies in service provision which often require additional investment, which is unforeseen. The outcome of CQC inspections is likely to generate significant funding pressures not already identified Further education and deepening relationships with finance are required to ensure adequate visibility of risks	A

 <p>manx care Kiarail Vannin</p>	<p>SUMMARY REPORT</p>	<p>Meeting Date: 2 May 2023</p>	
		<p>Enclosure Number:</p>	

Meeting:	Manx Care Board		
Report Title:	Board Workplan		
Authors:	Elaine Quine, Board Secretary		
Accountable Director:	Teresa Cope, CEO		
Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/ Recommendation from that Committee

Summary of key points in report			
<p>The development of an annual workplan will be used to inform Board meeting agendas. The items listed on the workplan are routine reports which formed part of the Board’s cycle of business during 22/23 with additional items for 23/24. This is an iterative document which will be amended to reflect organisational priorities.</p>			
Consider for Action	<input type="checkbox"/>	Approval	<input checked="" type="checkbox"/>
Assurance	<input type="checkbox"/>	Information	<input type="checkbox"/>

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

PROPOSED CYCLE OF BUSINESS 23/24

Public Board of Directors - Cycle of Business								
	Lead	Q1		Q2		Q3		Q4
		04-Apr	02-May	04-Jul	05-Sep	31-Oct	February	March
Board Matters								
Apologies	Chair	x	x	x	x	x	x	x
Declarations of Interest	Board Secretary	x	x	x	x	x	x	x
Patient / Service User Story	Board Secretary		x	x		x	x	
Staff Story	Board Secretary	x			x			x
Minutes of the previous meeting	Board Secretary	x	x	x	x	x	x	x
Chair's Report	Chair	x	x	x	x	x	x	x
Chief Executive's Report	CEO	x	x	x	x	x	x	x
Committee Escalation Report	Committee Chairs	x	x	x	x	x	x	x
Committee TOR's Annual Review	Board Secretary		x					
Integrated Performance Report	Dir of Operations	x	x	x	x	x	x	x
Finance Report	Dir of Finance	x	x	x	x	x	x	x
Board Self Review	Chair	x						
Safe Staffing Review	Dir of Nursing	x				x		
CQC Action Plan	Dir of Nursing	x	x	x	x	x	x	x
Regulatory								
Annual Operating Plan	CEO	x						x
Mandate Objectives	CEO	x						
Annual Financial Plan	Director of Finance					x		x
Mortality Report - Learning from Deaths	Medical Director						x	
Capacity Act	Dir of Social Care							
Strategy								
Integrated Service Delivery Plans	Chief Operating Officer / Dir of Social Care				x			
Estates and Asset Strategy	Dir of Infrastructure							
Communications Strategy	CEO							
Health and Safety	Dir of Infrastructure							
CIP Plan	Dir of Finance	x	x	x	x	x	x	x
Business Continuity	Dir of Operations							
Strategic Operating Plan	CEO				x			
IT and Digital	CEO				x			
Safety, Quality and Engagement	Dir of Nursing				x			
Finance and Investment	Dir of Finance				x			
People (Inc EDI)	CEO				x			
Workforce and Culture	CEO							
Staff Survey	CEO							
Friends and Family	Dir of Nursing							
Primary Care at Scale	CEO							
Risk Management								
Board Assurance Framework	Board Secretary	x	x	x	x	x	x	x
Risk Appetite Statement				x				
Annual Reports								
Annual Report	CEO			x				
Statement of Internal Control	CEO			x				
Infection, Prevention and Control	Dir of Nursing							
Whistleblowing	CEO	x						
Safeguarding	Dir of Social Care							
Complaints	Dir of Nursing			x				

Agenda Item 57.23

Chair's Report

Following a recent recruitment campaign we are in the process of appointing new non-executive directors to the board. The appointments are subject to approval by the Department of Health and Social Care and Tynwald and I will provide a further update in due course.

Myself, Katie, Kapernaros and Teresa Cope attended Andrew Foster's funeral in Wigan on Thursday the 6th of April. It was a very moving occasion and we were pleased to represent Manx Care and the people of the Isle of Man.

Unfortunately, I have sustained an injury which has limited my ability to travel. I do hope to be on island in early July, for our next board meeting to be held in public.

Sarah Pinch
Interim Chair
26 April 2023

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 APRIL is attached at Appendix 1.

Section 2: Vaccination Programme Update

2.1 Executive Lead: Director of Operations

The Spring booster programme commenced on the 3rd 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 team delivered the Covid booster in older peoples care homes and learning disability community houses from the 3rd April until the 14th April and from the 17th April began to offer appointments for people to attend the Chester St Vaccine Hub to receive their vaccine. Throughout the spring programme, the team will also offer boosters in homes for those people who are unable to travel to the vaccine hub or a locality based pop up.

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.

Manx Care are working with DHSC around possible models for the provision of a Vaccine Injury service as there are a large number of people on island reporting suffering long term effects following Covid-19 vaccination. Although very few services have been commissioned in the UK and there is currently no national strategy around vaccine injury treatment, research is ongoing both nationally and internationally. The Medical Advisor for DHSC is currently scoping the possible cohort so that a service specification can be developed in line with nascent research and NHS commissioning frameworks.

Section 3: Operational Delivery

3.1 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.

There are currently no 'red flags' indicating any significant deficits in service during the TT period indicating that recruitment of additional staffing, ordering of equipment and delivery of training are all on track to be completed by the end of May. The next TT operational planning meeting is scheduled for Thursday 27th April with a final meeting to take place in late May and an operational briefing for bronze, silver and gold commanders taking place mid-May.

Section 4: Social Care Update

4.1 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 team of Inspectors arrived on the island on the 24/04/23 to start part one of the inspection which will include residential services for Children and young people across the Island. This will be for one week then they will leave the Island for 2 weeks return two weeks later (15th May) to complete part 2 of the inspection covering the remained of Children's services. 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

The 'self assessment' has been completed which will provide a detailed analysis of where we believe we are in relation to the key lines of enquiry. Staff and relevant stakeholders have 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

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.

Workforce capacity:

We have had some success in appointing permanent staff to a range of management and front line positions which has been a huge boost to staff morale and will assist in helping to address some of the work pressures across teams. However there are still gaps in some areas requiring the use of temporary agency staff.

Section 5: Primary Care – Ballasalla Practice

Executive Lead: Director of Operations

Plans continue for Manx Care to take on ownership of Ballasalla Medical Centre when the Partnership ceases to trade at the end of April 2023. We have secured a clinical lead GP for the Practice which is a key appointment. Dr Martin Rankin, previously a GP in MEDS, will take on this role with effect from 1st May 23.

In terms of clinical staff the Practice will continue to provide GP cover via locums initially (along with Dr Rankin), practice nurse services along with the support a clinical pharmacist. We will be working towards a position where we have regular GPs in the Practice rather than relying on

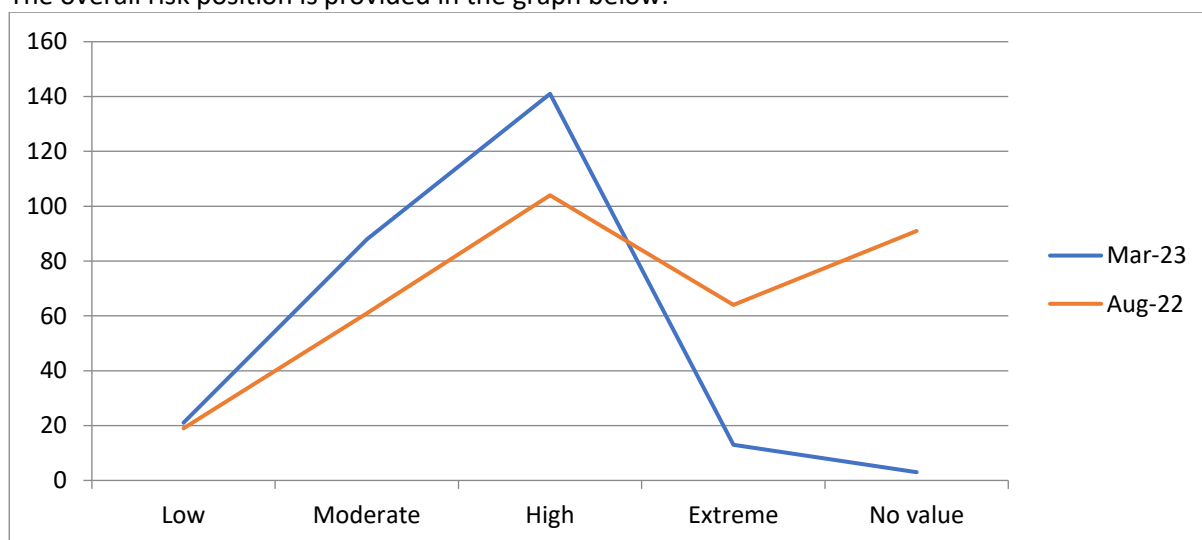
locums however this may take some time. As part of the Primary Care at Scale implementation the Practice will be the first Practice to deploy a first contact practitioner in MSK services, we hope by mid-May.

In terms of administrative staff, all staff have been offered contracts with Manx Care on their current terms and conditions. There will need to be a process of grading at some stage in the future. Currently all staff have accepted these roles.

Section 6: Feedback from the Risk Management Committee (RMC)

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 April, the three Care Groups/Share Services to present their risk profiles were Social Care (inc. Children & Families), Integrated Primary Care and Human Resources.

The overall risk position is provided in the graph below:



Date	Low	Moderate	High	Extreme	No Value
1/8/2022	19	61	104	64	91
31/3/2023	21 (20)	88 (84)	141 (133)	13 (19)	3 (5)

1. Care Group Key Risks Summary

All Care Group highlighted a significant improvement in the overall number of extreme risks in the organisation (down from 19 in February to 13 in March with the review of grading and mitigations supporting these reductions in exposure levels. Although there has been a small increase in the number of overall risks, there is no significant service where this is apparent and no increase in extreme risks.

A summary of all Manx Care Extreme risks is provided below:

Care Group/Service	Datix Ref.	Title	Handler	Scoring (up, down, static)	Date Opened
Children and Families	739	Placement Sufficiency – respite	Julie Gibney	5x3 = 15 Static	23/11/22
	620	Placement Sufficiency – foster care	Julie Gibney	5x3 = 15 Static	8/4/22

Corporate	749	End of life servers	Teresa Cope	4x4 = 16 Static	23/1/23
General Practitioners	354	Lack of medical provision in GP surgeries due to inability to recruit and retention of GPs	Annmarie Cubbon	5x4 = 20 Static	26/8/20
Integrated Diagnostics & Cancer	702	Unsafe containment laboratory	Steve Doyle	5x4 = 20 Static	25/9/22
Medicine - Urgent/Ambulatory/Emergency Care	578	Timely access to care	Mark Cox	4x4 = 16 Static	18/1/22
	576	Workforce resilience and staffing levels	Mark Cox	5x3 = 15 Static	18/1/22
	575	Financial Sustainability	Jackie Lawless / Mark Cox	5x4 = 20 Static	18/1/22
	717	Ambulance Fleet Procurement / Replacement Plan	Oliver Radford / Mark Cox	5x3 = 15 Up	31/10/22
Primary & Community	731	Risk of Ballasalla Practice closure due to lack of GP cover	Annmarie Cubbon	5x4 = 20 Static	17/11/22
Shared Services	92	Staff recruitment and retention within a geographically isolated location	Ann Corkill	4x5 = 20 Static	1/9/20
Social Care – All Areas	725	Illegal Detention	David Hamilton	3x5 = 15 Static	15/11/22
Women & Children’s Services	523	Midwifery staff shortages	Barbara Roberts	4x5 = 20 Static	23/9/21

Agreed Actions

Agreed that risk for **IDCS risk 702** would be downgraded following Director of Infrastructure review and business case submitted for remedial works.

Emerging Risks (Horizon Scanning)

RMC agreed to include the transfer addition of Human Resource, Finance and IT/IG risks to Datix as a central reporting portal in-line with all other Manx Care risks. This would allow dashboard and profiling of risks to be in place across all of Manx Care for Board escalation where appropriate and identify linked risks which are both service specific and corporate.

**Teresa Cope,
Chief Executive
26th April 2023.**

Horizon Scan

APRIL 2023

CEO Horizon

- 17/04/2023 – Complex Inquest
- 02/05/2023 – Manx Care Board Meeting (Private & Public)
- 05/05/2023 – Hospital Major Incident Exercise
- 10/05/2023 – Performance & Accountability Reviews
- 12/05/2023 – 4th Cancer Performance Day
- 23/05/2023 – Board to Board Meetings (Manx Care & DHSC)
- 25/05/2023 – Medical Staff CEO Briefing

Medicine, Urgent Care and Ambulance Service

- CIP initiatives for 2023/24 have been identified and are currently being scoped with key service leads.
- Frailty is continuing to make good progress, saving money and reducing length of stay and readmission rates.
- The SDEC business case was presented and agreed at BCRG on 19 April 2023; the case will now go before the Health and Care Transformation Officer and Political Boards in May for consideration.
- 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.
- The Care Group is currently in the process of recruiting several key roles:
 - As a part of the Hear & Treat initiative, interviews for the Ambulance Operations Manager are scheduled for 28th April.
 - A B7 practitioner has been appointed to work in MIU; further interviews are scheduled on 4th May for the remaining vacant posts
 - Interviews for the Senior Nurse for Medicine are set to take place on 15 May
 - The advert for the ED Clinical Team Leader has now closed with interviews being planned for May

Medicine, Urgent Care and Ambulance Service cont./2

- The Care Group's operational plan for the TT fortnight has been developed and is now with the Urgent and Emergency Care Board for ratification.
- 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 go before the Health and Care Transformation Officer and Political Boards in May for considerations.
- 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.
- Resources across the Care Group will be partaking in the Hospital's Major Incident Exercise on 5th May and the supporting workshops leading up to the event.

Integrated Women & Children and Family Services

- Representatives from the Care Group will be attending the RCNi Nursing Careers & Jobs Fair event on 27th April in London.
- We have successfully established a Gynae Oncology Team, incorporating Consultant, CNS Nurse, Gynae Cancer Support Worker and Clinical Secretarial Coordinator.
- A Project Lead has been allocated to the Women's Health Strategy. The Care Group had it's first Working Group meeting on 18th April 23.
- The Care Group attended their second Quality Summit meeting with the Exec Team on 6th April focusing on Maternity Services. Whilst there have been many challenges within Maternity Services, the Care advised on planned mitigation actions and recovery trajectory. We have successfully recruited to various positions within the Care Group including; Registered Children's Nurse, Health Visitors and admin positions. Two of our Four GTEC nurses have commenced on Ward 4.
- We will be appointing to various positions in May including; Senior Nurse for Safety and Quality – Children's Ward, Senior Sister for Children's Ward, Care Group Care Quality & Safety Lead, Advance Neonatal Nurse Practitioner, Paediatric Clinical Lead, Consultant Community Paediatrician

Integrated Women & Children and Family Services cont./2

- Maternity Services has conducted targeted recruitment approaching the Universities and newly qualified midwives.
- Birthrate Plus workforce planning has commenced. All the relevant data has been submitted, the staffing acuity tool will help determine the required total midwifery workforce establishment for all hospital and community services.
- PROMPT Training recommenced in April; future dates are scheduled for the rest of the year.
- Paediatric Cancer Operational Delivery Network Visit took place on 20th April. This was an excellent opportunity to discuss patient pathways for oncology patients/families, discuss challenges and highlight innovation ideas, current and future improvement projects.
- Ronald McDonald House at Alder Hey is celebrating its 30th Birthday this year and are holding a celebration on island for our families. The Care Group is supporting the event on 26th April.

Integrated Cancer and Diagnostics Services

Pathology

- New Consultant Pathologist to start on 10th April. Incumbent Pathologist to stay for another 12 months
- LIMS UAT on-going.
- Digital pathology project is stalled– talks with NHS supply chain in November but still no reply.
- Talks in October around membership of Merseyside and Cheshire Pathology Network. Still no confirmation.
- Funding for new CL3 facility seems to have stalled with Treasury. Major issues with testing for any new outbreak / pandemic / new Variant.
- Exploring temperature monitoring solutions for Pathology.

Radiology

- Radiology five year capital equipment replacement programme business case approved. MRI 1.5T for replacement 23-24.
- Advert for Consultant Radiologist is live until mid April.
- CTCA WLI funding awarded by R&R. 1st pilot list now due to take week of 10th April..
- RIS/PACS procurement decision appraisal paper complete to be discussed 31/3/2023
- Date confirmed for RDCH x-ray equipment replacement. Plain film X-ray services to close for approx. 8 weeks.
- Fluoroscopy replacement provisionally due to start July 2023

Horizon Scan March 2023 cont.

Integrated Cancer and Diagnostics Services

Pharmacy

- Appointed 2 pharmacy technicians, specialist pharmacist ITU + surgical + specialist pharmacist Women, Children + Families (all internal applicants)
- Impact of vacancies ongoing with limited ward presence for the foreseeable future
- 2 student pharmacy technicians training starting May 23
- Trial started Mar 23 with pharmacist involved in patient facing role in oncology clinic (urology)
- UAT testing progressing for version update (10.22) of EMIS HAP pharmacy stock system – implementation planned for Apr 23
- EL(97)52 audit (external auditors QANW) of aseptic unit planned April 23
- CIP board informed of £873.4k drug cost savings delivered Apr-Dec 22 + CIP plan for 23/24
- Adult Speech and Language Services now have their Lead in post and we are moving towards a much more stable team and environment. As service provision is looked at more in depth further comms about what will be expanded upon will follow as applicable.
- Manx Care to take over Ballasalla Medical Centre as of 1st May 2023. Clinical GP Lead has been appointed and most staff currently working for the practice have been appointed to Manx Care from 1st May. Work is taking place transition the practice over to Manx Care as smoothly as possible.
- Possible issues with a large dental provider in that they have been unable to meet patient expectations for a considerable time due to recruitment difficulties – working with the provider accordingly, breach action will now be necessary.
- Work to take place to merge the Oral Health Strategy (Public Health) with the Dental Strategy (Primary Care) in terms of having one implementation plan spanning the two service areas.

Integrated Primary Care & Community Services cont

- Opportunity coming up for a Service Manager within Therapy Services (HEO) – due to commence recruitment w/c 24.04.23.
- Significant progress being made with Primary Care optical services now that funding has been agreed for 23-24 onwards to implement new contractual arrangements for community opticians re sight tests and enhanced services, which will also allow for the expansion of the 'MECS Pilot' which is being delivered currently by one practice (Specsavers).
- IOM Prison Healthcare Service now up to full staffing establishment, 2 new starters (Band 6) due to join the team in the coming month. Looking at options for the GP service at the prison and possible ANP input into this service.
- Castle Pharmacy has had to temporarily ceased the ability to dispense medication and support is in place by Integrated Primary & Community Care staff for patients to access their prescriptions – Manx Care wider communications have been circulated.

Cancer Services

- Macmillan Business Support Executive Officer now in post
- Specific project manager leading on set up of access for key professionals from the Clatterbridge Cancer Centre to aid communication of clinical information
- Cancer Support Workers in post and undergoing training – working alongside the Macmillan Cancer Information Centre Manager to relaunch the Holistic Needs Assessment offer as part of personalised support for cancer patients.
- Establishment of steering group to support the joint working with Mannin Cancer with regards the new charity hub and information centre
- Next Cancer Performance Day planned for 12/05/23
- MDT team working to improve reporting of patient progress against Cancer Waiting Times targets with clinical teams – new model being trialled currently to improve communication
- Cancer Access Policy and MDT Policy work underway
- CCC/IOM nursing teams developing regular meetings together to align competencies/training – this is being led by Cathie Quine
- Recruitment of specialist nursing staff continues to be a challenge within the Oncology Day Unit
- Cancer Screening Programme Board second meeting has taken place with positive work completed as part of QIP – further development towards better governance structure being developed

Social Care Services

- Interim Exec Director will be in post until October. This is welcome and will provide stability and direction for the Care Group whilst a permanent Exec Director for Social Care, Mental Health Safeguarding is recruited to on a substantive basis;
- Lt Governor and Lady Lorimer are due to visit Social Care at Murray House on 21 June, the visit is in the initial planning stages;
- An audit plan covering Social Care is being worked on, drawing all of the various elements and strands of audit and reviewing activity across the service areas into one cohesive plan;
- Exec Director is visiting Western Wellbeing Partnership to catch up and review progress;
- Staff briefings are taking place in C&F to prepare staff for the Ofsted inspection. The residential element of the inspection is due to commence on 24 April, with the remainder of the inspection confirmed as being from 15 May onwards. A full report is expected around 10 working days after the conclusion of the May element of the inspection;
- Assistant Director for C&F is involved in meetings with DHSC to discuss the introduction of the new Adoption Act and amendments to the Children & Young Persons Act. The amendments to the CYP focus on chastisement and corporate parenting.
- Work is progressing on the MASH towards launch of the pilot in mid-June;
- The I2 for Radcliffe Villas has been received, meaning the project can progress to capital funding. The business case has been adjusted to reflect increased costs, mainly due to inflation and the increase in costs of building materials;
- The external review of day service provision across Adult Social Care will soon be commissioned.
- We are planning to take on 4 suitable candidates from within Social Care on the 'Grow Our Own' Social Work training programme, with expression of interest over the summer to be advertised ready for intake in January 2024.

Recruitment

- Recruitment is ongoing within Adult Social Work, with recent appointments at Team Manager and Senior Practitioner level. Interviews for the Group Manager roles are scheduled for 25 April.
- Corporate Services Manager role offered, internal candidate due to start in post 22 May

Integrated Performance Report

March 2023

Version: Final 3.0



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

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Introduction - 1

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

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.

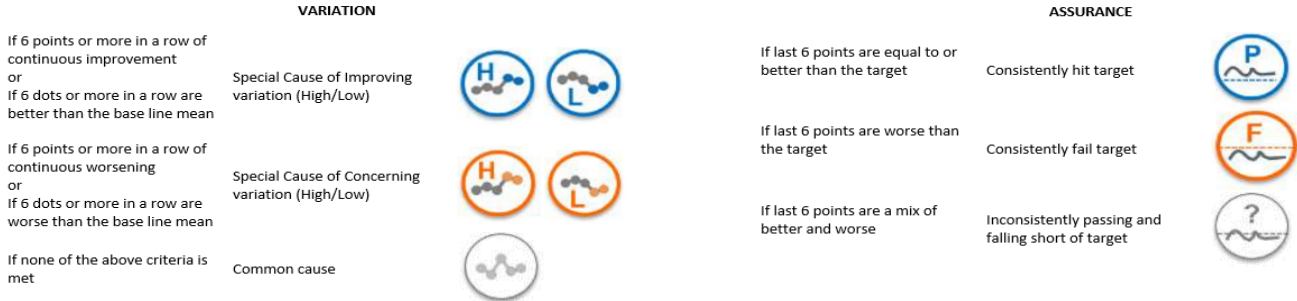
Each domain summary sheet includes a 'B.I. Status' indicator which indicates which KPIs / datasets are still collated manually (or the automated data is still being validated with the service area), those indicators that have been validated and automated and those indicators where the automation work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

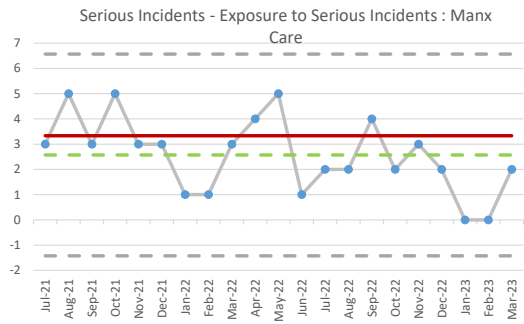
Executive Summary

	Going Well	Cause for Concern
Safe	<ul style="list-style-type: none"> Exposure to serious incidents remains lower than threshold with two incidents reported in March. 20-consecutive months without a Never Event. Exposure to the risk of Healthcare Associated Infections from E.coli and MRSA was non-existent in March. There was two Clostridium Difficile cases but still within the annual threshold. No Medication Errors that resulted in Harm in March. Numbers of Falls that resulted in Harm remain low and within the expected threshold. Positive achievement against Safety Thermometer for Adults, Maternity and children. Positive achievement for VTE risk assessment within 12 hours with recovery to 95.1% in March. 	<ul style="list-style-type: none"> 48-72 hr senior medical review of antibiotic prescription remains below threshold. However, this indicator has significantly increased from last month. Duty of Candour is 86% for March. However, before that it was maintained 100% since Feb'22. The hand hygiene (WHO five moments of hand hygiene) compliance score was 99% but the Bare Below the Elbow compliance score was 85%.
Effective	<ul style="list-style-type: none"> 94% of Learning from Death reviews were completed within timescale, the highest recorded percentage since reporting commenced. Adult Social Care re-referral rates remain within expected levels. The Crisis Team continues to meet the 1 hour response time threshold for Emergency Department referrals. 100% of Initial Child Protection Conferences were held within the timescales in March. Nutrition & Hydration: 96% across all inpatient areas was completed at 7 days, and that's above target of 95% for the first time in the reporting year. The number of Complex Needs Reviews are being completed within timescale in Children's Social Care increased in March but remains below the required threshold. 	<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. 83.3% of Looked After Children reviews were completed within timescales. There was a decrease in the number of MH re-referrals in March comparing to February with 110 service users re-referred, but still above the YTD average of 100. The completion of Wellbeing Partnership assessments in March remained below the required threshold.
Caring	<ul style="list-style-type: none"> Manx Care has consistently met gender appropriate accommodation standards in the year to date. MCALS is responding to a high proportion of queries within the same day (88%). 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. 	<ul style="list-style-type: none"> 30 complaints logged, which is the highest number since the new Regulations were introduced.
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 specialities. The 6 hour Average Total Time in Emergency Department standard continues to be achieved. A good performance was maintained in Ambulance service for Category 2 - 5 response times. Cancer Two Week Wait performance remains outside of the expected threshold, but in March, the mean waiting time for all cancer types is 16 days, 15 days excluding patient choice breaches (median = 13 days) Mental Health caseloads remain within expected levels. The ED did not reach the level 4 of the highest Operational Pressures Escalation Level (OPEL), in March. 	<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. There were 13 12-Hour Trolley Waits. Demand for the Ambulance service increased in March, and Category 1 Ambulance response times (mean, at 90th percentile) were above threshold. 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 8 breaches of the 60 minute handover time in March. This represents a 57% 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. 	<ul style="list-style-type: none"> There were 21 Data Breaches in March, higher than the monthly average so far this year. with a high number of data subjects affected. Continuing to receive high number of Information Governance related requests. 18 Information Governance requests were not responded to within the required timescales in March.
Well Led (Finance)	<ul style="list-style-type: none"> 170% of CIP target delivered to date. Efficiency savings of £3.2m 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 £5.3m. 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. 	<ul style="list-style-type: none"> Operational overspend of (£1.8m) with the YTD position now being an overspend of (£12.7m). YTD Employee Costs are currently (£8.0m) over budget. Agency staff costs are £13.2m YTD.

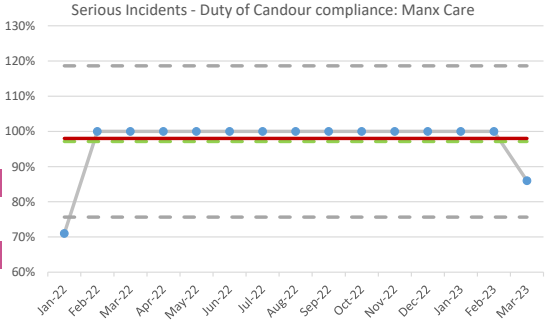
Safe Performance Summary

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	Mar-23		2	2	27	< 40 PA			SA013		Harm Free Care Score (Safety Thermometer) - Adult	Mar-23		97%	98%	-	95%		
SA002		Duty of Candour - application within 10 days (%)	Mar-23		86%	99%	-	> 98%			SA014		Harm Free Care Score (Safety Thermometer) - Maternity	Mar-23		100%	100%	-	95%		
SA003		% Eligible patients having VTE risk assessment within 12 hours of decision to admit	Mar-23		95%	89%	-	95%			SA015		Harm Free Care Score (Safety Thermometer) - Children	Mar-23		99%	96%	-	95%		
SA004		% Adult Patients (within general hospital) with VTE prophylaxis prescribed	Mar-23		97%	96%	-	95%			SA016		Hand Hygiene Compliance	Mar-23		92%	96%	-	96%		
SA005		Never Events	Mar-23		0	0	0	0			SA017		48-72 hr review of antibiotic prescription complete	Mar-23		81%	67%	-	>= 98%		
SA006		Inpatient Health Service Falls (with Harm) per 1,000 occupied bed days reported on Datix	Mar-23		0.5	0.3	-	< 2													
SA007		Clostridium Difficile - Total number of acquired infections	Mar-23		2	1	13	< 30 PA													
SA008		MRSA - Total number of acquired infections	Mar-23		0	0	0	0													
SA009		E-Coli - Total number of acquired infections	Mar-23		0	6	66	< 72 PA													
SA010		No. confirmed cases of Klebsiella spp	Mar-23		0	1	12	-													
SA011		No. confirmed cases of Pseudomonas aeruginosa	Mar-23		0	1	6	-													
SA012		Exposure to medication incidents resulting in harm	Mar-23		0	0	4	<= 25 PA													

Safe **Serious Incidents** **Executive Lead** **Paul Moore** **Lead** **Paul Hurst; Sue Davis**



Reporting Date	Performance	ROF #
Mar-23	2	3.1
Threshold	YTD Mean	Benchmark
< 40 PA	2	3
(Lower value represents better performance)		
Variation Description		
Common cause		
Assurance Description		
Consistently hit target		



Reporting Date	Performance	ROF #
Mar-23	86.0%	3.1
Threshold	YTD Mean	Benchmark
> 98%	98.8%	90.3%
(Higher value represents better performance)		
Variation Description		
Common cause		
Assurance Description		
Inconsistently passing and falling short of target		

Issues / Performance Summary

- Serious Incidents:**
- 2 serious incidents recorded in March, one in STCC&A and one in IWC&F.
- Duty of Candour application within 10 days:**
- 86% for March.

Planned / Mitigation Actions

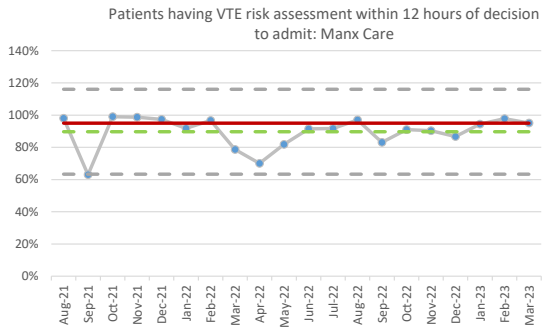
- Serious Incidents:**
- All incidents are investigated in accordance with the Manx Care Serious Incident Framework. Learning through RCA's is disseminated as appropriate.
- Duty of Candour application within 10 days:**
- There are 3 moderate incidents where DoC has not been applied at time of reporting. Work is ongoing to explore and understand the reasons and appropriate action taken to ensure compliance.

Assurance / Recovery Trajectory

- Serious Incidents:**
- 24 Sis for the year is well within annual threshold of 40. Annual SI report for 22/23, demonstrating activity and compliance, submitted to QSE Committee by CQS Team.
- Duty of Candour application within 10 days:**
- Dashboard indicators are to be amended/updated to provide more detailed assurance from April 2023.

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

Safe **Venous thromboembolism (VTE)** **Executive Lead** **Paul Moore** **Lead** **Paul Hurst; Sue Davis**



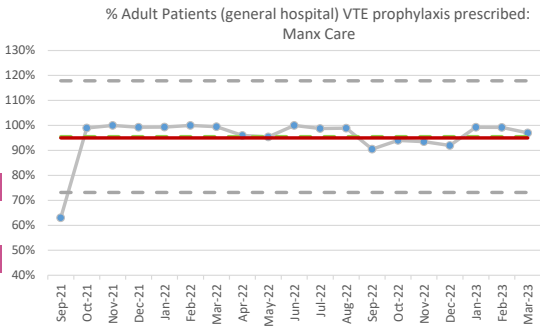
Reporting Date	Performance	ROF #
Mar-23	95.1%	3.1

Threshold	YTD Mean	Benchmark
95.0%	89.2%	90.4%

(Higher value represents better performance)

-	Variation Description
	Common cause

+	Assurance Description
	Inconsistently passing and falling short of target



Reporting Date	Performance	ROF #
Mar-23	97.0%	3.1

Threshold	YTD Mean	Benchmark
95.0%	96.2%	94.3%

(Higher value represents better performance)

-	Variation Description
	Common cause

+	Assurance Description
	Inconsistently passing and falling short of target

Issues / Performance Summary

VTE risk assessment within 12 hours:

- 95.06% across the organisation, the second consecutive month above target of 95%.

VTE Prophylaxis:

- Positive result of 97% of patients had VTE prophylaxis prescribed.

Planned / Mitigation Actions

VTE risk assessment within 12 hours:

- All care groups have been working to improve performance and this is evidenced by the results. Focus to continue on achieving the standard.

VTE Prophylaxis:

- This has been raised previously with care groups as an issue for attention and results demonstrate improved. Focus on achieving target to continue.

Assurance / Recovery Trajectory

VTE risk assessment within 12 hours:

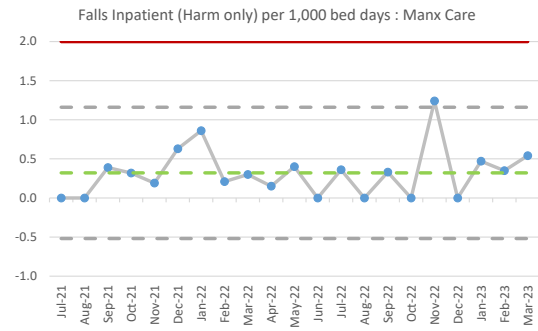
- Whilst the end of reporting year mean is below target at 89%, improvement has been demonstrated and the target achieved for the month so a positive trajectory is noted.

VTE Prophylaxis:

- Reasonably confident of this performance remaining above target. End of reporting year mean is positive at 96%, above the target of 95%.

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

Safe | **Falls; Medication Errors** | **Executive Lead** | **Paul Moore** | **Lead** | **Paul Hurst; Sue Davis**



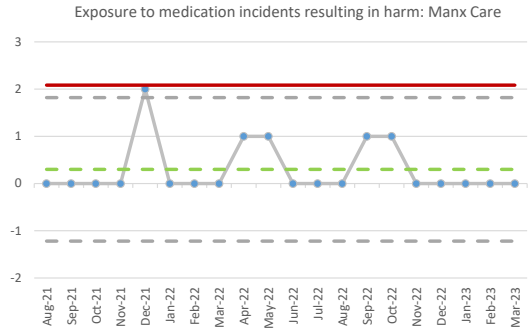
Reporting Date	Performance	ROF #
Mar-23	0.5	3.1

Threshold	YTD Mean	Benchmark
< 2	0.3	0.3

(Lower value represents better performance)

-	Variation Description
	Common cause

+	Assurance Description
	Consistently hit target



Reporting Date	Performance	ROF #
Mar-23	0	3.1

Threshold	YTD Mean	Benchmark
<= 25 PA	0	0

(Lower value represents better performance)

+	Variation Description
	Common cause

+	Assurance Description
	Consistently hit target

Issues / Performance Summary

Falls (with Harm):

- There were three falls (0.5 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.

Medication Errors (with Harm):

- Zero medication errors with harm reported for the fifth consecutive month.

Planned / Mitigation Actions

Falls (with Harm):

- Continue with risk reduction activity to minimise harm.

Medication Errors (with Harm):

- To continue to monitor.

Assurance / Recovery Trajectory

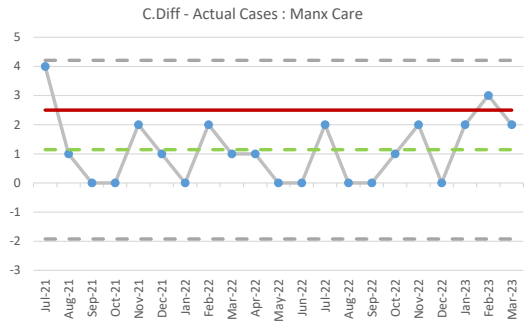
Falls (with Harm):

- All mitigations remain in place to maintain patient safety. End of year mean is positive at 0.3 per 1000 bed days and no month has breached the threshold of 2 in the current reporting year.

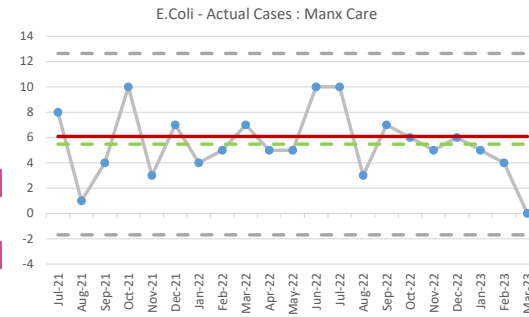
Medication Errors (with Harm):

- Medication Safety Pharmacist is raising awareness with regular safety bulletins. Reasonable confidence that positive performance will continue.

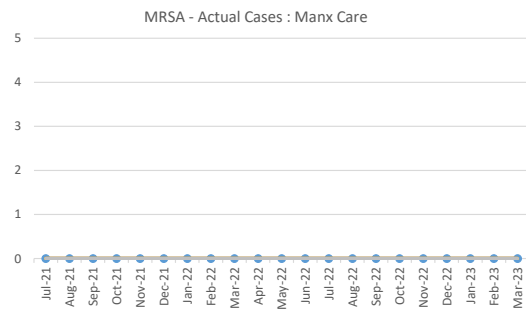
Note - Benchmarks are the Manx Care monthly averages for 2021/22.



Reporting Date	Performance	ROF #
Mar-23	2	3.1
Threshold	YTD Mean	Benchmark
< 30 PA	1	1
(Lower value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		



Reporting Date	Performance	ROF #
Mar-23	0	3.1
Threshold	YTD Mean	Benchmark
< 72 PA	6	5
(Lower value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		



Reporting Date	Performance	ROF #
Mar-23	0	3.1
Threshold	YTD Mean	Benchmark
0	0	0
(Lower value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		

Issues / Performance Summary

- C.Diff:**
- There were two cases of CDI in March. Both cases were community associated and the cause was antibiotic use for multiple infections.
- E.Coli:**
- There have been no cases in March.
- MRSA:**
- There have been no MRSA bacteraemia cases reported since Feb 2021.
- Pseudomonas aeruginosa:**
- There have been no cases in March.

Planned / Mitigation Actions

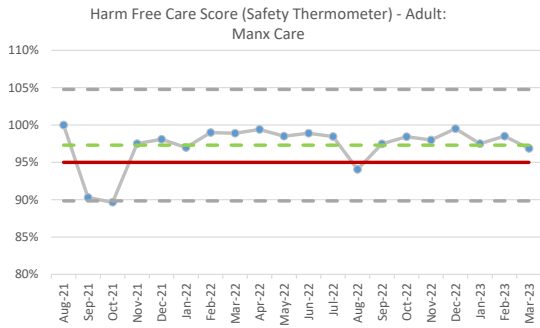
- C.Diff:**
- RCAs in progress. Surveillance continues.
- E.Coli:**
- To continue to undertake surveillance.
- MRSA:**
- To continue to undertake surveillance.
- Pseudomonas aeruginosa:**
- To continue to undertake surveillance.

Assurance / Recovery Trajectory

- C.Diff:**
- Positive assurance as cases are within the limit of two cases per month.
- E.Coli:**
- Close monitoring and surveillance continues. Confident that close detection and effective management is in place.
- MRSA:**
- A post infection review will be undertaken if any cases occur.
- Pseudomonas aeruginosa:**
- There is no national threshold set.

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

Safe | **Safety Thermometer** | **Executive Lead** | **Paul Moore** | **Lead** | **Paul Hurst; Sue Davis**



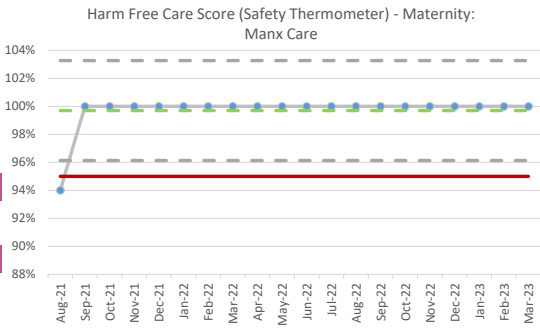
Reporting Date	Performance	ROF #
Mar-23	96.9%	3.1

Threshold	YTD Mean	Benchmark
95.0%	98.0%	96.3%

(Higher value represents better performance)

-	Variation Description
	Common cause

+	Assurance Description
	Consistently hit target



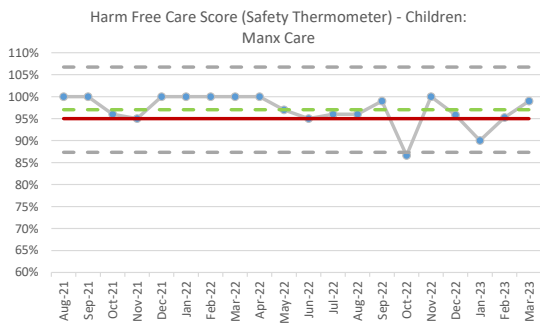
Reporting Date	Performance	ROF #
Mar-23	100.0%	3.1

Threshold	YTD Mean	Benchmark
95.0%	100.0%	99.3%

(Higher value represents better performance)

+	Variation Description
	Common cause

+	Assurance Description
	Consistently hit target



Reporting Date	Performance	ROF #
Mar-23	99.0%	3.1

Threshold	YTD Mean	Benchmark
95.0%	95.8%	98.9%

(Higher value represents better performance)

+	Variation Description
	Common cause

+	Assurance Description
	Inconsistently passing and falling short of target

Issues / Performance Summary

Adult:

- 96.88% of patients were kept free from harm in hospital. It should be noted that some of the recorded harm originated pre-hospital, this has exceeded the target for 11 out of 12 reporting months in the reporting year.

Maternity:

- 100% of Maternity patients were kept free from harm.

Children:

- 99% of children were kept free from harm.

Planned / Mitigation Actions

Adult:

- To continue with ongoing actions.

Maternity:

- Continue with activities to maintain compliance.

Children:

- Continue with activities to maintain compliance.

Assurance / Recovery Trajectory

Adult:

- Performance is exceeding target of 95% with the end of year mean positive at 98%.

Maternity:

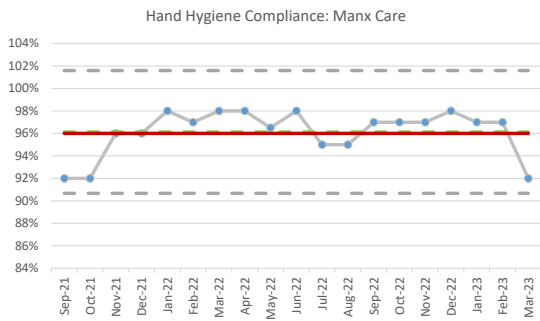
- Performance exceeds the target. End of year mean positive at 100% with excellent verbal feedback received from new Mums.

Children:

- Reasonably confident of maintenance of high standards.

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

Safe | **Hand Hygiene; Antibiotic Review** | **Executive Lead** | **Paul Moore** | **Lead** | **Paul Hurst; Sue Davis**



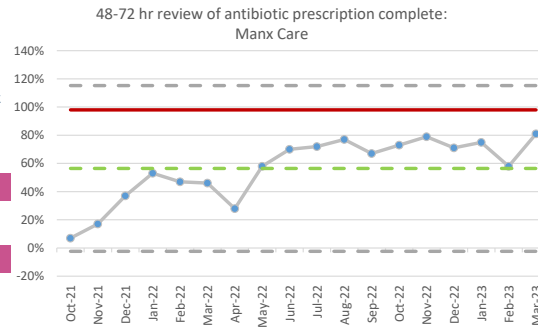
Reporting Date	Performance	ROF #
Mar-23	92.0%	3.1

Threshold	YTD Mean	Benchmark
96.0%	96.5%	95.6%

(Higher value represents better performance)

- Variation Description
Common cause

- Assurance Description
Inconsistently passing and falling short of target



Reporting Date	Performance	ROF #
Mar-23	81.0%	3.1

Threshold	YTD Mean	Benchmark
>= 98%	67.4%	34.5%

(Higher value represents better performance)

+ Variation Description
Special Cause of Improving variation (High)

- Assurance Description
Consistently fail target

Issues / Performance Summary

Hand Hygiene:

- The hand hygiene (WHO five moments of hand hygiene) compliance score was 99% and the Bare Below the Elbow compliance score was 85%.

Review of Antibiotic Prescribing:

- 81% for March, a significant increase from last month

Planned / Mitigation Actions

Hand Hygiene:

- Areas where the BBE scores was minimal compliance or below will receive support from the IPCT. To escalate to Senior Nurses /ADONs and Leads of service where this applies.

Review of Antibiotic Prescribing:

- To continue to monitor.

Assurance / Recovery Trajectory

Hand Hygiene:

- Reasonable confidence that training and support will assist in increasing compliance with being Bare Below the Elbow.

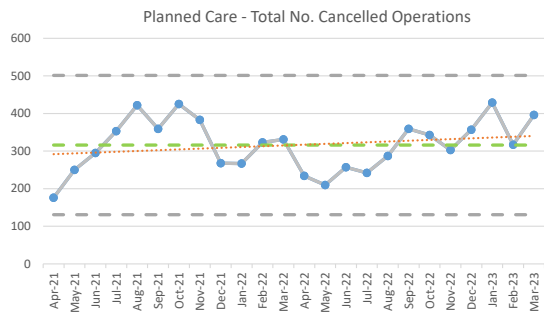
Review of Antibiotic Prescribing:

- Limited confidence that this will improve. Performance is currently being addressed through antimicrobial ward rounds but will likely require step change in prescribing practice.

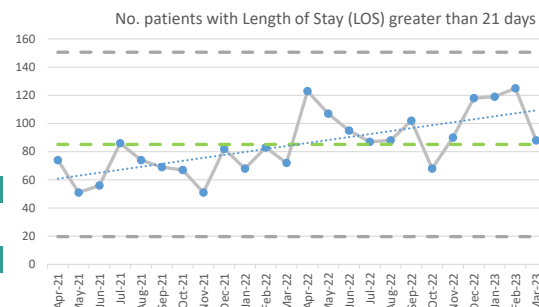
Note - Benchmarks are the Manx Care monthly averages for 2021/22.

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)	Mar-23		12%	10%	-	5% by Apr '23			EF019		CFSC - % Complex Needs Reviews held on time	Mar-23		61%	51%	-	85%		
EF002		Planned Care - Total Number of Cancelled Operations	Mar-23		396	311	3734	-			EF021		CFSC - % Total Initial Child Protection Conferences held on time	Mar-23		100%	81%	-	90%		
EF003		Theatres - Number of Cancelled Operations on Day	Mar-23		48	41	448	-			EF022		CFSC - % Child Protection Reviews held on time	Mar-23		78%	81%	-	90%		
EF004		Theatres - Theatre Utilisation	Mar-23		76%	75%	-	85%			EF023		CFSC - % Looked After Children reviews held on time	Mar-23		83%	92%	-	90%		
EF005		Length of Stay (LOS) - No. patients with LOS greater than 21 days	Mar-23		88	101	-	-													
EF024		Mortality - Hospitals LFD (Learning from Death reviews)	Mar-23		94%	40%	-	80%													
EF008		ASC - West Wellbeing Contribution to reduction in ED attendance	Mar-23		25%	4%	-	-5%													
EF009		ASC - West Wellbeing Reduction in admission to hospital from locality	Mar-23		89%	15%	-	-10%													
EF010		IPCC - % Dental contractors on target to meet UDA's	Mar-23		72%	-	-	40%													
EF011		MH - Average Length of Stay (LOS) in MH Acute Inpatient Service	Mar-23		26.0	45.8	-	-													
EF012		MH - Length of Stay (LOS) - No. patients with LOS greater than 21 days	Mar-23		7	7	-	-													
EF013		MH - % service users discharged from MH inpatient to have follow up appointment	Mar-23		100%	91%	-	100%													
EF014		MH - % Re-referrals within 6 months	Mar-23		18%	17%	-	10-20 %													
EF015		ASC - % of Re-referrals	Mar-23		1%	9%	-	10%													
EF016		ASC - % of all Adult Community Care Assessments completed in Agreed Timescales	Mar-23		27%	65%	-	80%													
EF017		ASC - % of individuals (or carers) receiving a copy of their Adult Community Care Assessment	Mar-23		27%	11%	-	100%													
EF018		ASC - % of all Residential Beds Occupied	Mar-23		84%	78%	-	85%													
EF025		Nutrition and Hydration - complete at 7 days (Acute Hospitals and Mental Health)	Mar-23		96%	83%	-	95%													
EF026		MH - Crisis Team one hour response to referral from ED	Mar-23		91%	91%	-	75%													

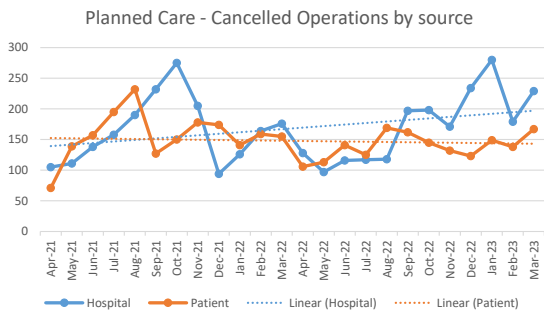
Effective | **Planned Care** | **Executive Lead** | **Oliver Radford** | **Lead** | **J.Watson; M.Cox; L.Thompson**



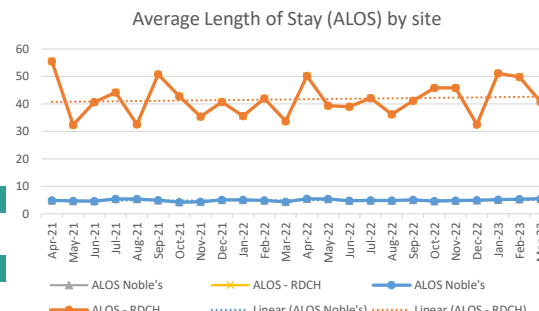
Reporting Date	Performance	ROF #
Mar-23	396	4.3
Threshold	YTD Mean 311	Benchmark 321
(Lower value represents better performance)		
- Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	ROF #
Mar-23	88	4.3
Threshold	YTD Mean 101	Benchmark 69
(Lower value represents better performance)		
+ Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	ROF #
Mar-23	-	4.3
Threshold	YTD Mean -	Benchmark -
(Lower value represents better performance)		
+ Variation Description		
Assurance Description		



Reporting Date	Performance	ROF #
Mar-23	Noble's : 5.5 days RDCH : 40.8 days	4.3
Threshold	YTD Mean Noble's : 5.1 days RDCH : 42.8 days	Benchmark -
Variation Description		
Assurance Description		

Issues / Performance Summary

Length of Stay:

- 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.
- Ongoing problems successfully recruiting locum doctor cover for vacant posts and planned leave means that there has been a reduction in endoscopy and outpatient clinic capacity.

Planned / Mitigation Actions

Length of Stay:

- Daily activity to ensure surgical patients discharged as soon as clinically appropriate to do so.
- Spot purchasing of community beds
- Implementation 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.

Assurance / Recovery Trajectory

Length of Stay:

- 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 1.6 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).
- active programme of advertising and recruiting to vacant doctors posts is underway to minimise and reduce locum doctor requirement.

Note -
Benchmarks are the Manx Care monthly average for 2021/22.

Effective

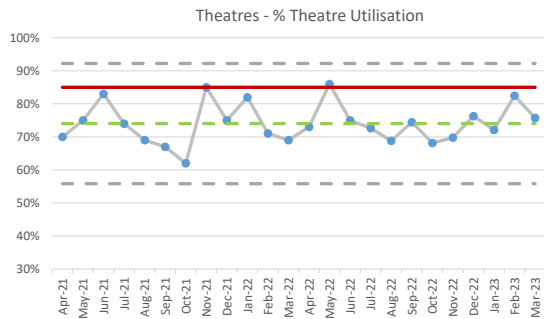
Theatres

Executive Lead

Oliver Radford

Lead

James Watson

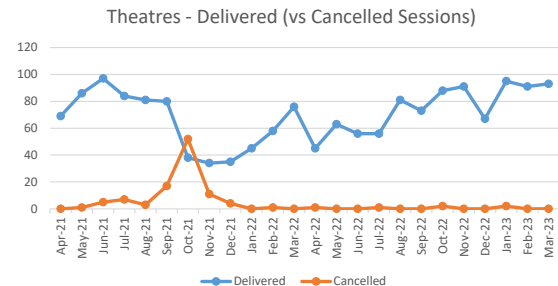


Reporting Date	Performance	ROF #
Mar-23	75.8%	3.5

Threshold 85.0% **YTD Mean** 74.5% **Benchmark** 73.5%
(Higher value represents better performance)

Variation Description
Common cause

Assurance Description
Consistently fail target

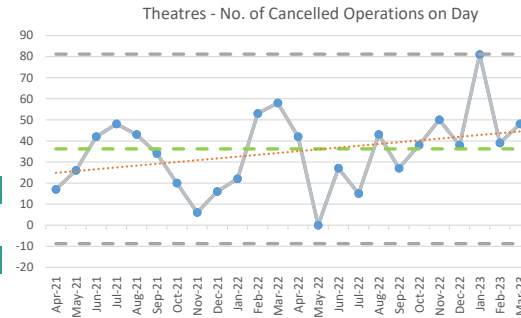


Reporting Date	Performance	ROF #
Mar-23	93	3.5

Threshold - **YTD Mean** 75 **Benchmark** 65
(Higher value represents better performance)

Variation Description

Assurance Description

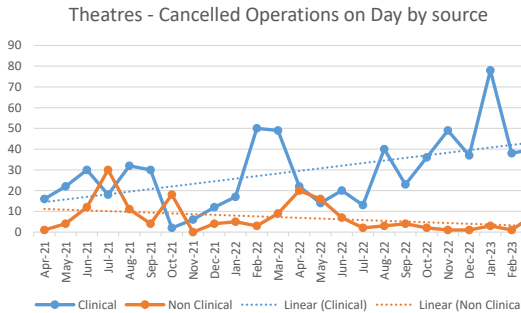


Reporting Date	Performance	ROF #
Mar-23	48	3.5

Threshold - **YTD Mean** 41 **Benchmark** 32
(Lower value represents better performance)

Variation Description
Common cause

Assurance Description



Reporting Date	Performance	ROF #
Mar-23	-	3.5

Threshold - **YTD Mean** - **Benchmark** -
(Lower value represents better performance)

Variation Description

Assurance Description

Issues / Performance Summary

- Access to surgical bed base continues to challenge theatre efficiency and utilisation which is resultant in late start to operating lists whilst beds are sourced for elective inpatients, on the day cancellation of patients or entire elective list cancellations. Ultimately these issues are increasing the surgical speciality waiting lists.
- Consultant anaesthetic staffing and theatre staffing position remains a challenge and will do so for some time. This will represent a significant cost pressure for the care group for the remainder of this financial year.
- Maternity Theatre staffing - maternity is severely short staffed resulting in theatre teams supporting C Section lists 24/7 to mitigate the risk to mother and baby. In order to facilitate this additional activity theatre BAU activity has been reduced.
- The spike in operations cancelled on the day in January was due to unforeseen circumstances where one of the Synaptik Ophthalmologists under the R&R programme became unable to operate. All 135 patients affected were re-booked and the ophthalmology activity timelines were restored by booking additional operating sessions.

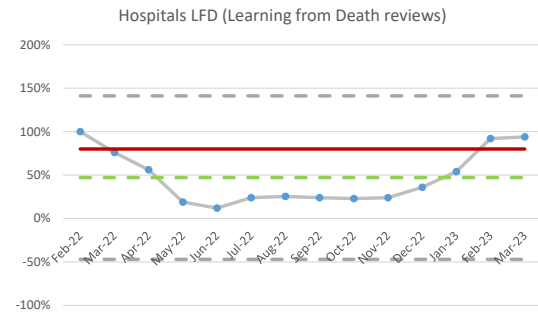
Planned / Mitigation Actions

- Increasing throughput through Day Procedures Suite by using it to start the perioperative surgical journey for the first patient on each operating list to facilitate starting the operating list on time – surgical teams informed to Allocate first patient on the To Come In (TCI) list. BAU is being supported with Synaptik nursing teams on ward 12 where beds are ring fenced to designated specialties.
- Planning still in progress for an admissions lounge where all surgical patients will be admitted, prepared for theatre and returned to a surgical ward post operatively. This will provide time for Bed Flow & Capacity team to source a bed without delaying the start to operating sessions, reduce the need to cancel and increase theatre efficiency & utilisation.
- Synaptik continues to support the Restoration & Recovery (R&R) waiting list initiatives for ophthalmic, orthopaedic and general surgical specialties through the provision of theatre teams, surgeons & anaesthetists to undertake the surgical activity. Recruitment remains in progress for substantive and Agency staff to sustain the BAU activity in 4 theatres. The vacancy position has improved slightly with successful appointments recently made.
- Theatre staff continues to support Maternity to mitigate the risk to mother and baby until the situation improves.
- Enhanced recovery pathway for orthopaedic patients delivering significantly reduced Length of Stay (LOS) – from approx. 4.5 days to 1.6 days.
- Synaptik supported Ophthalmology cataracts all run through ambulatory care pathway facilitated by use of topical anaesthesia no use of the Noble's bed base.

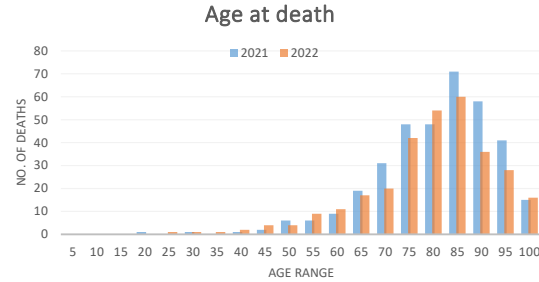
Assurance / Recovery Trajectory

- Manx Care commenced a Theatre Improvement Programme in April 2021 with an initial visit in September 2021, where it was noted that there was evidence of good practice and adherence to the AfPP standards, but also areas where improvements could be made. The Association returned in September 2022, when it was found that all recommendations were met and they were pleased to recommend accreditation of Manx Care's theatres for two years.
 - The implementation of a surgical admissions lounge which is in the project stages.
 - Synaptic support is anticipated to continue through to end of March 2023 and beyond. General surgical specialty procedures commenced in December 2022.
 - Business case development is in progress to increase the funded establishment to staff 7 theatres which is inclusive of maternity theatre.
 - Proposal to staff the maternity theatre entirely from the main theatre staffing establishment to mitigate risk as above.
 - Reinforced 48 Hour call out pathway with the rebooking of short notice cancellations into slots where patient has cancelled.
 - Exploration of Red to Green Criteria led discharge and assertive in-reach.
- Note - Benchmarks are the Manx Care monthly average for 2021/22.

Effective Mortality **Executive Lead** Sree Andole **Lead** David Hedley; Alison Hool



Reporting Date	Performance	ROF #
Mar-23	94.0%	3.6
Threshold	YTD Mean	Benchmark
80.0%	40.3%	88.0%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		



Reporting Date	Performance	ROF #
-	740 in Total	3.6
Threshold	YTD Mean	Benchmark
-	-	-
+ Variation Description		
- Assurance Description		

Issues / Performance Summary

Hospitals LFD (Learning from Death) Reviews:

- 94% level one reviews completed, the highest recorded percentage since reporting commenced.

Planned / Mitigation Actions

Hospitals LFD (Learning from Death) Reviews:

- M&M meetings have been reinstated to discuss deaths and learning and to allocate level 2 reviews.

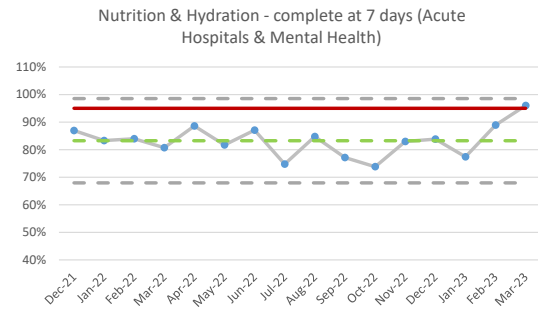
Assurance / Recovery Trajectory

- 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.

Hospitals LFD (Learning from Death) Reviews:

- Reasonably confident that level one reviews will be done and level 2 reviews will improve.

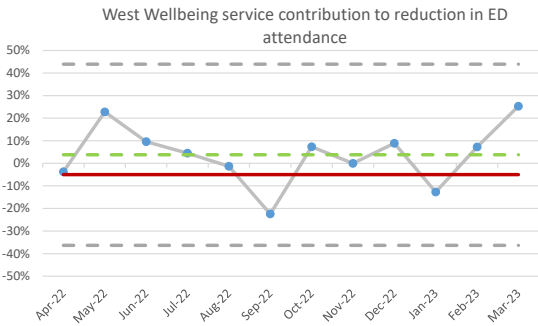
Note -
Benchmarks are the Manx Care monthly average for 2021/22.



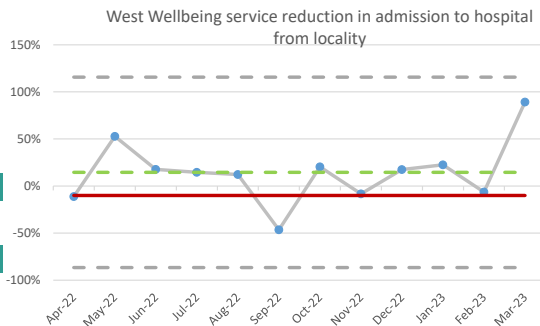
Reporting Date	Performance	ROF #
Mar-23	96.0%	3.1
Threshold	YTD Mean	Benchmark
95.0%	83.1%	83.7%
(Higher value represents better performance)		
+ Variation Description	Common cause	
+ Assurance Description	Inconsistently passing and falling short of target	

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Nutrition & Hydration:</p> <ul style="list-style-type: none"> 96% across all inpatient areas, above target of 95% for the first time in the reporting year. 	<p>Nutrition & Hydration:</p> <ul style="list-style-type: none"> Compliance has been afforded significant attention by the nursing leadership and the desired results have been achieved. 	<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 MHS. <p>Note - Benchmarks are the Manx Care monthly averages for 2021/22.</p>

Effective	Wellbeing Services	Executive Lead	David Hamilton	Lead	Michele Mountjoy
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Reporting Date	Performance	ROF #
Mar-23	25.3%	4.11.1
Threshold	YTD Mean	Benchmark
-5.0%	3.8%	-
(Lower value represents better performance)		
Variation Description		
Common cause		
Assurance Description		
Inconsistently passing and falling short of target		



Reporting Date	Performance	ROF #
Mar-23	89.2%	4.11.1
Threshold	YTD Mean	Benchmark
-10.0%	14.6%	-
(Lower value represents better performance)		
Variation Description		
Common cause		
Assurance Description		
Inconsistently passing and falling short of target		

Issues / Performance Summary

Wellbeing Services:

- 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.

Planned / Mitigation Actions

Wellbeing Services:

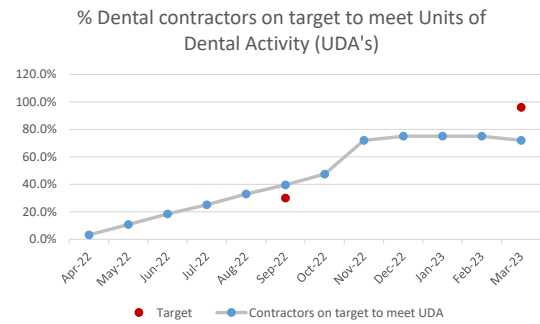
- The service is raising awareness regarding the impact the lack of capacity in community services has on ED.
- New frailty service identifying patients at an earlier stage.
- Targeting of nursing homes specifically for falls.

Assurance / Recovery Trajectory

Wellbeing Services:

- 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 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.

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



Reporting Date	Performance	ROF #
Mar-23	72.0%	4.8.3
Threshold	YTD Mean	Benchmark
40.0%	-	-
(Higher value represents better performance)		
Variation Description		
-		
Assurance Description		
Consistently hit target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
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Dental Contractors:

- 1 contractor has reduced their contract from April 2023 and another is considering options available to them for 2023-2024 in terms of seeking a more realistic deliverable target due to recruitment difficulties continuing from 2022-2023.

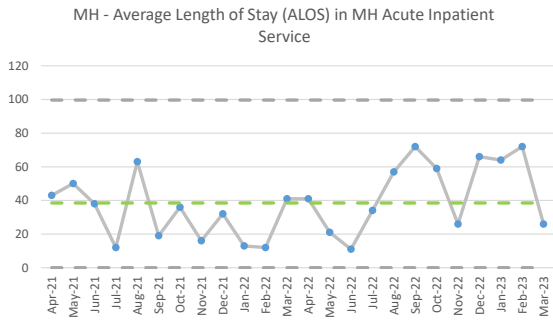
Dental Contractors:

- Practices that under achieve in any given financial year will reimburse the Department in full within the next of the financial year. This is due to claiming rules and final end of year figures not being available until June each year. Quarterly reviews will be undertaken for contract holders during 2023-2024 and contractors who are projecting under-achievement will be encouraged to reduce their target in-year to prevent over-payment within the year.

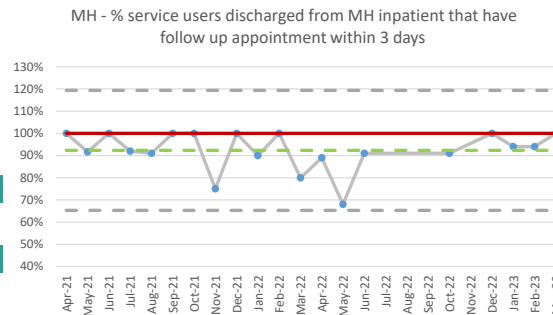
Dental Contractors:

- Any contractors that under-deliver are able to carry over 4% of their yearly contracted UDAs for delivery into the next financial year and are required to reimburse the department for the remaining under-delivery in full. Quarterly reviews will be undertaken for contract holders during 2023-2024. An additional contractor has signed up to the new dental contract and also accepted new patients in 2023-2024. This means 4 out of 8 dental providers are now signed up to the new contract.

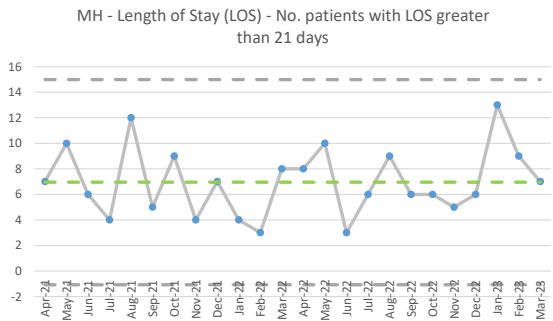
Effective **Mental Health (1 of 2)** **Executive Lead** **David Hamilton** **Lead** **Ross Bailey**



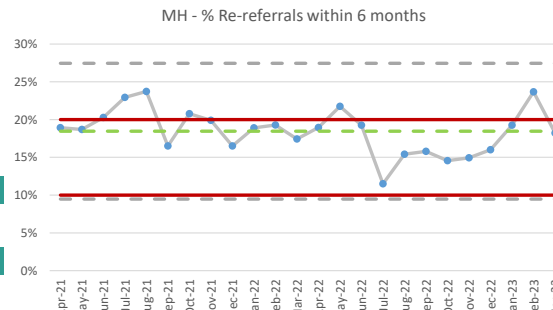
Reporting Date	Performance	ROF #
Mar-23	26.0	4.7.7
Threshold	-	Benchmark 31.3
(Lower value represents better performance)		
+ Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	ROF #
Mar-23	100.0%	4.7.6
Threshold	100.0%	Benchmark 93.3%
(Higher value represents better performance)		
+ Variation Description Common cause		
Assurance Description		
Inconsistently passing and falling short of target		



Reporting Date	Performance	ROF #
Mar-23	7	4.7.7
Threshold	-	Benchmark 7
(Lower value represents better performance)		
+ Variation Description Common cause		
Assurance Description		



Reporting Date	Performance	ROF #
Mar-23	18.2%	4.7.6
Threshold	10-20 %	Benchmark 19.5%
(Lower value represents better performance)		
+ Variation Description Common cause		
Assurance Description		
Inconsistently passing and falling short of target		

Issues / Performance Summary

Average Length of Stay (ALOS):

- ALOS has increased slightly in March. The average length of stay on Glen Suite is 157 days, and Harbour Suite 45.
- Relatively small bed volume can have a significant impact on interpretation of data.

3 Day follow up:

- In March the performance threshold of 10% was achieved.

Length of Stay greater than 21 days:

- The number of service users discharged after a stay of 21 days or more decreased in March.

There are currently 7 patients admitted to Manannan Court that have a Length of Stay over 21 days.

Re-referrals:

- There was a decrease in the number of re-referrals in March comparing to February with 110 service users re-referred, against a YTD average of 100.

Planned / Mitigation Actions

3 Day follow up:

- 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.

Re-referrals:

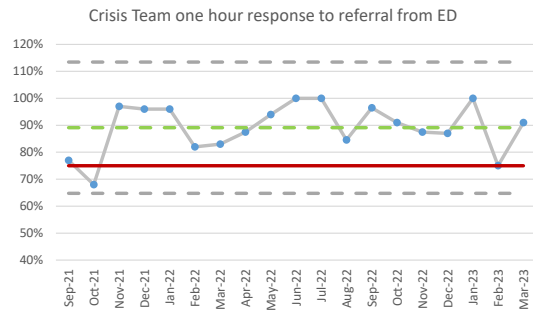
- Currently this data is unreliable. The information for this indicator has not been validated, the BI team are working with IMHS to gather the number of new users referred to the service, which will exclude referrals made within the service. This will bring referral methodology in line with the changes made to caseload reporting in July 2022.

Assurance / Recovery Trajectory

Average Length of Stay (ALOS):

- 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.

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



Reporting Date	Performance	ROF #
Mar-23	91.0%	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

Crisis Team:

- 91% YTD performance of 91% is above target.

Planned / Mitigation Actions

Crisis Team:

- To continue to monitor monthly

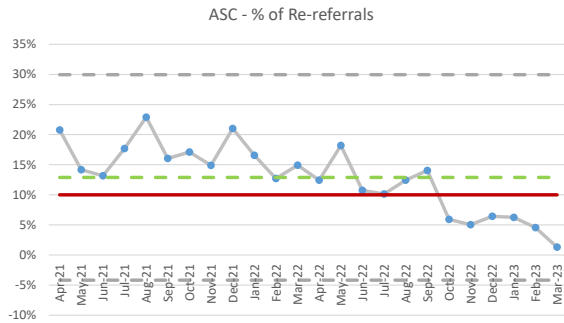
Assurance / Recovery Trajectory

Crisis Team:

- If adherence falls below 75% to review workforce, staffing, prioritisation and individual case circumstances; however performance throughout the year has been consistent.

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

Effective **Adult Social Work** **Executive Lead** **David Hamilton** **Lead** **Michele Mountjoy**



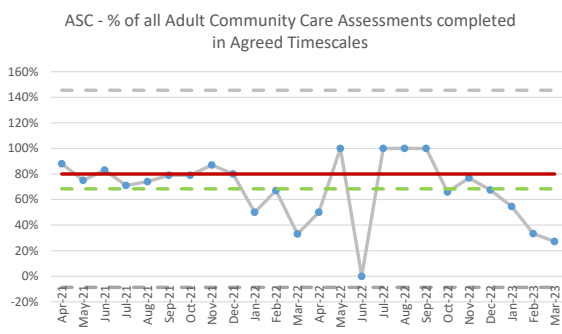
Reporting Date	Performance	ROF #
Mar-23	1.3%	4.10

Threshold	YTD Mean	Benchmark
10.0%	9.0%	16.8%

(Lower value represents better performance)

+ Variation Description
Special Cause of Improving variation (Low)

+ Assurance Description
Consistently hit target



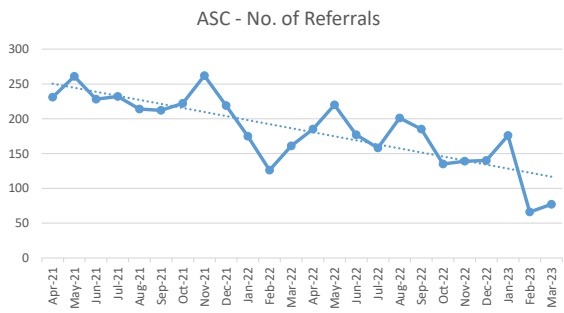
Reporting Date	Performance	ROF #
Mar-23	27.3%	4.10

Threshold	YTD Mean	Benchmark
80.0%	64.6%	72.2%

(Higher value represents better performance)

- Variation Description
Common cause

- Assurance Description
Inconsistently passing and falling short of target

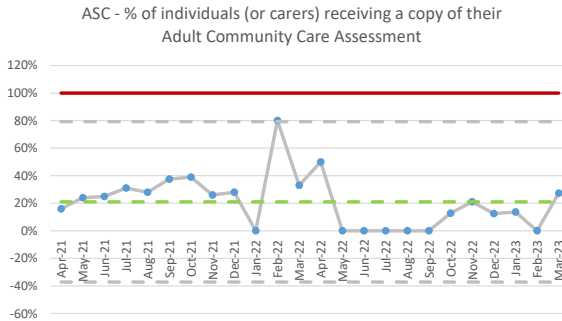


Reporting Date	Performance	ROF #
Mar-23	77	4.10

Threshold	YTD Mean	Benchmark
-	155	-

- Variation Description

- Assurance Description



Reporting Date	Performance	ROF #
Mar-23	27.3%	4.10

Threshold	YTD Mean	Benchmark
100.0%	11.4%	30.6%

(Higher value represents better performance)

+ Variation Description
Common cause

- Assurance Description
Consistently fail target

Issues / Performance Summary

The number of new referrals received in March was 77.

Re-Referrals:

- We have significantly reduced our re-referral rate to 1.3% in the last quarter, which is excellent news compared to quarter 3. [remove the first bullet point about re-referrals. Amend second bullet point to "There was 1 re-referral in March].

Assessments completed within Timescales:

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

Individuals receiving copy of Assessment:

- The reported number of individuals receiving copies of their Wellbeing Partnership assessments in March increased slightly but remained significantly below the required threshold.
- The reported position is artificially low due to a data capture issue.

Planned / Mitigation Actions

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

Assessments completed within Timescales:

- A number of factors have contributed to the completion of assessments on time, the current rate for completing of assessments within timescale is 27.3%. This is an area we need to consider as to how we can improve completing assessment within time scales. A proportion of these assessments relate to adults with learning disabilities, this team has had some staffing pressures. Complexity of some of the assessments is also a factor in respect of timely completion, particularly where specialist assessment input is required before the whole assessment can be completed, e.g. Parkinson's, SALT assessments.

Individuals receiving copy of Assessment:

- The number of clients receiving a copy of their care plan has increased to 27.3% but this is an area whereby we can continue to improve, as all services users should receive a copy of their care plan. This issue will again be raised at team meetings by managers, with significant improvement in this area expected by the April IPR.
- Team Managers are being actively required to go through stats by service area in team meetings with discussions taking place around how performance can be improved.

Assurance / Recovery Trajectory

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

Assessments completed within Timescales:

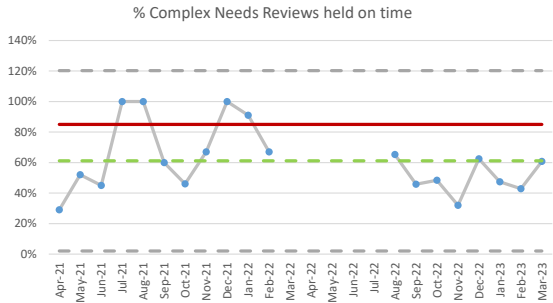
- Wellbeing Assessments are consistently used by all professionals including Social Workers. Therefore, due to the existing data capture issue the data does not currently represent a true picture of Social Work Assessments completed within time scale.

Individuals receiving copy of Assessment:

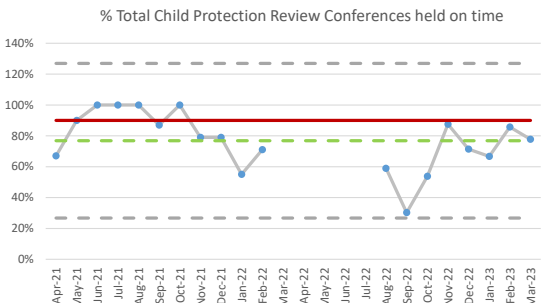
- The number of assessments being shared with individuals and carers is depicted as artificially low. This low number is caused by a systems issue. Social Care are actively working with the Live Systems Team to resolve, with an improvement expected by the IPR for the April 2023 position.
- The estimated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

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

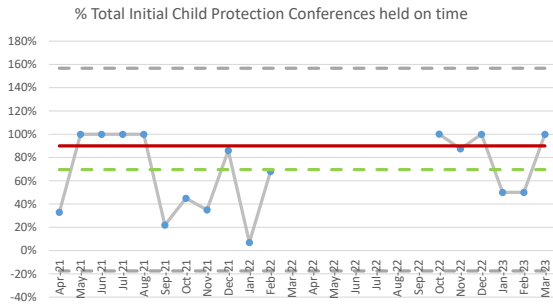
Effective | **Social Work (Children & Families)** | **Executive Lead** | **David Hamilton** | **Lead** | **Julie Gibney**



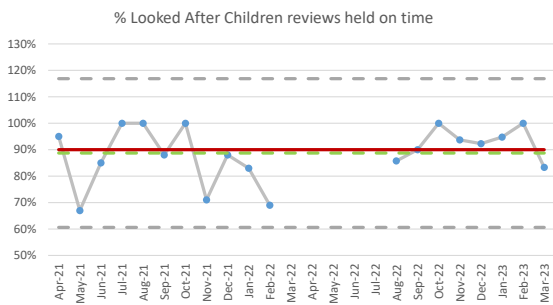
Reporting Date Mar-23	Performance 60.7%	ROF # 4.10.6
Threshold 85.0%	YTD Mean 50.6%	Benchmark 68.8%
(Higher value represents better performance)		
+ Variation Description Common cause		
- Assurance Description Consistently fail target		



Reporting Date Mar-23	Performance 77.8%	ROF # 4.10.6
Threshold 90.0%	YTD Mean 90.0%	Benchmark 84.4%
(Higher value represents better performance)		
- Variation Description Common cause		
- Assurance Description Inconsistently passing and falling short of target		



Reporting Date Mar-23	Performance 100.0%	ROF # 4.10.6
Threshold 90.0%	YTD Mean 81.3%	Benchmark 63.3%
(Higher value represents better performance)		
+ Variation Description Common cause		
+ Assurance Description Inconsistently passing and falling short of target		



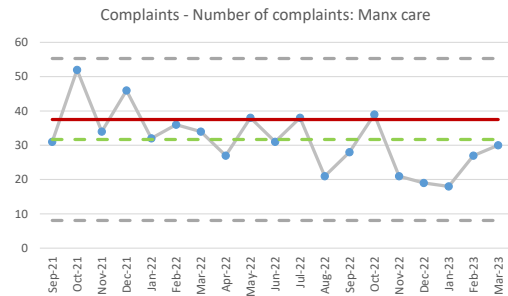
Reporting Date Mar-23	Performance 83.3%	ROF # 4.10.6
Threshold 90.0%	YTD Mean 92.5%	Benchmark 86.0%
(Higher value represents better performance)		
- Variation Description Common cause		
- Assurance Description Inconsistently passing and falling short of target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Complex Needs Reviews held on time:</p> <ul style="list-style-type: none"> The number of reviews undertaken within timescale in March increased to 60.7% but 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 part of the Complex Needs process. IRT remain holding long-term CWCN cases for the foreseeable future, whilst balancing immediate response required for new cases.. <p>Initial Child Protection Conferences held on time:</p> <ul style="list-style-type: none"> 100% of initial child protection conferences were held within the timescales in March. <p>Child Protection Review Conferences held on time:</p> <ul style="list-style-type: none"> 77.8% of conferences were completed within the timescales in March. <p>Looked After Children reviews held on time:</p> <ul style="list-style-type: none"> 83.3% of reviews were held within the timescales in March. 	<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 started 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>Child Protection Review Conferences In relation to conferences:</p> <p>19 children (9 families) were subject to Review Child Protection Conferences, 5 (2 families) were out of timescale, all due to the snow day.</p> <p>Looked After Children Reviews Held on Time:</p> <p>15 Looked After reviews were held; 12 on time. 2 that were out of timescales (1 family) were due to the snow day; the other to accommodate the absence of the social worker from work.</p>	<p>Complex Needs Process:</p> <ul style="list-style-type: none"> The number of CWCN reviews held on time has dropped significantly due to the staffing issues in the two main areas of the service that hold these cases. The IRT has seen significant staff shortages over a period of months that has impacted on these reviews. There are now a number of agency staff in post due to commence contracts shortly, this area will see an improvement in performance from May 2023. These cases are scrutinised in performance meetings and the Group Manager for this service will have robust oversight to ensure timeliness and monitor the improvements. The team that holds the majority of these cases is the Children With Disabilities team and similarly has had significant staffing issues, with only 1 staff member for several months this is now resolved and the manager has oversight of these meetings and will be striving to improve performance in this area. <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	Mar-23		0	0	0	0			CA012		FFT - How was your experience? No. of responses	Mar-23	-	739	299	2,090	-		
CA002		Complaints - Total number of complaints received	Mar-23		30	28	337	<= 450 PA			CA013		FFT - Experience was Very Good or Good	Mar-23		87%	79%	-	80%		
CA007		Complaint acknowledged within 5 working days	Mar-23		100%	100%	-	100%			CA014		FFT - Experience was neither Good or Poor	Mar-23		5%	6%	-	10%		
CA008		Written response to complaint within 20 days	Mar-23		100%	100%	-	100%			CA015		FFT - Experience was Poor or Very Poor	Mar-23		8%	15%	-	<10%		
CA010		No. complaints exceeding 6 months	Mar-23		0	0	0	0			CA016		Manx Care Advice and Liaison Service contacts	Mar-23	-	839	567	6,801	-		
CA011		No. complaints referred to HSCOB	Mar-23	-	0	0	0	-			CA017		Manx Care Advice and Liaison Service same day response	Mar-23		88.0%	89.1%	-	80%		

Caring | **Complaints** | **Executive Lead** | **Paul Moore** | **Lead** | **Paul Hurst; Sue Davis**



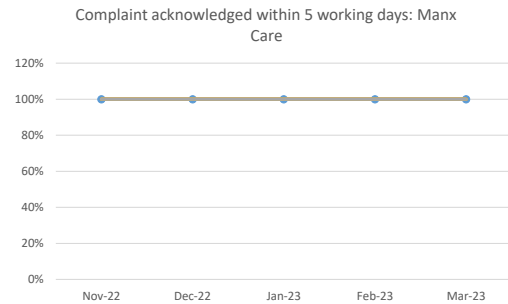
Reporting Date	Performance	ROF #
Mar-23	30	3.2

Threshold	YTD Mean	Benchmark
<= 450 PA	28	38

(Lower value represents better performance)

- Variation Description
Common cause

+ Assurance Description
Inconsistently passing and falling short of target



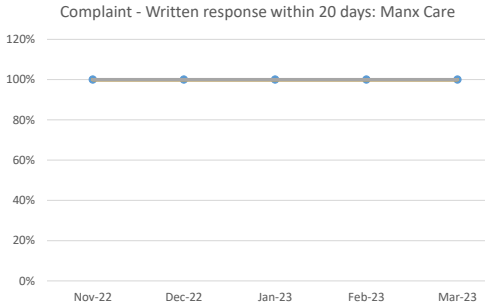
Reporting Date	Performance	ROF #
Mar-23	100.0%	3.2

Threshold	YTD Mean	Benchmark
100%	100.0%	-

(Higher value represents better performance)

+ Variation Description
Common cause

+ Assurance Description
Consistently hit target



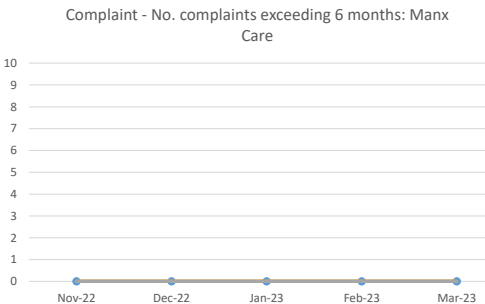
Reporting Date	Performance	ROF #
Mar-23	100.0%	3.2

Threshold	YTD Mean	Benchmark
100.0%	100.0%	-

(Higher value represents better performance)

+ Variation Description
Common cause

+ Assurance Description
Consistently hit target



Reporting Date	Performance	ROF #
Mar-23	0	3.2

Threshold	YTD Mean	Benchmark
0.0%	0	-

(Lower value represents better performance)

+ Variation Description
Common cause

+ Assurance Description
Consistently hit target

Issues / Performance Summary

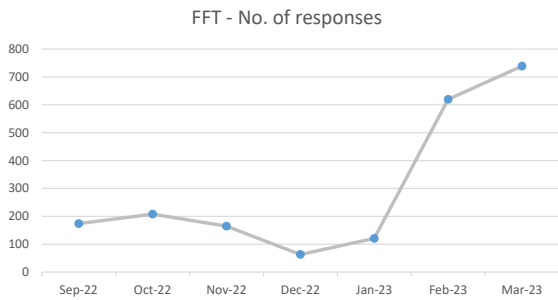
- Number of Complaints:**
 - 30 complaints logged, which is the highest number since the new Regulations were introduced.
- Acknowledged within 5 Days:**
 - Fifth full month of new Complaint Regulations. No issues or concerns to report. Full compliance with Regulatory requirement
- Written Response within 20 days:**
 - Fifth full month of new Complaint Regulations. No issues or concerns to report. Full compliance with Regulatory requirement. It should be noted that this is not always the full and final response
- No. Complaints Exceeding 6 Months:**
 - Fifth 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.
- No. complaints referred to HSCOB:**
 - Fifth full month of new Complaint Regulations. No issues or concerns to report.

Planned / Mitigation Actions

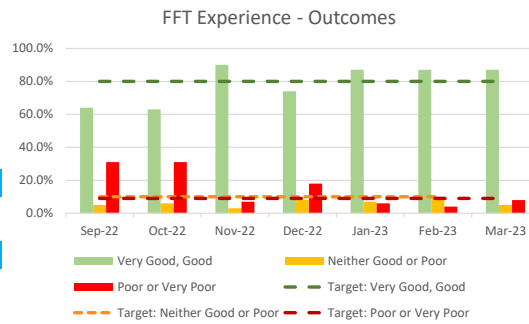
- Number of Complaints:**
 - CQS Team to continue to monitor performance in order to identify patterns and trends
- Acknowledged within 5 Days:**
 - CQS Team to continue to monitor daily performance to ensure compliance..
- Written Response within 20 days:**
 - CQS Team to continue to monitor daily performance to ensure compliance.
- No. Complaints Exceeding 6 Months:**
 - CQS Team to continue to monitor daily performance to ensure compliance.
- No. complaints referred to HSCOB:**
 - 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

Assurance / Recovery Trajectory

- Number of Complaints:**
 - 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 previous year).
 - Acknowledged within 5 Days:**
 - Confident in continued compliance.
 - Written Response within 20 days:**
 - Confident in continued compliance.
 - No. Complaints Exceeding 6 Months:**
 - Confident in continued compliance.
 - No. complaints referred to HSCOB:**
 - Confident that Manx Care can continue to comply.
- Note -
Benchmarks are the Manx Care monthly averages for 2021/22.



Reporting Date	Performance	ROF #
Mar-23	739	3.1
Threshold	YTD Mean	Benchmark
-	299	-
Variation Description		
Assurance Description		



Reporting Date	Performance	ROF #
Mar-23	87.0%	3.1
Threshold	YTD Mean	Benchmark
80.0%	78.9%	-
(Higher value represents better performance)		
Variation Description		
Common cause		
Assurance Description		
Inconsistently passing and falling short of target		

Issues / Performance Summary

306 surveys completed March (increase of 23% compared to February)
 432 surveys were completed in March for the GP Friends and Family Survey
 1 survey were completed for the Contracted Dental FFT
 • 0 surveys were completed for the Opticians FFT survey

Total for Manx Care FFT and Primary Care FFT = 738

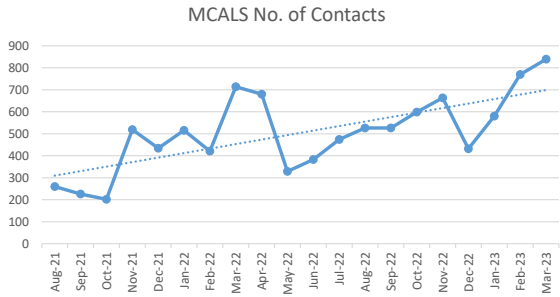
- FFT – Experience was very good or good: 86%.
- FFT – Experience was neither good or poor: 5%.
- FFT – Experience was poor or very poor: 9%.

Planned / Mitigation Actions

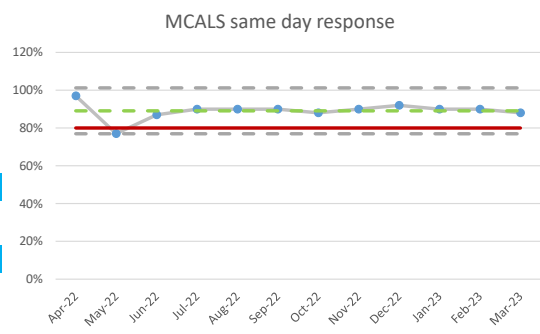
- Primary care data is now reported with overall Manx Care data and are aligning with the Manx Care FFT survey at the end of April 2023. QR code has been added to some clinical letter templates, including discharge letters. Plans progressing for text reminder service to include invitation to complete the survey 48 hours after discharge. Educational sessions continue in Q1 for wards, teams and departments to demonstrate survey and to encourage their service users to complete it.
- FFT – Experience was very good or good: Target is 80%.
- FFT – Experience was neither good or poor: Target is less than 10%.
- FFT – Experience was poor or very poor: Target is less than 10%.

Assurance / Recovery Trajectory

- Reasonable assurance that number of completed surveys will increase.



Reporting Date	Performance	ROF #
Mar-23	839	3.2
Threshold	YTD Mean	Benchmark
-	567	412
Variation Description		
Assurance Description		



Reporting Date	Performance	ROF #
Mar-23	88.0%	3.2
Threshold	YTD Mean	Benchmark
80.0%	89.1%	-
(Higher value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		

Issues / Performance Summary

Number of Contacts:

- 839 contacts received in March 2023 (increase of 69 contacts compared to February 2023 - 8% increase).

Same Day Response:

- In March, MCALS had resolved all contacts within 24 hours 88% of the time. Key Line of Enquiry Target is 80% of contacts receive a response within 24 hours.

Planned / Mitigation Actions

Number of Contacts:

- MCALS continues to provide excellent support in ensuring that where possible service user issues are addressed.

Same Day Response:

- MCALS continues to provide excellent support in ensuring that where possible service user issues are addressed.

Assurance / Recovery Trajectory

Same Day Response:

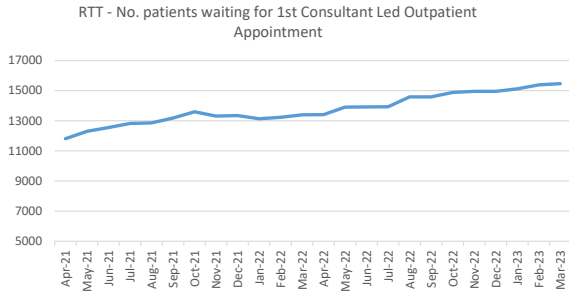
- Continued good performance in dealing with service user contacts.

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

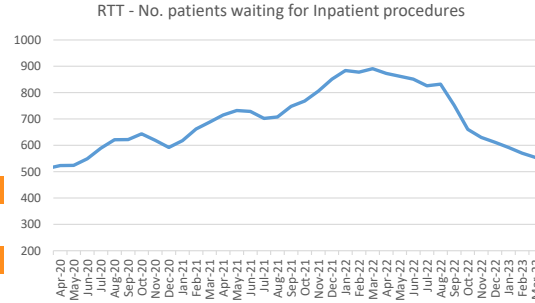
Responsive Performance Summary

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	Mar-23	-	15,465	14,592	-	-			RE017		CWT - % patients referral for suspected cancer to first outpatient attendance within 2 weeks	Mar-23		63%	61%	-	93%			
RE002		RTT - No. patients waiting for Daycase procedure	Mar-23	-	2,311	2,941	-	-			RE018		CWT - % patients decision to treat to first definitive treatment within 31 days	Mar-23		92%	84%	-	96%			
RE003		RTT - No. patients waiting for Inpatient procedure	Mar-23	-	554	718	-	-			RE019		CWT - % patients urgent referral for suspected cancer to first treatment within 62 days (RTT)	Mar-23		52%	37%	-	85%			
RE004		RTT - % Urgent GP referrals seen for first appointment within 6 weeks	Mar-23		56%	54%	-	85%			RE020		CWT - % Two Week Wait (Breast Symptomatic)	Mar-23		67%	51%	-	93%			
RE005		Diagnostics - % requests completed within 6 weeks	Mar-23	-	87%	86%	86%	-			RE021		CWT - % 31 Day Subsequent Treatment (Surgical)	Mar-23		-	-	-	94%			
RE006		Diagnostics - % Patients waiting over 6 weeks	Mar-23		70%	71%	-	1%			RE022		CWT - % 31 Day Subsequent Treatment (Drugs)	Mar-23		100%	89%	-	98%			
RE007		ED - % 4 Hour Performance	Mar-23		71%	70%	70%	95%			RE023		CWT - % 31 Day Subsequent Treatment (Radiotherapy)	Mar-23		-	82%	-	94%			
RE008		ED - % 4 Hour Performance (Non Admitted)	Mar-23	-	81%	79%	79%	-			RE025		CWT - % 28 Days to diagnosis or ruling out of cancer	Mar-23		60%	65%	-	75%			
RE009		ED - % 4 Hour Performance (Admitted)	Mar-23	-	23%	24%	24%	-			RE026		IPCC - % patients seen by Community Adult Therapy Services within timescales	Mar-23		55%	54%	-	80%			
RE010		ED - Average Total Time in Emergency Department	Mar-23		254	268	-	360 mins			RE027		IPCC - No. patients waiting for a dentist	Mar-23	-	2,638	2,280	-	-			
RE011		ED - Average number of minutes between Arrival and Triage (Noble's)	Mar-23		26	24	-	15 mins			RE031		IPCC - % of patients registered with a GP	Mar-23		5.5%	5.2%	-	5.0%			
RE012		ED - Wait time to see first Doctor in ED	Mar-23		177	184	-	180 mins			RE028		MH - No. service users on Current Caseload	Mar-23		5,030	4,907	-	4500 - 5500			
RE013		ED - 12 Hour Trolley Waits	Mar-23		13	16	190	0			RE029		MH - Number of Discharges	Mar-23		488	523	-	650-667			
RE014		Ambulance - Category 1 Response Time at 90th Percentile	Mar-23		28	20	-	15 mins			RE030		W&C - % New Birth Visits within timescale	Mar-23	-	90.6%	87.7%	-	-			
RE015		Ambulance - Category 1 Mean Response Time	Mar-23		12	10	-	7 mins														
RE016		Ambulance - % patients with CVA/Stroke symptoms arriving at hospital within 60 mins of call	Mar-23		36%	44%	-	100%														

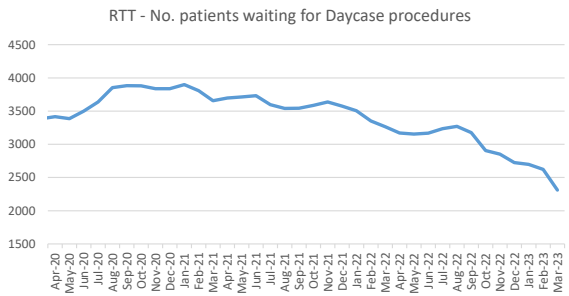
Responsive | **Referral to Treatment (RTT)** | **Executive Lead** | **Oliver Radford** | **Lead** | **J.Watson; M.Cox; L.Thompson**



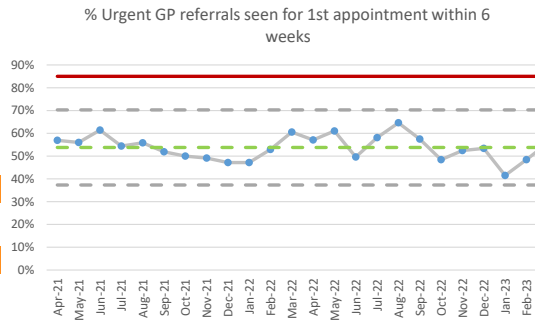
Reporting Date	Performance	ROF #
Mar-23	15,465	4.4.5
Threshold	YTD Mean	Benchmark
-	14,592	13,405
(Lower value represents better performance)		
Avg Wait Time (Referral to 1st Cons Led OP Appt.)		
47 weeks		
No. patients waiting 52 weeks or more for 1st OP		
4,890		



Reporting Date	Performance	ROF #
Mar-23	554	4.4.5
Threshold	YTD Mean	Benchmark
-	718	873
(Lower value represents better performance)		
Avg Wait Time (Decision to Treat to Treatment - IP)		
39 weeks		
No. patients waiting 52+ weeks from Decision to Treat		
143		



Reporting Date	Performance	ROF #
Mar-23	2,311	4.4.5
Threshold	YTD Mean	Benchmark
-	2,941	3,171
(Lower value represents better performance)		
Avg Wait Time (Decision to Treat to Treatment - DC)		
41 weeks		
No. patients waiting 52+ weeks from Decision to Treat		
624		



Reporting Date	Performance	ROF #
Mar-23	55.7%	4.4.5
Threshold	YTD Mean	Benchmark
85.0%	54.0%	53.6%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		

Issues / Performance Summary

- Reduction in outpatient clinic capacity due to:
 - 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.

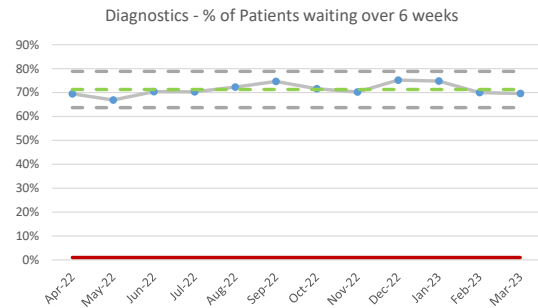
Planned / Mitigation Actions

- R&R delivery (Feb'22 to Mar'23) of 496 outpatient appointments; 458 Endoscopic, 1,300 Ophthalmic, 555 Orthopaedic procedures, 123 procedures for other surgical specialities and 157 mental health referrals.
- Dedicated waiting list validation team established and programme of waiting list validation commenced in October '22. To date over 12,357 referrals have been through technical validation and over 5,000 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.
- Ward 12 has provided additional bed capacity to Urology, Gynaecology and ENT elective inpatients as required.
- 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 specialities.

Assurance / Recovery Trajectory

- 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:
 - 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;
 - Reducing patient Did Not Attend (DNA) rates;
 - Harm Review

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.



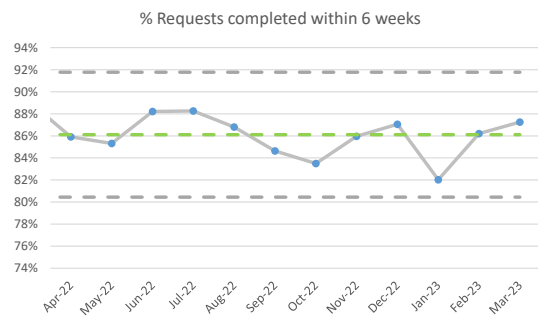
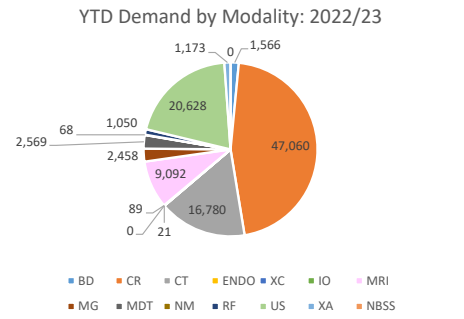
Reporting Date	Performance	ROF #
Mar-23	69.6%	4.5.3
Threshold*	1%	
YTD Mean	70.6%	
Benchmark	25.1%	

(Lower value represents better performance)

+ Variation Description
Common cause

- Assurance Description
*Consistently fail target

Modality	Mar-23		
	WL	>6 wks	% >6 wks
Bone Densitometry	375	169	45%
Computed Radiography	769	290	38%
Computed Tomography	1,408	855	61%
Endoscopy	0	0	-
Intra-oral Radiography	0	0	-
Magnetic Resonance Imaging	744	387	52%
Mammography	1,157	1,133	98%
Miscellaneous	31	2	6%
Nuclear Medicine	44	39	89%
Radiofluoroscopy	67	38	57%
Ultrasound Breast	0	0	-
Ultrasound Non Obs	3,210	2,459	77%
Ultrasound Obs	411	321	78%
X-ray Angiography	265	207	78%
Total	8,481	5,900	70%

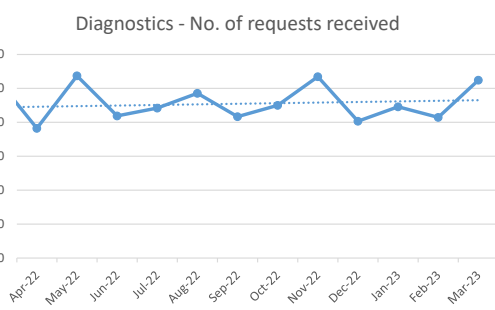


Reporting Date	Performance	ROF #
Mar-23	87.3%	4.5.3
Threshold	-	
YTD Mean	85.9%	
Benchmark	86.3%	

(Higher value represents better performance)

+ Variation Description
Common cause

- Assurance Description



Reporting Date	Performance	ROF #
Mar-23	9,244	4.5.3
Threshold	-	
YTD Mean	8,546	
Benchmark	8,356	

+ Variation Description

- Assurance Description

Issues / Performance Summary

- Overall demand continues to exceed capacity, with demand for services continuing to increase. Demand was 33% higher than capacity in March.
- 2.3% increase in YTD demand against the same period last year. The areas currently seeing the biggest increase in demand are CT (10%), MRI (5%) and CR(4%).
- Emergency Department (ED) 26%, Outpatient Department (OPD) 34% and General Practitioner (GP) 24% are the primary source of referrals.
- Inpatient referrals(863) remain high.
- 38% of exam swere reported within 2 hours (6% decline on last month), 27% have taken 96 hours or longer which is a further 13% regression compared to last month likely due to staff leave
- Of the 6968 exams, just under 46% were turned around on the same day (similar to last month) and, a further 39% in 1- 28 days (similar to last month).
- Cohort of exams (1495) are currently on hold for a variety of reasons (including COVID).

Planned / Mitigation Actions

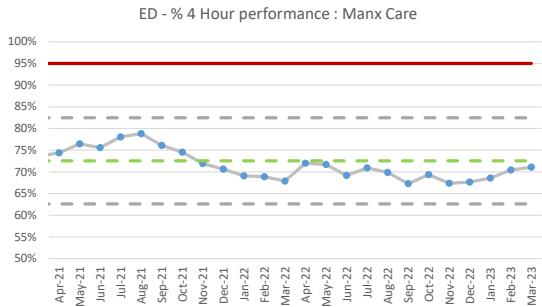
- Projects ongoing to increase capacity to reduce waiting times further.
- Engagement continues with third parties under the Restoration & Recovery (R&R) programme Phase 1 with regard to delivery of an insured option to address high Cardiac CT, MRI and Ultrasound waiting times.
- Waiting list validation process implemented in October, validating all aspects of the diagnostic waiting list - technical, administrative and clinical validation.
- Bone Densitometry service restarted in November '22 having been suspended from July to October.

Assurance / Recovery Trajectory

- Requirements for sustainable increased Radiology capacity being scoped as part of the demand & capacity element of the Phase 3 Restoration & Recovery (R&R) business case.

* Manx Care aspires to deliver a maximum six-week wait for all routine diagnostic tests; however, the baseline position identified that waiting times for routine diagnostics were significantly longer than six weeks. Therefore, Manx Care has committed to initially reduce the overall waiting list to a maximum of 26 weeks for the key modalities, with the development of credible, costed plans for reduction to a maximum of six weeks by the end of 2023/24. Reporting of achievement against the 26 week threshold will be included in future reports.

Note -
Benchmark for '% Patients Waiting over 6 Weeks' is the UK NHSE performance figures for Jan 23. Benchmarks for '% Requests < 6 Weeks' and 'No. of requests received' are the Manx Care monthly average for 2021/22.

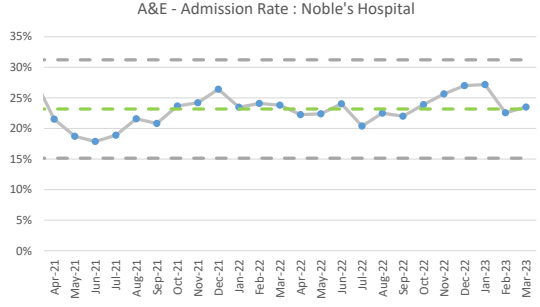


Reporting Date	Performance	ROF #
Mar-23	71.1%	4.2.1
Threshold	YTD Mean	Benchmark
95.0%	69.6%	71.5%

(Higher value represents better performance)

+ Variation Description
Common cause

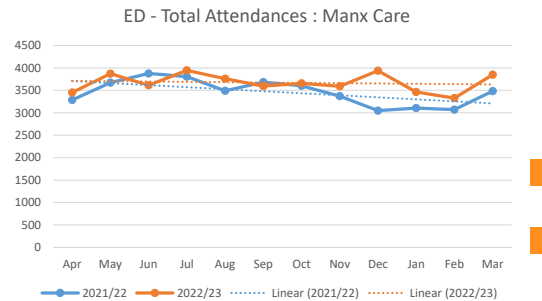
- Assurance Description
Consistently fail target



Reporting Date	Performance	ROF #
Mar-23	23.5%	4.2.1
Threshold	YTD Mean	Benchmark
-	23.6%	27.8%

- Variation Description
Common cause

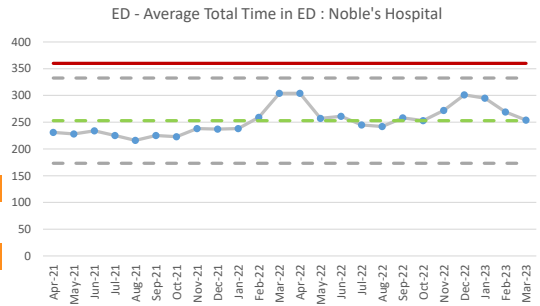
- Assurance Description



Reporting Date	Performance	ROF #
Mar-23	3,849	4.2.1
Threshold	YTD Mean	Benchmark
-	3,671	3,458

+ Variation Description
Common cause

+ Assurance Description
Consistently hit target



Reporting Date	Performance	ROF #
Mar-23	254	4.2.1
Threshold	YTD Mean	Benchmark
360 mins	268	238

(Lower value represents better performance)

+ Variation Description
Common cause

+ Assurance Description
Consistently hit target

Issues / Performance Summary

- March's performance of 71.1% remained below the 95% threshold and was slightly lower than the UK's performance of 71.5%.
 - Admitted Performance: 22.5%;
 - Non Admitted Performance: 80.8%;
- The ED did not reach the level 4 of the highest Operational Pressures Escalation Level (OPEL), in March.
- High number of 12 Hour Trolley Waits: 13 (0.3% 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 March, the average admission rate from Noble's ED of 23.5% was lower than that of the UK (27.8%).

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, 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 Mar' 23.
 Benchmarks for 'Total Attendances' and 'Average time in ED' are the Manx Care monthly averages for 2021/22.

Responsive

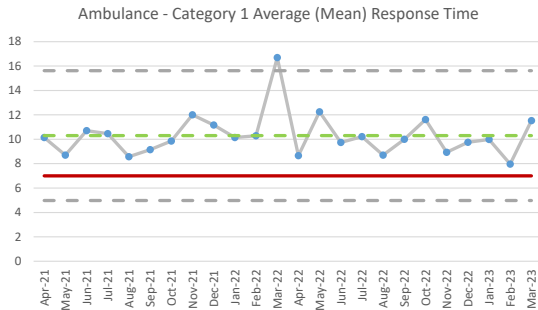
Ambulance

Executive Lead

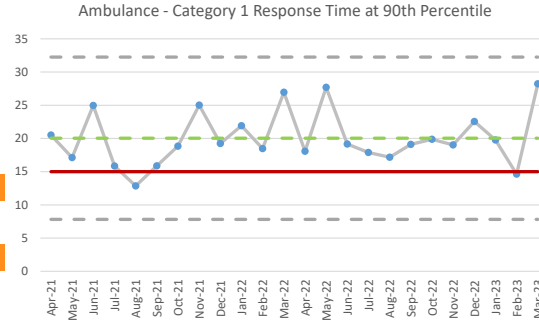
Oliver Radford

Lead

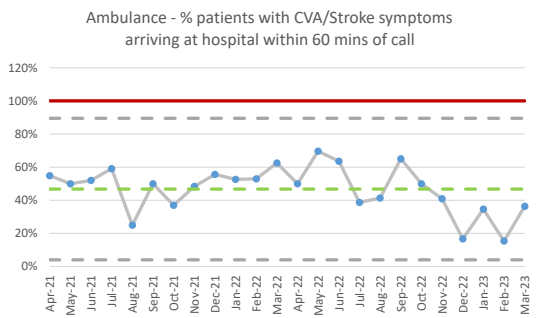
Will Bellamy



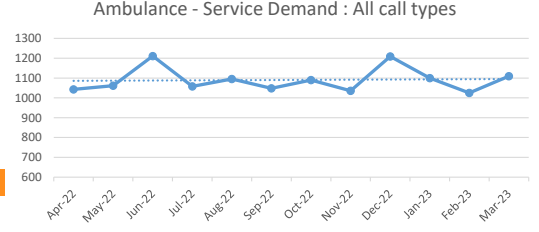
Reporting Date	Performance	ROF #
Mar-23	00:11:32	4.2.7
Threshold	YTD Mean	Benchmark
7 mins	00:09:57	00:08:49
(Lower value represents better performance)		
Variation Description		
Common cause		
Assurance Description		
Consistently fail target		



Reporting Date	Performance	ROF #
Mar-23	00:28:14	4.2.7
Threshold	YTD Mean	Benchmark
15 mins	00:20:16	00:15:38
(Lower value represents better performance)		
Variation Description		
Common cause		
Assurance Description		
Inconsistently passing and falling short of target		



Reporting Date	Performance	ROF #
Mar-23	36.4%	4.2.7
Threshold	YTD Mean	Benchmark
100.0%	43.5%	50.0%
(Higher value represents better performance)		
Variation Description		
Common cause		
Assurance Description		
Consistently fail target		



Reporting Date	Performance	ROF #
Mar-23	1,109	4.2.7
Threshold	YTD Mean	Benchmark
-	1,090	1,067
Variation Description		
Assurance Description		

Mar-23	East	North	South	West	Total
Category 1 Calls	17	5	6	4	33
No. reached within 15 mins	16	3	3	2	24
% response within 15 mins	94.1%	60.0%	50.0%	50.0%	72.7%

Issues / Performance Summary

- Demand for Ambulance services has increased in 2022/23. YTD 2021/22 = 12,803 ; YTD 2022/23 = 13,085; The average number of calls per month is approximately 2.15% higher than in the previous year.
- Category 1 Performance standards remain adrift from the required 7 minute key performance indicator, also the 15 minute standard for the 90th percentile of patients. We are hampered in this area by geography, resource availability and access to care (only one hospital on Island). However, we remain bench marking well against the other category standards :
 - Category 2; Standard < 40 mins; 90th percentile = 00:36:23
 - Category 3; Standard < 120 mins; 90th percentile = 00:57:02
 - Category 4; Standard < 180 mins; 90th percentile = 00:54:12
 - Category 5; Standard < 180 mins; 90th percentile = 01:38:19
- CQC have advised that Category 1 'See and Treat' proportion (33.33%) is high in comparison to UK (approx. 1%).
- There were 8 instances where handover Turnaround Times were greater than 60 mins.
- 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.

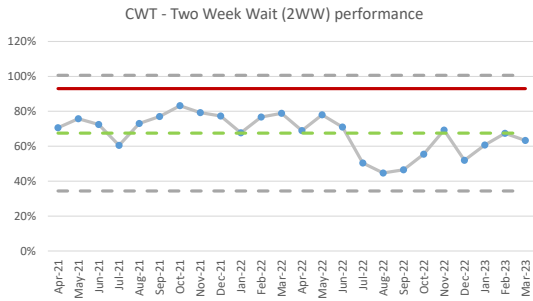
Planned / Mitigation Actions

- 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).

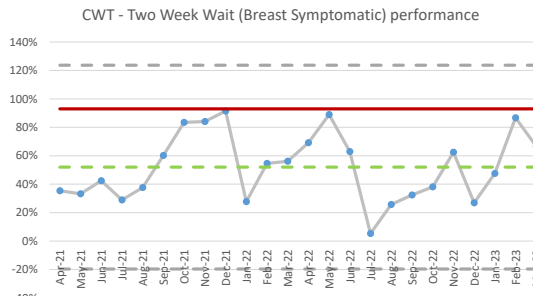
Assurance / Recovery Trajectory

- 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.

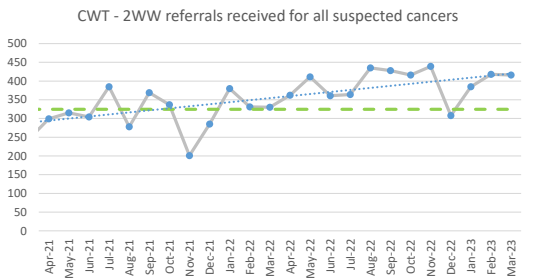
Note -
 Benchmarks for Category 1 'Average Response Time' and 'Response time at 90th Percentile' are UK NHSE performance figures for Mar' 23.
 Benchmarks for 'CVA/Stroke' and 'Service Demand' are the Manx Care monthly averages for 2021/22.



Reporting Date	Performance	ROF #
Mar-23	63.3% (228 of 360)	4.6.4
Threshold	YTD Mean	Benchmark
93.0%	60.6%	86.1%
(Higher value represents better performance)		
Variation Description		
Common cause		
Assurance Description		
Consistently fail target		



Reporting Date	Performance	ROF #
Mar-23	66.7% (14 of 21)	4.6.4
Threshold	YTD Mean	Benchmark
93.0%	51.1%	78.9%
(Higher value represents better performance)		
Variation Description		
Common cause		
Assurance Description		
Consistently fail target		



Reporting Date	Performance	ROF #
Mar-23	416	4.6.4
Threshold	YTD Mean	Benchmark
-	395	318
Variation Description		
Assurance Description		

Tumour Group	2WW Referrals								
	Mar-23	Apr - March 2022/23	Apr - March 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	68	880	772	14.0%	73	97	1,026	772	32.9%
Dermatology	92	966	846	14.2%	81	106	1,128	846	33.3%
Gynaecology	48	455	359	26.7%	38	45	531	359	47.9%
Haematology	6	72	49	46.9%	6	6	84	55	52.7%
Head & Neck	34	402	318	26.4%	34	40	470	319	47.3%
Lung	8	113	101	11.9%	9	13	131	102	28.4%
Other	4	29	11	163.6%	4	1	36	28	29.5%
Upper GI	33	395	307	28.7%	33	38	461	307	50.2%
Urology	38	420	401	4.7%	35	50	490	426	15.0%
Sub-Total	331	3,732	3,164	18.0%	467	396	4,357	3,214	35.6%

**Tumour Group	Monthly number of	
	Mar-23	12 month Avg.
Breast	59	50
Breast symptomatic (non-suspected cancer)	17	13
Sub-Total	76	63

*Forecast is straight line 12ths only - based on actuals plus avg referrals per month received Apr - Feb 2023.
 **Monthly referral figures for Breast and Breast Symptomatic are shown separately as the methodology for recording and reporting them changed in Oct 21, meaning that a YTD year on year comparison would not be appropriate.
 Previously breast symptomatic were 'upgraded' but these are now reported on the Somerset Cancer Registry in line with the 'exhibited breast symptoms - cancer not suspected' category in line with UK reporting.

Issues / Performance Summary

2 Week Wait (2WW) Performance:

- 721 patients on a cancer pathway, 599 on a 2WW pathway.
- 2WW overall performance under 93%
- Continued high number of referrals on a 2WW pathway
- Lack of specialist staff impacted on Outpatient and Endoscopy capacity for colorectal/Upper GI/Gynaecology referrals
- Volatility of percentages due to small numbers
- High number of patient choice breaches for Breast/Dermatology/Head & Neck
- For March, the mean waiting time for all cancer types is 16 days, 15 days excluding patient choice breaches (median = 13 days).

2WW Breast Symptomatic:

- 2WW Breast symptomatic performance under 93%:
- Clinic cancellations has impacted on performance this month.
- Volatility of percentages due to small numbers

Planned / Mitigation Actions

2 Week Wait (2WW) Performance:

- Reviewing increased referrals weekly at PTL and flagging issues with relevant teams re capacity. PTL has also discussed planning for expected peaks in referrals
- Locum requests have been approved but currently having difficulties with recruitment with specialist staff to support Colorectal outpatient/Endoscopy capacity. Issues also noted at PTL around Pre-Assessment Clinic (PAC) capacity which is impacting on those who are sent straight to Endoscopy as first appointment. Improved capacity in place for outpatient appointments moving forward but not for Endoscopy
- Redesign of Gynaecology clinics proposed and to be implemented
- Review of 2WW referral proformas to be completed in line with guidance from Cheshire & Merseyside Cancer Alliance - this may help to stabilise the number of 2WW referrals received

2WW Breast Symptomatic:

- Recruitment of specialist staff completed
- Reviewing increased referrals weekly at PTL and flagging issues with relevant teams re capacity. PTL has also discussed planning for expected peaks in referrals

Assurance / Recovery Trajectory

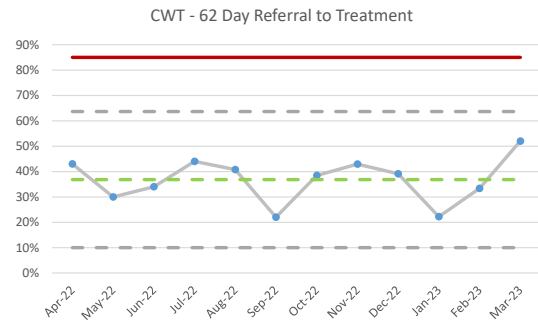
2 Week Wait (2WW) Performance:

- Performance was improving since September 2022 (46.4%)

2WW Breast Symptomatic:

- Performance had previously improved since September 2022 (28.6%) - this has been impacted by short notice clinic cancellation.

Note -
 Benchmarks for '2WW Performance' and 'Breast Symptomatic' are UK NHSE performance figures for Feb '23. Benchmark for '2WW referrals received' is the Manx Care monthly average for 2021/22.

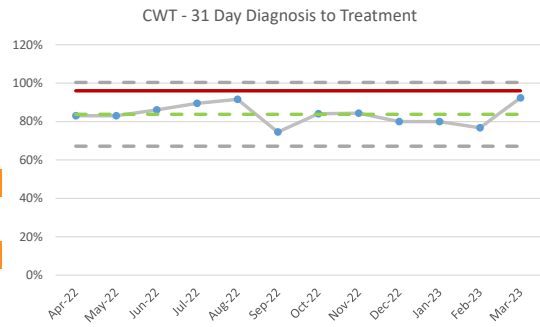


Reporting Date	Performance	ROF #
Mar-23	52.0% (13 of 25)	4.6.4
Threshold	YTD Mean	Benchmark
85.0%	36.8%	54.4%

(Higher value represents better performance)

+ Variation Description
Common cause

- Assurance Description
Consistently fail target

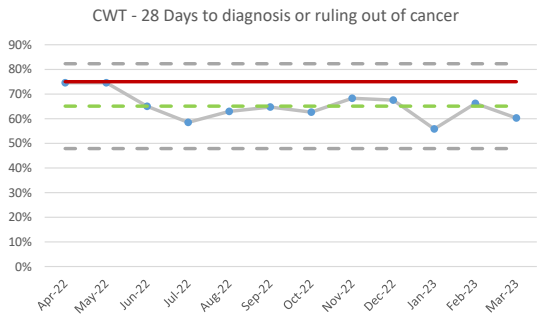


Reporting Date	Performance	ROF #
Mar-23	92.3% (36 of 39)	4.6.4
Threshold	YTD Mean	Benchmark
96.0%	83.8%	88.5%

(Higher value represents better performance)

+ Variation Description
Common cause

- Assurance Description
Consistently fail target



Reporting Date	Performance	ROF #
Mar-23	60.3% (226 of 375)	4.6.4
Threshold	YTD Mean	Benchmark
75.0%	65.1%	67.0%

(Higher value represents better performance)

- Variation Description
Common cause

- Assurance Description
Consistently fail target

Issues / Performance Summary

- 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.

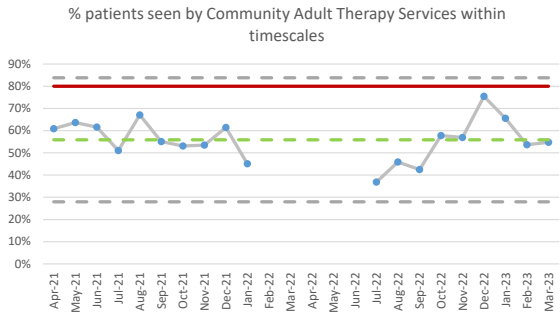
Planned / Mitigation Actions

- 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.

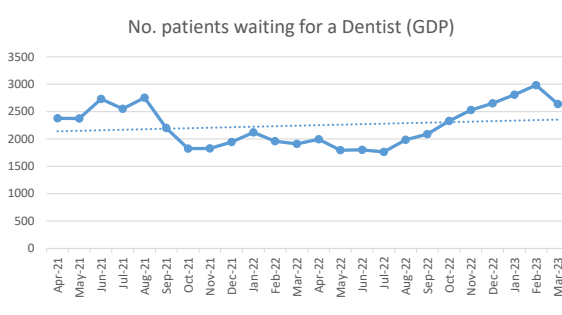
Assurance / Recovery Trajectory

- 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.
- 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.
- Action plan for improved data capture for 31 Day to be implemented in conjunction with wider remedial / transformational plans.

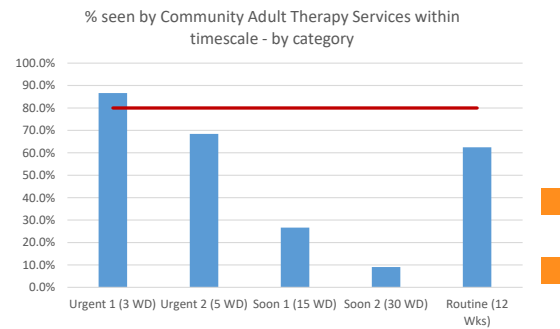
Note -
Benchmarks are UK NHSE performance figures for Feb' 23.



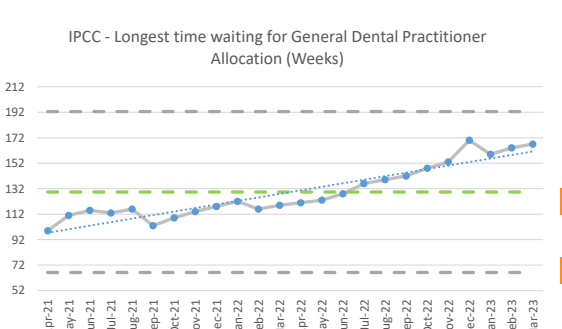
Reporting Date	Performance	ROF #
Mar-23	54.8%	4.8
Threshold	80.0%	Benchmark
	YTD Mean	57.2%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		



Reporting Date	Performance	ROF #
Mar-23	2,638	4.83
Threshold	2,280	Benchmark
	YTD Mean	1,994
(Lower value represents better performance)		
- Variation Description		
- Assurance Description		



Reporting Date	Performance	ROF #
Mar-23	-	4.8
Threshold	-	Benchmark
	YTD Mean	-
(Higher value represents better performance)		
- Variation Description		
- Assurance Description		



Reporting Date	Performance	ROF #
Mar-23	167	4.83
Threshold	146	Benchmark
	YTD Mean	113
(Lower value represents better performance)		
- Variation Description		
Special Cause of Concerning variation (High)		
- Assurance Description		

Issues / Performance Summary

Community Adult Therapy:

- 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.
- 74.24% of Urgent 1 (3 working day) and 61.82% of Urgent 2 (5 working day) patients were seen within the required timescales in March.

Dental:

- In March 2023 206 patients were added to the dental allocation list. An average of 20 patients per day were added to the list during this month. Since April 2022 an average of 192 patients have been added to the dental allocation list per month.

Planned / Mitigation Actions

Community Adult Therapy:

- 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.

Dental:

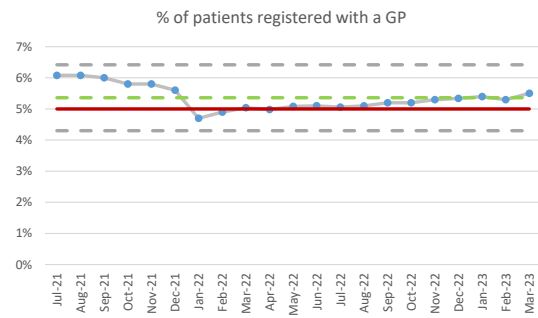
- To work with dental providers to see if there is the potential to cleanse their patient list to see if there is further capacity – once practice has recently cleansed their list but is not currently in a position to accept new patients.
- To look at the budget for dental services to see if there is 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.

Assurance / Recovery Trajectory

Dental:

- To update and review figures once dental allocation list cleansed – cleansing is ongoing an update will be provided once complete.
- to create a dashboard for the dental allocation list.
- 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.

Note -
 Benchmarks for '% patients seen by CAT' and 'Longest time waiting for GDP' are the Manx Care monthly averages for 2021/22.
 Benchmark for 'No. patients waiting for dentist' is the number waiting in Apr '22.



Reporting Date	Performance	ROF #
Mar-23	5.5%	4.8.8
Threshold	YTD Mean	Benchmark
5.0%	5.2%	5.6%
(Lower value represents better performance)		
Variation Description		
-		
Common cause		
Assurance Description		
-		
Consistently fail target		

Issues / Performance Summary | **Planned / Mitigation Actions** | **Assurance / Recovery Trajectory**

% of patients registered with a GP:

- Remains slightly above the 5% tolerance.

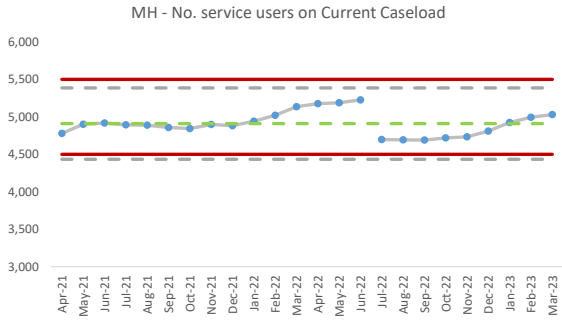
% of patients registered with a GP:

- 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.
- 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.

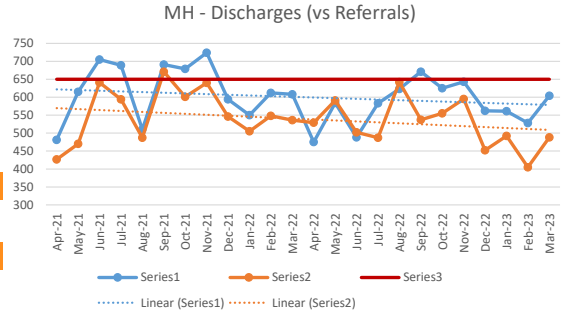
% of patients registered with a GP:

- 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.
- We will continue to review the % on a monthly basis, working to the list cleansing timetable and with practices accordingly.

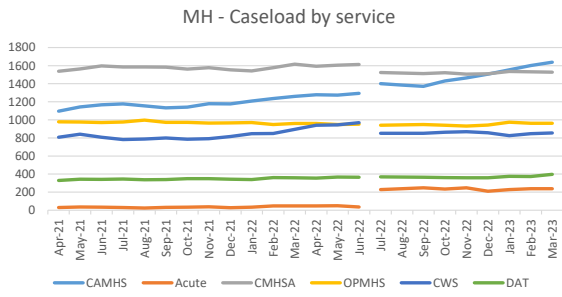
Note -
Benchmarks are the Manx Care monthly averages for 2021/22.



Reporting Date	Performance	ROF #
Mar-23	5,030	4.7
Threshold	YTD Mean	Benchmark
4500 - 5500	4,907	-
(Value within range represents better performance)		
+ Variation Description Common cause		
+ Assurance Description Consistently hit target		



Reporting Date	Performance	ROF #
Mar-23	488	4.7
Threshold	YTD Mean	Benchmark
650-667	523	556
(Value within range represents better performance)		
+ Variation Description		
- Assurance Description Consistently fail target		



Reporting Date	Performance	ROF #
Mar-23	-	-
Threshold	Mean	Benchmark
-	-	-
+ Variation Description Common cause		
+ Assurance Description		

Issues / Performance Summary

Current Caseload:

- 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.

Discharges:

- Referrals are down by 7.4% when compared to the same period in 2021/22.
- Correspondingly, discharges are 6% lower than in the same period in the previous year.

Planned / Mitigation Actions

Discharges:

- 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.

Assurance / Recovery Trajectory

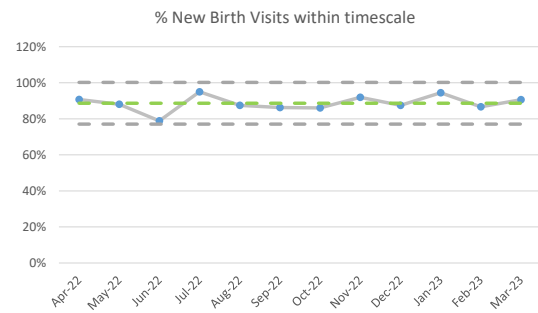
Current Caseload:

- 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.

Discharges:

- The numbers are higher than the same period in 2020-21 and within an acceptable limit of 2021-22 figures























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



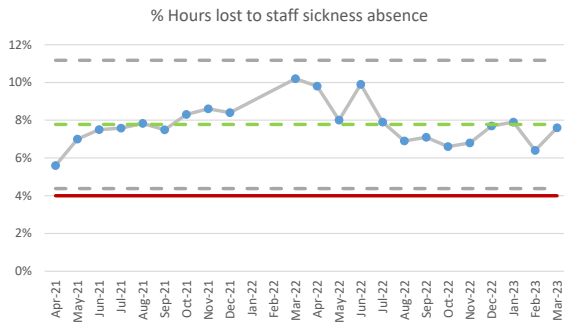
Reporting Date	Performance	ROF #
Mar-23	90.6%	4.9
Threshold	YTD Mean	Benchmark
-	87.7%	-
(Higher value represents better performance)		
+	Variation Description	
	Common cause	
	Assurance Description	

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>In March 2023 we conducted 53 new birth visits, 48 of which were within timeframe of up to 14 days and 5 were out of timeframe of 15 days and over.</p> <p>Percentage Within timeframe – 91% Out of Timeframe – 9%</p> <p>Exception Data 1 x failed encounter 1 x Initial visit refused 1 x Baby born in UK, returned to IOM 22.03.23 1 x Initial visit cancelled to adverse weather conditions, rearranged visit due to child being admitted to hospital 1 x cancellation due to adverse weather</p> <p>2 visits not carried out - 1 was a refusal (seen by Midwife) and 1 was due to family going off island for a few months</p>	<p>We recognise the small breach, however these were outside our control. There are currently no concerns around NBV.</p>	<p>All new birth visits will be conducted within timeframe where within our control.</p>

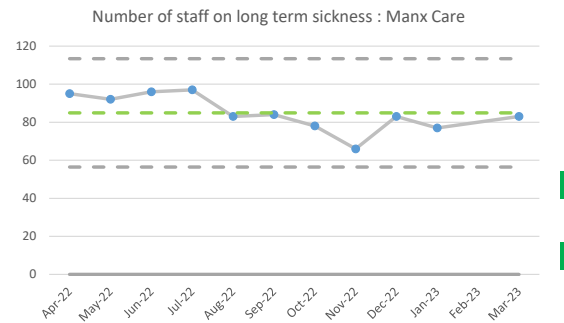
Well Led (People) Performance Summary

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	Mar-23		7.6%	7.7%	-	4.0%		
WP002		Workforce - Number of staff on long term sickness	Mar-23	-	83	85	-	-		
WP003		Workforce - % Staff not on permanent contract	-	-	-	-	-	-		
WP004		Workforce - Number of staff leavers	Mar-23	-	19	19	229	-		
WP005		Workforce - Number of staff on disciplinary measures	Mar-23	-	5	6	72	-		
WP006		Workforce - Number of suspended staff	Mar-23	-	1	1	8	-		
WP007		Governance - Number of Data Breaches	Mar-23		22	14	165	0		
WP008		Governance - Number of Data Subject Access Requests (DSAR)	Mar-23	-	78	49	586	-		
WP009		Governance - Number of Access to Health Record Requests (AHR)	Mar-23	-	5	4	44	-		
WP010		Governance - Number of Freedom of Information (FOI) Requests	Mar-23	-	20	10	122	-		
WP011		Governance - Number of Enforcement Notices from the ICO	Mar-23	-	0	0	0	-		
WP012		Governance - Number of SAR, AHR and FOI's not completed within their target	Mar-23	-	18	8	97	-		

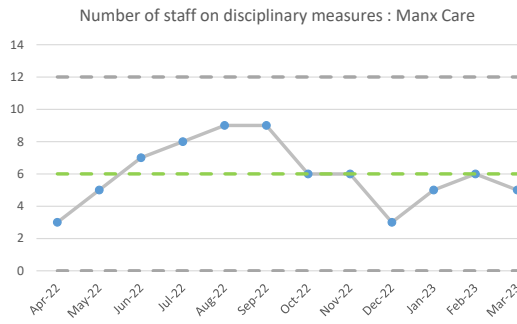
Well Led | **Sickness Absence & Discipline** | **Executive Lead** | **Anne Corkill** | **Lead** | **Hannah Leighton**



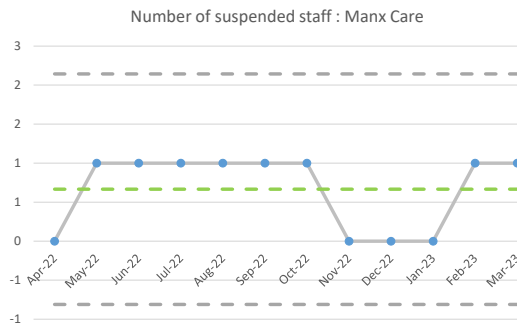
Reporting Date	Performance	ROF #
Mar-23	7.6%	5.1
Threshold	4.0%	
YTD Mean	7.7%	
Benchmark	7.9%	
(Lower value represents better performance)		
- Variation Description: Common cause		
- Assurance Description: Consistently fail target		



Reporting Date	Performance	ROF #
Mar-23	83	5.1
Threshold	-	
YTD Mean	85	
Benchmark	-	
(Lower value represents better performance)		
- Variation Description: Common cause		
Assurance Description		



Reporting Date	Performance	ROF #
Mar-23	5	5.1
Threshold	-	
YTD Mean	6	
Benchmark	-	
(Lower value represents better performance)		
+ Variation Description: Common cause		
Assurance Description		



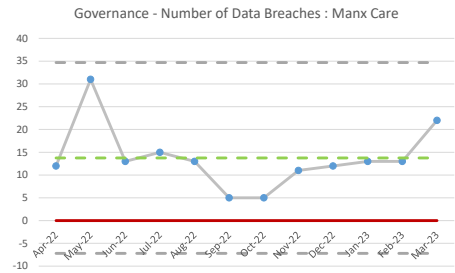
Reporting Date	Performance	ROF #
Mar-23	1	5.1
Threshold	-	
YTD Mean	1	
Benchmark	-	
(Lower value represents better performance)		
- Variation Description: Common cause		
Assurance Description		

Issues / Performance Summary	
• Worktime lost in March'23 by sickness category:	
Stress, Anxiety & Depression	- 1.7%
Cough, Cold & Flu	- 0.7%
Musculoskeletal	- 1.2%
Covid-19	- 1.3%
Other sickness	- 2.6%
• Worktime lost in March'23 by Area:	
Integrated Social Care Services	- 8.2%
Medicine, Urgent Care & Ambulance Services	- 7.4%
Integrated Mental Health Services	-
Infrastructure	- 12.4%
Integrated Primary & Community Care Services	- 6.6%
Integrated Cancer & Diagnostic Services	- 4%

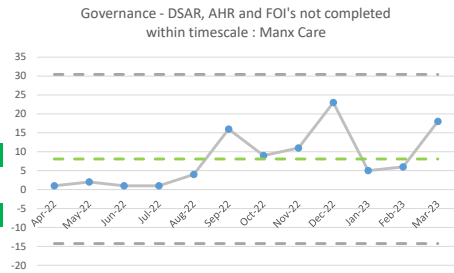
Planned / Mitigation Actions
• Review of monthly absence data by OHR, cross referencing long term absence data with current OHR caseload and active communication with management regarding case management.
• Review and targeting of support for long term and frequent short term absence by management in 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)

Assurance / Recovery Trajectory
• 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.

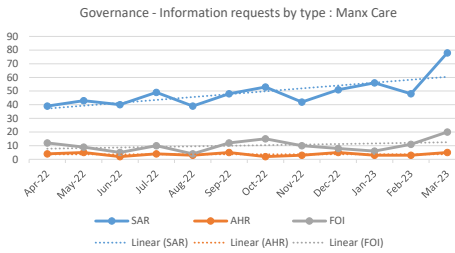
Well Led **Governance** **Executive Lead** **Simon Collins** **Lead** **Jennifer Maynard**



Reporting Date	Performance	ROF #
Mar-23	22	7.1
Threshold	0	
	YTD Mean	Benchmark
	14	-
- Variation Description Common cause		
- Assurance Description Consistently fail target		



Reporting Date	Performance	ROF #
Mar-23	18	7.1
Threshold	-	
	YTD Mean	Benchmark
	8	-
- Variation Description Common cause		
- Assurance Description		



Reporting Date	Performance	ROF #
Mar-23	-	7.1
Threshold	-	
	YTD Mean	Benchmark
	-	-
- Variation Description		
- Assurance Description		

Issues / Performance Summary

Data subjects informed of breach:

- All data subjects apart from 6 have been informed for the following reasons: 2 x Patient not identifiable; 1 x low risk to the rights & freedoms of data subject (child); 5 x email immediately deleted (no/low risk to data subjects); 1 x individual would have access to information anyway (no risk to the data subject; 2 x awaiting investigation to be carried out.

21 breaches in March relate to :

- 4 x written communication;
- 6 x Email (incorrect address);
- 11 x Confidentiality;











Planned / Mitigation Actions

- 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.

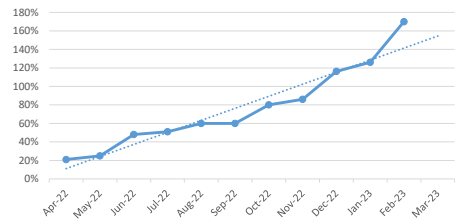
Assurance / Recovery Trajectory

- 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.

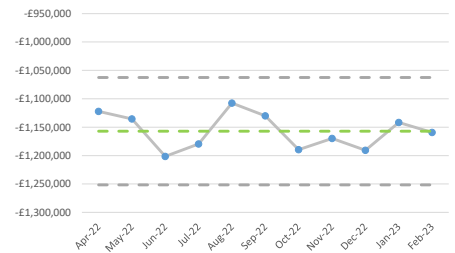
Well Led (Finance) Performance Summary

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)	Feb-23		170%	-	170%	100% (equiv. 1%)		
WF002		Total income (£)	Feb-23	-	-1,159,261.00	-£1,157,070	-	-		
WF003		Total staff costs (£)	Feb-23	-	16,664,824.49	£16,378,851	-	-		
WF004		Total other costs (£)	Feb-23	-	12,660,798	£11,612,066	-	-		
WF005		Agency staff costs (proportion %)	Feb-23	-	8.16%	9.3%	-	-		

% Progress towards Cost Improvement Target (CIP)



Total income (£)



Reporting Date	Performance	ROF #
Feb-23	170.0%	6.1

Threshold	YTD Mean	Benchmark
100% (equiv. 1%)	-	-

(Higher value represents better performance)

Variation Description

+ Assurance Description
Consistently hit target

Reporting Date	Performance	ROF #
Feb-23	-£1,159,261.00	6.1

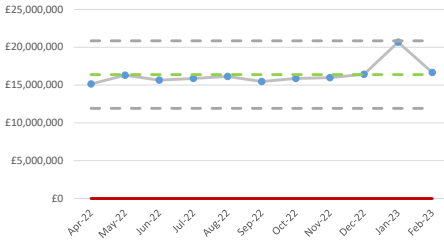
Threshold	YTD Mean	Benchmark
-	-£1,157,070.48	-

(Higher value represents better performance)

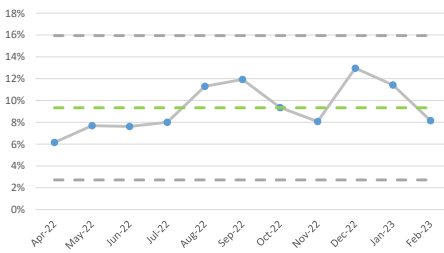
+ Variation Description
Common cause

Assurance Description

Total staff costs (£)



Agency staff costs (proportion %)



Reporting Date	Performance	ROF #
Feb-23	£16,664,824.49	6.1

Threshold	YTD Mean	Benchmark
-	£16,378,851.29	-

(Lower value represents better performance)

+ Variation Description
Common cause

Assurance Description

Reporting Date	Performance	ROF #
Feb-23	8.2%	6.1

Threshold	YTD Mean	Benchmark
-	9.3%	-

(Lower value represents better performance)

+ Variation Description
Common cause

Assurance Description

Issues / Performance Summary

% Progress towards Cost Improvement Target (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.

Total income (£):

- The result for February is an operational overspend of (£1.8m) with the YTD position now being an overspend of (£12.7m). 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

Total staff costs (£):

- YTD Employee Costs are currently (£8.0m) over budget.
- Largest spend are Medicine (£3.5m), Surgery (£3.0m) and Mental Health (£2.3m).

Agency staff costs (proportion %):

- YTD £13.2m.
- Over 75% of Agency spend is associated with Medical, Nursing & Midwifery staff, highlighting the workforce gaps in these areas.

Planned / Mitigation Actions

% Progress towards Cost Improvement Target (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 £9.9m (96%).

Total income (£):

- 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 £5.3m. 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.
- 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.

Agency staff costs (proportion %):

- 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 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.

Assurance / Recovery Trajectory

% Progress towards Cost Improvement Target (CIP):

- 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.

Total income (£):

- 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.
- 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.
- 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.

Agency staff costs (proportion %):

- 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%.



Draft Manx Care Management Accounts

March 2023

Financial Advisory Service

Draft Manx Care Management Accounts – March 2023

FINANCIAL SUMMARY

DRAFT MANX CARE FINANCIAL SUMMARY - 31 MARCH 2023										
	MONTH £'000				FY £'000				Mov't to Prior Month	Mov't to Prior Forecast
	Actual	Budget	Var (£)	Var (%)	Actual	Budget	Var (£)	Var (%)		
OPERATIONAL COSTS	21,070	23,572	2,501	11%	292,039	282,858	(9,181)	(3%)	4,314	(2,014)
Income	(2,137)	(1,274)	862	68%	(14,798)	(15,292)	(494)	(3%)	978	1,069
Employee Costs	12,632	14,820	2,188	15%	182,820	177,834	(4,986)	(3%)	2,677	(1,082)
Other Costs	10,575	10,026	(549)	(5%)	124,018	120,316	(3,701)	(3%)	659	(2,000)
DHSC RESERVE CLAIMS	1,125	0	(1,125)	-	5,275	0	(5,275)	-	(630)	(623)
TT/MGP Costs	0	0	0	-	357	0	(357)	-	0	0
High Cost Patients / Care Packages	479	0	(479)	-	3,724	0	(3,724)	-	(333)	0
Winter Pressures	(104)	0	104	-	403	0	(403)	-	453	127
S115 Aftercare	750	0	(750)	-	750	0	(750)	-	(750)	(750)
Foundation Doctors Rebate	0	0	0	-	41	0	(41)	-	0	0
FUND CLAIMS	4,508	0	(4,508)	-	24,010	0	(24,010)	-	(2,402)	1,747
Pay Award (Above 2%)	575	0	(575)	-	6,906	0	(6,906)	-	0	0
Medical Indemnity	83	0	(83)	-	1,131	0	(1,131)	-	(71)	(23)
Covid Costs	405	0	(405)	-	4,012	0	(4,012)	-	(303)	63
Covid Vaccination	72	0	(72)	-	1,025	0	(1,025)	-	89	14
Restoration & Recovery	2,507	0	(2,507)	-	9,934	0	(9,934)	-	(1,263)	1,151
Transformation Fund	864	0	(864)	-	1,003	0	(1,003)	-	(854)	542
ADD'N FUNDING - DHSC	26	0	(26)	-	578	0	(578)	-	155	19
111 Service	26	0	(26)	-	578	0	(578)	-	155	19
MANDATE INCOME	(26,729)	(23,572)	3,158	13%	(321,902)	(282,858)	39,044	14%	(1,437)	871
GRAND TOTAL	0	0	0	-	0	0	0	-	0	0

Draft Manx Care Management Accounts – March 2023

Overview

- The year end result is still provisional with some of the DHSC Reserve funding and Treasury contingency claims still to be finalised. Compared to the original budget set for Manx Care the full year operational overspend is (£9.2m). There is still a balance of £1.2m on the DHSC Reserve Fund and an underspend of £0.8m on the 111 service (where the budget is held by the DHSC) which will be netted against this position on consolidation. This means that the result is an overspend of (£7.2m). It is expected that this overspend will be covered by any budget not utilised by the DHSC and additional Treasury contingency claims.
- The operational overspend was higher than expected and further detail on the reasons for this and the cost pressures that could not be mitigated in year will be provided in the final Management Accounts report. Details on the employee costs and agency is provided below.
- Although there was an operational overspend the CIP for this financial year delivered £9.9m in savings, of which £7.3m are cash savings. Further detail is provided below.
- Draft variances by Care Group are in Appendix 1 and further details on the fund claims are included in Appendix 2.

Draft Manx Care Management Accounts – March 2023

Employee Costs

Full year employee Costs are (£5.0m) over budget.

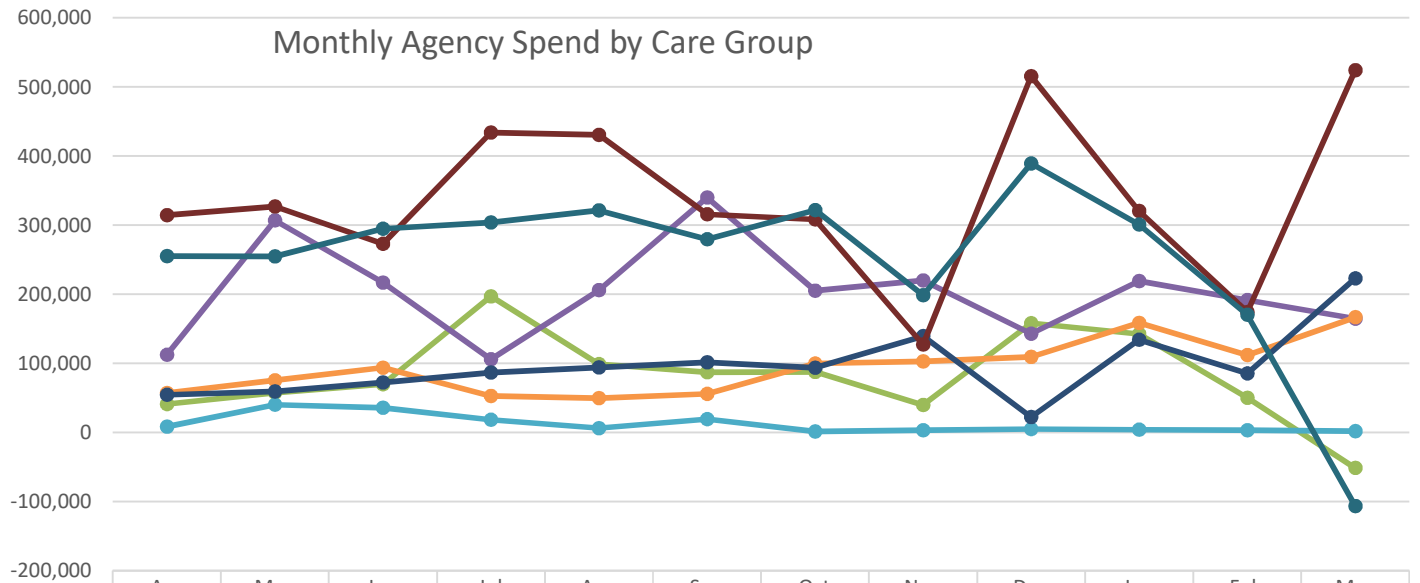
Agency spend was a significant factor driving this overspend, with a total spend YTD of £14.4m. This spend is broken down across Care Groups below.

The Care Groups with the largest spend are Medicine (£4.1m), Surgery (£3.0m) and Mental Health (£2.4m). The cost is primarily incurred to cover existing vacancies in those areas.

Following a peak in December costs have continued to reduce, which is primarily as a result of additional restrictions on agency spend introduced in January.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	Month Mov't
Total Agency £'000	932.0	1,254.3	1,192.7	1,226.0	1,331.0	1,364.3	1,176.9	959.2	1,486.1	1,397.6	1,032.8	1,003.0	14,355.9	-29.9
Corporate Services	45.4	49.1	29.2	-3.1	35.8	47.1	-0.5	51.9	66.7	42.7	162.9	-52.4	474.9	-215.3
Infrastructure & Hospital Operations	18.5	23.5	20.4	17	21.5	26.8	19	32	24.7	24.7	28.5	32.3	288.9	3.8
Integrated Cancer & Diagnostics Services	41.2	57.5	69.6	196.9	98.7	87	87.5	39.8	158	142.2	49.9	-51.5	976.8	-101.4
Integrated Mental Health Services	112.6	306.9	216.9	105.8	206	339.9	204.9	219.9	143	218.8	191.7	164.4	2,430.8	-27.3
Integrated Primary Care & Community	8.3	40	35.7	18.3	6.1	19	1.3	3.2	5.1	4.1	2.9	1.6	145.6	-1.3
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	166.6	1,133.0	54.8
Integrated Women, Children & Family	54.6	59.1	72.5	86.5	94.1	101.3	93.5	139.2	22.1	134.1	85.4	223.0	1,165.5	137.6
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	524.2	4,063.5	350.3
Nursing, Patient Safety & Governance	1.8	1.8	0.6	1.3	1.8	3.6	21.7	-4.5	13.9	-17.5	7.8	14.0	46.3	6.2
Operations Services	20.6	57.7	84.1	10.7	57	80	30.5	46.7	38.9	63.2	45.5	94.8	629.7	49.4
Surgery, Theatres, Critical Care	255.1	254.8	294.8	303.8	321.2	279.4	321.8	198.7	389.3	300.9	170.2	-106.6	2,983.4	-276.7
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	-7.6	17.5	-9.9

Draft Manx Care Management Accounts – March 2023



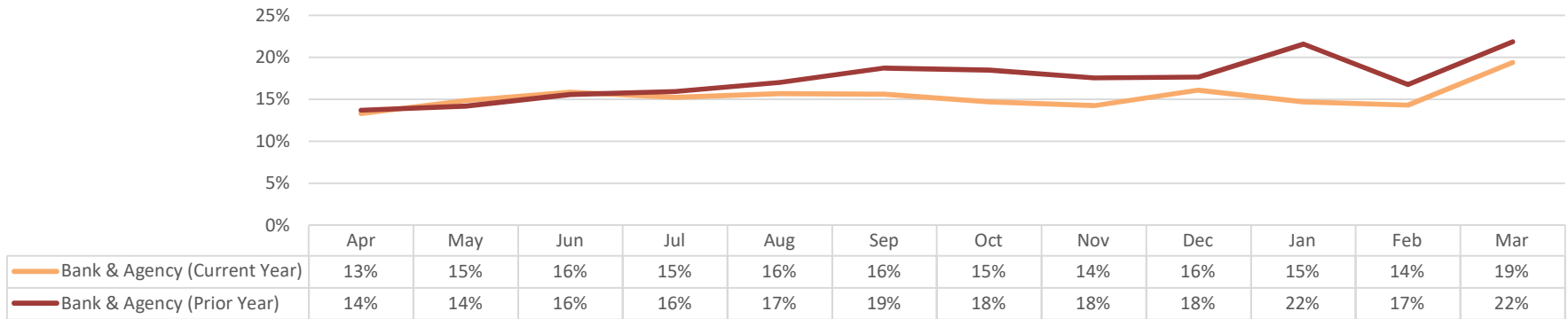
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Integrated Cancer & Diagnostics Services	41,184	57,477	69,621	196,948	98,707	87,028	87,485	39,820	158,026	142,237	49,921	-51,497
Integrated Mental Health Services	112,554	306,889	216,894	105,842	206,006	339,909	204,924	219,912	142,953	218,812	191,731	164,416
Integrated Primary Care & Community Services	8,288	40,022	35,737	18,271	6,078	19,005	1,279	3,164	5,052	4,141	2,915	1,628
Integrated Social Care Services	57,127	75,373	93,675	52,691	49,477	55,781	99,876	102,871	109,349	158,405	111,746	166,574
Integrated Women, Children & Family Services	54,575	59,090	72,515	86,519	94,081	101,303	93,465	139,180	22,106	134,115	85,445	223,027
Medicine, Urgent Care & Ambulance Service	314,135	326,783	272,814	434,173	430,503	315,627	308,159	127,205	515,517	320,423	173,968	524,247
Surgery, Theatres, Critical Care & Anaesthetics	255,092	254,763	294,757	303,757	321,215	279,372	321,819	198,699	389,310	300,932	170,158	-106,561

Draft Manx Care Management Accounts – March 2023

A key focus this year was on recruitment activity to address the 20% vacancy rate across the organisation. 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 has tracked closely against last year with an improvement showing in the last quarter.

YTD Bank & Agency Spend as % of Employee Costs



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.

Draft Manx Care Management Accounts – March 2023

Appendix 1 - Summary by Care Group as at 31st March 2023

OPERATIONAL COSTS BY CARE GROUP - 31 MARCH 2023				
	FY £'000			
	Actual	Budget	Var (£)	Var (%)
TOTAL BY CARE GROUP	297,315	288,133	(9,181)	(3%)
CLINICAL CARE GROUPS	278,001	265,161	(12,840)	(5%)
Medicine, Urgent Care & Ambulance Service	42,039	33,953	(8,086)	(24%)
Surgery, Theatres, Critical Care & Anaesthetics	38,899	36,015	(2,884)	(8%)
Integrated Cancer & Diagnostics Services	22,766	22,689	(77)	(0%)
Integrated Women, Children & Family Services	17,553	16,479	(1,074)	(7%)
Integrated Mental Health Services	25,260	25,519	259	1%
Integrated Primary Care & Community Services	56,410	59,108	2,698	5%
Integrated Social Care Services	50,805	50,890	85	0%
Tertiary Care Services	24,269	20,508	(3,762)	(18%)
SUPPORT & CORPORATE SERVICES	19,314	22,971	3,657	16%
Infrastructure & Hospital Operations	8,875	8,814	(61)	(1%)
Operations Services	3,490	3,196	(294)	(9%)
Nursing, Patient Safety & Governance Services	3,572	4,308	736	17%
Medical Director Services & Education	2,857	2,238	(619)	(28%)
Corporate Services	520	4,416	3,896	88%

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

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.