

The Health Services Consultative Committee

**Annual Report to DHSC Chief Officer and
Tynwald members**

1 April 2022 to 31 March 2023

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Chairperson Preface: 1st April 2022 – 31st March 2023

The HSCC is pleased to offer this annual report for consideration and appropriate action by the DHSC. During this reporting year four recurring themes have remained prominent namely funding, data, people and legislation.

Before commenting in more detail on these themes, the HSCC would like to thank officers at all levels within the DHSC and Manx Care for their willingness to meet and engage in transparent and honest conversations with our members. The exception below relates to human resource, for which as a shared service we have no direct remit. We hope that such engagement has been helpful, providing positive challenge through accurate scrutiny and feedback.

We also wish to acknowledge the loss of Manx Care's popular and effective Chair, Andrew Foster CBE, without whom Manx Care would not have been set up and run so effectively. His wise counsel and clear strategic thinking underpinned the smooth running of Manx Care.

Whilst the HSCC has no statutory power, it does have access to a wide range of information about governance and process within the health service. Its 9 hard-working independent members have attended in excess of 150 governance meetings, face-to-face meetings and public events during the year. Each contact results in a written report that is shared and discussed at monthly HSCC meetings. These reports allow us to analyse, draw conclusions, escalate concerns and make recommendations. The aim is to challenge those with executive power to make more informed choices, improve outcomes and to be brave in their actions. Section 1 of the Main report clarifies our ways of working and includes important information about forthcoming legislative changes to our Regulations. A map of HSCC governance links is found at Appendix 3, page 53.

During the first quarter (April – June 2022) the DHSC had a sudden, unexpected change of CEO. The HSCC observed a determined attempt to maintain business as usual, with some success, but we were also aware of the loss of an expert in policy and legislation that inevitably impeded progress. We are very disappointed to note that legislation change has since slowed further, with some major needs unmet. The most prominent example is the NHS Reform Bill, planned to enter the branches in December 2024 and now at risk of not being achieved in the lifetime of this parliament. This issue was acknowledged in the November 2022 Department meeting. There is clear evidence from the Island Plan, Transformation Project Key Milestones and DHSC Department minutes that legislative resource was diverted to address other urgent priorities.

The HSCC is not qualified to comment in detail on the process and outcome of the much publicised Employment Tribunal. However, it is self-evident that the time, effort and funds diverted to it in the past two years have clearly resulted in resource usage that could have been effectively invested elsewhere, notwithstanding the emotional impact upon all those involved.

The DHSC Ministerial change in September 2022 was soon reversed, with a further negative impact on progress whilst internal issues were resolved. The Assessment Letter from DHSC to Manx Care for 21-22 was delivered during this change period. It acknowledged improved relationships and positive foundations, and posed the challenge to increase pace with view to "Making the most of what is within our gift". The HSCC has observed Manx Care doing just that, including a concerted effort to articulate what could and could not be achieved within their funding envelope.

Funding consistently impacts upon the relationship between the Independent Health Review recommendations, political priorities and public perception. Manx Care, through its dialogue with DHSC officers and Public Board Meetings, has maintained its transparent and realistic ethos. It is an ambitious organisation, aiming to be 'one of the best person-centred sustainable health and care services'. The HSCC is disappointed that initial expectations for a long-term funding model have not yet materialised. The funding shortfall for 2023-24 and reducing Transformation Fund budget is of immense concern. As a result, Manx Care's long-term strategic plans remain stalled and the system is bound to a year-by-year survival model.

The continued lack of an integrated data system is a cause of deep concern. The HSCC has consistently recommended since 2017 that the admittedly high cost of introducing a core data set would be well worth the investment. 'Our Island Plan' acknowledges the fundamental link between economic success and good health. It commits our politicians to implementing the Independent Health Review Recommendations. The DHSC acknowledged in its Assessment Letter to Manx Care that 'work in the area of data automation and validation has been slow due to resource constraints'. The HSCC is seriously concerned that the Manx Care Record has made little progress; and that Manx Care has now admitted to looking for 'second choice' workarounds that are less effective and more time consuming. In January 2022 the Transformation Programme Office had indicated that a single solution contract could be starting within 18 months. Whilst the HSCC has no direct access to Transformation Programme (TP) work progress it still agrees with the TP Review by Sir Jonathan Michael in October 2021, which recommended that more effort was made between TP and Cabinet Office (CABO) to approach successful healthcare delivery in a more coordinated way.

Recruitment and retention of healthcare staff remains an international challenge. Manx Care's People Committee has attempted to make the Manx Care OHR function as visible as it can in the absence of a dedicated OHR function. At the same time, we have observed that OHR as a pan-Government service has hindered rather than helped; key people have been lost from both organisations with slow recruitment processes resulting in missed opportunities to fill vacancies, often for reasons that remain opaque. The Chief Minister's review of OHR commenced in May 2022, coinciding with the resignation of the service lead. The HSCC has seen neither the result of this review nor any impact on OHR service improvement despite repeatedly raising this concern in its monthly commentary to DHSC.

Public Health moved to the CABO in April 2020, in response to IHR recommendation 9. DHSC welcomed Public Health into a new advisor role from December 2022 but the HSCC notes the impact of their becoming, in effect, a shared service. The new remit to cover its functions pan-Government has in our view, resulted in a more diluted service relationship with the DHSC and Manx Care. We agree with the reasons why the DHSC may wish to seek a reversal of position.

During 2022-23 the HSCC has been more acutely aware of the complex relationships between political, financial and health service priorities. We hope that our politicians will have the courage to: take a long view of health care development goals; explain options clearly to the Manx public; and take the right decisions rather than the most popular ones. We commend our Key Recommendations to DHSC for their consideration and response by 18 August 2023.

In conclusion, it therefore seems appropriate to pose some general questions to the DHSC's CEO and its political partners: -

- To what extent is the Island willing to accept the reality of what is possible to do well within a small health care system?
 - Should Treasury act to raise sufficient funds to enable more than just 'making the most of what we have'?
 - Is the Island willing to pay for the proper implementation of best practice in digitisation, leading to safer, more efficient and effective services?
 - Is it really the right approach to retain some shared services such as Human Resource management?
 - Is current legislative progress good enough or should the planned changes be accelerated?
- Any written comments or questions on the HSCC annual report should be sent to hsc@gov.im

Our previous reports can be found at:

<https://www.gov.im/about-the-government/departments/health-and-social-care/health-services-consultative-committee/>

THE HEALTH SERVICES CONSULTATIVE COMMITTEE

Andrew Cole, Outgoing Chairperson

31st May 2023

Executive Summary 2022-2023

The Health Services Consultative Committee (the HSCC) Annual Report provides Tynwald members and the Department of Health and Social Care (the DHSC) with independent scrutiny and advice on the activity, performance and quality of the health services on the Island. During this reporting period, the HSCC has been offered more extensive and transparent access to Manx Care's governance committees. The HSCC appreciates the cooperation of DHSC and Manx Care senior leadership and officers with sharing appropriate information.

Throughout the year the HSCC members have attended DHSC governance committees – see Appendix 3, page 53 for HSCC member links to DHSC officers. HSCC members each prepare an annual report for their scrutiny areas for inclusion in the HSCC Annual Report, each report culminating in a recommendation, which they consider to be a priority issue. Details of our ways of working can be found in Main section 1, page 16.

HSCC Thematic Review of Recommendations 2018-22 see page 8

We have moved our review of previous years' recommendations from the appendices to form an important Thematic Review of the past 5 years. Common themes are clear and vital in the context of improving the rate and impact of health service transformation.

Overall Recommendation resulting from the Thematic Review 2018-22: - In order to enable Manx Care's ambition to be one of the best 'person-centred' sustainable health and care services the HSCC strongly recommends that a 3 to 5 year budgetary cycle is instigated, and the introduction of a Core Data set and Manx Care Record are achieved without further delay.

2022-23 Key HSCC recommendations to DHSC 2022-23 by scrutiny area are on page 13.

Main 1: The HSCC and its relationships. See page 16

The cessation of DHSC Strategy & Commissioning and Policy & Legislation governance committees in April 2022 led to a reduced efficacy of the HSCC's DHSC scrutiny. Although the Policy and Legislation Committee restarted in March 2023, there is still a lack of visibility on the strategies and rationale behind some major activities and decisions, especially those impacted by the Transformation Office and Public Health within CABO. While the Transformation team engaged effectively with Cancer charities for example, the HSCC lacked direct visibility of other Transformation work, such as Digital, where delays and costs do not support IHR 22's recommendation of "faster and further." Key aspects include wider access to Manx Care and worrying lack of access to digital transformation metrics. Potential forthcoming changes in our legal remit are discussed, including our agreed current position.

Main 2: DHSC policy and Strategy; Manx Care delivery See page 18

The Mandate specifies funding, service levels and quality standards for Manx Care. The Department must consider recommendations from the IHR, Island Plan and Public Health policy when formulating policy and strategy. Before finalising the Mandate, the Department must also consult with Manx Care. Slow progress in legislation and policy development, particularly with the Reform Bill, is hindering transformation in health and social care services. Manx Care's Annual Report highlights many positive developments but addressing legacy issues with limited funding and resources are delaying the implementation of NICE Technological Appraisals and many areas of transformation, particularly digital harmonisation and the Manx Care Record. Staff vacancies remain high while reliance on expensive bank and locum staff, and wage increase demands, add to the financial pressures.

Main 3: Health Governance –HSCC assessment See page 21

This section summarises the assessment of the quality of governance in the DHSC and Manx Care by the HSCC. Good governance attributes include transparency, responsibility, accountability, participation, and responsiveness to people. The HSCC assesses key governance areas based on records from meetings, reports, and high-level meetings. We observed both strong and weak governance models. The HSCC notes that challenges caused by the inadequate HR governance in both DHSC and Manx Care have sometimes placed undue pressure on individuals trying to provide an improving service.

Main 4: DHSC Department Plan (DP) & Island Plan (IP) Implementation See page 24

This section compares the progress made against Island Plan objectives by the DHSC's Department Plan. By setting out objectives that are not directly related to the former Programme for Government (P4G), the HSCC has concerns that ongoing projects and momentum from the P4G has been lost. We are positive about the DHSC providing Tynwald with an annual report each November, including a requirement to justify its staffing levels. DHSC underspend, resulting partly from vacancies in vital posts, has slowed down policy completion impacting upon Manx Care Cost Improvement plans, e.g. POLCE and slippage with legislative deadlines, e.g. NHS Reform Bill. We remain concerned about the lack of progress with policy and legislation to allow Manx Care to materially improve health and social care services.

Main 5: Integrated Care See page 28

Manx Care has established an Integrated Care Partnership Committee (ICPC) to oversee the population's Health & Wellbeing Partnerships, Community Frailty Service, Intermediate care, Local Area Coordination (LAC), Palliative & End of Life Care and Primary Care at Scale (PCAS). Monthly meetings are being held, and progress is being made in establishing Wellbeing Partnerships Hubs in all four sections of the Isle of Man. The Intermediate Care Project and Wellbeing Partnerships Hubs are demonstrating more integration and efficiency. Concerns remain about the lack of funding for the LAC, PCAS, and Eastern Wellbeing Partnership Hub, and the multiple record systems that pose a risk of missing information and create barriers to true integrated ways of working. While some mandate objectives have been partially met, there is still a long way to go, and funding should be provided urgently to address these concerns.

HSCC member annual reports See pages 30 to 41**DHSC Consultations and communications** See page 30

Consultations focused on developing a National Autism Strategy garnered an encouraging 392 responses and well attended drop-in sessions. This involved significant work but concern over delayed implementation has been acknowledged. The Consultation and Engagement Hub is not used as intended. Work force culture improved with increasing voluntary engagement with public, patients and users. Collaboration across Government Departments, Manx Care and the Third Sector has been encouraging. Patient, Public and Service User Representatives (PPSU) and the Engagement forum demonstrate strong communications. Commitment to implement the Engagement strategy will further strengthen communications and public engagement, as will an improved IOMG website for first point of contact for information and feedback.

DHSC Engagement Forum (monthly) See page 31

The well-attended Engagement forum (EF) meets monthly. External speakers/service users share their experiences. Identified items are escalated to DHSC Department meetings and followed up. EF has acted on at least 7 major initiatives, for example Gender Identity, Autism and discharge of patients from secondary to primary care. Significant progress has been made with many of these initiatives e.g. the set-up of the Appropriate Adult Service. However, despite numerous efforts, others still need addressing e.g. lack of Respite Care provision which has now been escalated to the Mandate Team. The Engagement Strategy is in place and its Implementation Plan is being finalised. Encouragingly, the DHSC Engagement Team are working more closely with the Manx Care Engagement Team.

DHSC Mandate Assurance (monthly) See page 32

The Mandate creation process has been improved with collaborative work during the 22-23 Mandate production. Communication with stakeholders has been more effective, and the annual creation process has become more workable. The MAM format has evolved from a quarterly meeting to a more effective monthly Oversight Group. Remaining issues include data sharing mainly due to the lack of an automated core data set. A more mature approach between DHSC and Manx Care resulted in clearer separation of policy and delivery in tandem with more effective communication.

DHSC Policy and Legislation (monthly) See page 33

In 2022, high level personnel changes impeded progress with the departure of a former DHSC Minister and newly appointed CEO. Two more changes at ministerial level occurred during the year, and an interim ICEO was appointed in July. The Policy and Legislation Committee was disbanded as part of an internal governance review in April 2022, with its work integrated into the fortnightly Department meeting. The Complaints Regulations were prepared and amended, with vires provided by the Manx Care (Amendment) Act. However, legislation delivery has not met published deadlines, and other planned legislation has slipped down the agenda, for example the Regulation of Care Act due during 2022 now forecast in spring 2024.

Political Activity

Delays to the updating of Hansard have made the timely reporting of political activity challenging at times, but the HSCC is pleased to report an improvement in access to written questions and answers via a useful filter on the Tynwald website. Our 2021-22 political activity annual report recommended urgent prioritisation of the actions arising from the Manx Care Act 2021 amendment in order to progress complaints legislation and to establish an interim Health and Social Care Ombudsman Body. Healthcare legislation was duly passed in July 2022 to allow for the creation of a Health and Social Care Ombudsman Body (HSCOB) with effect from October 2022. Delays ensued with appointments but it was confirmed in Tynwald Court on 21st February 2023 that Appointments Commission interviews were due to be completed by the end of February, followed by a short period of induction before the newly formed Ombudsman body would be able to formally commence its proceedings and consider cases.

DHSC Quality and Safety (monthly) See page 34

The external inspection process has been well-managed and CQC inspection reports have been completed across the majority of health and social care services. Regular monthly meetings with set agenda items and supporting reports have been well-attended and well-managed. The Department has lacked full assurance of quality and safety of services due to incomplete provision of requested data from Manx Care, with only 56% provided in March 2023. After initial ineffective communication with Manx Care to address this, a more collaborative approach is now being pursued to align Department requests with what Manx Care can provide.

DHSC Strategy, Finance and Commissioning (monthly) See page 35

The Department faced significant pressures during the interregnum between Strategy and commissioning leads, and the lack of an Executive Director during Q3 2022 and Q4 2023. However, the 2021-22 HSCC recommendation for improved teamwork culture was largely implemented. Progress with implementation of strategic, financial, and commissioning work was hampered due to lack of capacity and changes in political priority and leadership styles.

Manx Care Audit (bi-monthly) See page 36

HSCC observations commenced in May 2022. The committee had transitioned from DHSC to Manx Care Audit and Risk Committee, leading to a culture shift from blame to improvement. Key treasury representation began in Jan 2021, and 3rd party contracts were drafted in Feb 2021. The Audit Committee has conducted key audits resulting in greater transparency on good practices and areas of concern. The committee now also reviews processes such as Pre-Employment checks through the Office of Human Resources.

Manx Care Communications See page 37

The HSCC welcomes the increase in Governance committee monthly observations. Recruitment of two internal communication posts and Communication Champions is encouraging as is the consistent and timely output by the Expertise and Engagement team. Frequent transparent sharing of information to the public includes the first Annual Public Meeting and the CEO answering questions live via Mannin Line bi-monthly. Manx Care Advice and Liaison Service (MCALS) and the Friends and Family Test (FFT) is welcomed despite some complexities with consistent promotion of MCALS and with patient access to the FFT. Manx Care has used its limited resources efficiently to prioritise culture change within and beyond its organisation.

Manx Care Digital & Informatics (bi-monthly) See page 38

The HSCC only started observing the committee in July 2022. The D&I Committee has been successful in improving data collection, allowing for greater scrutiny and service delivery, particularly in the area of patient discharge. Manx Care has partnered with Liverpool to procure a Care Record system for Acute care, which could aid in the creation of a Manx Care Record system. The committee's bi-monthly meetings have been well attended, with good quality information and reporting. The committee has made progress in identifying and clarifying historic legacy issues related to software and support processes. However, there are insufficient manpower and finance resources to address the numerous legacy-related issues that continue to be exposed, including the identification of 197 different software systems.

Manx Care Finance Performance & Commissioning (monthly) See page 39

HSCC observations commenced in May 2022. The Committee has matured over time by learning from the lessons of the previous year and developing more focused agendas with specific inputs and outputs. The Committee has prioritised governance items and given them a meeting-by-meeting priority focus. However, the lack of understanding and support from HR, inadequate reporting from PiP and core data interrogation are serious barriers to planning and retention of financial control. Examples include lack of staff timesheet visibility, restricting staff appointments to limited term if classed as transformation work and lack of visibility on planning for potential prescription and dental charge changes.

Manx Care People (monthly) See page 40

The HSCC has attended the People Committee since July 2022 to observe the service provided under the SLA by OHR to Manx Care. The Committee provides a forum for HSCC scrutiny of the HR function in Manx Care, progress in workforce engagement, and in the development of a fit for purpose workforce model. Manx Care has raised concerns about the reliability of the data provided to the Committee by OHR, which is holding back the development of a fit for purpose workforce model and hampering attempts to address all key "Competition for staff leading to critical shortages" indicators on the Board Assurance Framework.

Manx Care Quality Safety & Engagement (monthly) See page 41

HSCC observations commenced in June 2022. Regular governance group reporting shows continuous improvements to quality and safety governance and risk management. The monthly Integrated Performance Report has been developed to include better data quality with analysis aligned to the 5 QSC domains, providing detailed insight across all the care groups. A monthly Horizon Scan also provides regular oversight. Other achievements are reductions in waiting lists and obtaining full AfPP Theatre accreditation. However, slow progress has been made in improving mandatory training and safeguarding, which were highlighted in CQC inspection reports, and updating the numerous of out of date policies which Manx Care inherited is taking up valuable time and funding resource.

Lee Clarke, Incoming Chairperson

May 31st 2023

Thematic Review of HSCC Annual Report Key Recommendations 2018-2022

Overview

The HSCC Key Recommendations 2018 – 2022 have formed the basis for this overview. They have their roots in Tynwald’s decision to require an independent annual view of the activity, performance and quality of the Island’s health services. This thematic review results from the analysis of more than 100 observations each year, in up to 12 established scrutiny areas, by independently appointed lay members of the HSCC.

In 2019 the HSCC was able to map its previous 5 years of recommendations to all 26 recommendations in the Independent Health Review (IHR). This is very strong evidence of the HSCC’s efficacy. We are confident that we have continued to highlight and escalate the most important issues to the DHSC, its political members and to Tynwald.

Our key recommendations over the last five years 2018 – 2022 reflect disappointment with the pace of change. The IHR review of the IOM Health and Care Transformation Programme in October 2021 reflected our primary concerns regarding core data management, integrated care funding and integrated IT systems across the health estate with clear pathways for on and off-Island activity, all underpinned by a 3 to 5 year budgetary cycle.

In spite of progress in many areas there are notable gaps in the “Outline Transformation Plan” of the 2019 IHR report. Initiatives and developments have not adhered to the envisaged time line. The HSCC’s key recommendations have reinforced the importance of taking timely action. We provide clear evidence of success when this has happened and of compounded financial, strategic and operational challenges when it has not. Whilst the HSCC can recommend but not enforce, recurring themes in its annual recommendations are highly significant because they shine a light on the DHSC’s progress against its given objectives.

Recurring themes

Legislation as the basis for policy IHR 2, 5, 8

- Significant legislative actions are 2 years behind the IHR’s envisaged timeframe, specifically Regulation of Care and NHS Reform as enabling primary legislation plus in excess of 5 sections of secondary legislation.
- Properly planned and resourced Integrated Care has stalled as a result.

Strategy IHR 3, 6 - 7, 9 - 16, 21 – 24

- Pan-government operating approaches impede progress with screening (Public Health), efficient recruitment and retention (OHR), and core data set (GTS and Digital Strategy).
- Lack of a core data set and Manx Care Record result in significant safety and quality risks. Systems are not in place to address the complex and multiple risks identified in the CQC inspection (Q3-4 2022/3).

Funding IHR 17-20

- Risk of financial constraints taking priority over patient safety
- Lack of a 3 to 5 year financial planning cycle and flexible funding arrangements
- Core data set and Manx Care Record receding from view due to lack of early implementation and escalating projected cost.

Workforce IHR 25

- Insufficient progress and accountability for mandatory training compliance.
- Control and accountability need greater focus with OHR specifically required to meet challenges posed by weak recruitment, commissioning of services and staff retention
- Consistently high vacancy rate for substantive posts.

For the summary recommendation from recurring recommendation themes above (see HSCC analysis and Executive Summary, page 6)

Narrative by HSCC recommendation (Year indicated as appropriate)

Policy and Legislation (HSCC R6 R7 R8 R12 R13)

20-22 The Health and Social Care Ombudsman Body was constituted under the Manx Care amendment Act 2022. Other aspects of primary and secondary legislation have not been completed.

19-20 The Manx Care Act was passed in 2021. Regulation of Care, NHS Reform, Capacity and Children and Young Persons legislation are not on schedule, originally envisaged as mid-2021.

18-19 Integrated Care Strategy awaits proper enabling legislation and funding.

17-21 The HSCC consistently advised continuing implementation of the West Midlands Quality Review Service recommendations, referenced from IOMG Health and Wellbeing web page.

Strategy, Resourcing and Funding (HSCC R4, R11)

17/18 Better Financial and Commissioning Governance was required

17-18 Additional resourcing was required to accelerate progress with contracts and compliance.

19-21 Analysis reveals a thread that poor processes impede patient safety, which should be at the centre of all business cases, budgetary, resource and facility changes. Lack of well-governed 3 to 5 year budgetary planning cycle has resulted in the employment of temporary solutions e.g. frequent use of FD8 waivers.

17-22 The strategic development of Cancer care (**HSCC R1, R2**) has shown improvement as a result of effective transformation work. There are now firm links with the Merseyside and Cheshire Cancer Alliance and a clinical link with Meditech and Clatterbridge. Third sector Cancer charities have been engaged in working with the CEO to discuss what support they can offer but need clarity regarding commissioning.

21-22 Tumour site pathways development is paused until March 2023.

17-22 Mental Health (**HSCC R5 – 8**) plans have progressed but delays with implementation remains a concern, for example support for our young and vulnerable people, autism strategy, and CAMHS resourcing.

Workforce and Culture (HSCC R6 R7 R10)

17-22 The HSCC's nurse-recruitment recommendation narrative throughout the review period reflects very positively on outcomes. Whilst nursing vacancy rates remain high, training arrangements and recruitment have dramatically improved.

21-22 OHR is engaged in workforce planning and although part of shared services has a Service Level Agreement to support Manx Care.

20-21 Manx Care still lack control of an effective OHR function. Control and accountability need a much greater focus with OHR specifically required to meet challenges.

19-20, 20-21 Compliance with mandatory training is still poor due to staffing challenges and the complexity of access to e-Learn Vannin.

Communications and Public Engagement (HSCC R2 R3 R4 R5)

20-21 The challenge is to increase frequency and ensure that in public engagement high standards are maintained using every opportunity to educate as well as inform. DHSC showed this with the Covid vaccination campaign and should return to it in other spheres.

20-22 The Engagement Forum (EF) was established in April 2021 to ensure that action plans resulting from surveys are put in place. It is proving effective in escalating concerns to QSC.

18-19, 21-22 Mental health strategy comes under the EF. Developments have taken place but many challenges remain, including vacancies and significant staff absence. Some areas have been escalated e.g. transgender issues and the Autism strategy to Strategy and Commissioning; and respite Care and Hospice Services to the QSC.

21-22 Links have been made with the third sector to support young/vulnerable people. Long term implications of the pandemic are having far reaching effects. Work in this area is on-going.

Public Health (PH) (HSCC R10, R12)

17-18 The HSCC recommended DHSC ensure governance procedures for all screening services are improved and gain approval by the Director of Public Health as appropriate and adequate. This area has been less visible to the HSCC since April 2021.

18-19 Public Health resources and commitments have been limited to specific workstreams, e.g. Joint Strategic Needs Assessments. Recruitment issues related to lack of resource have impacted on the rate of progress. This situation appears to the HSCC to have worsened following the retirement of full time Director in May 2022 and replacement with a qualified but off-Island part time Director. The frequent non-attendance of Public Health at many tripartite governance meetings is a concern.

19-20 The absence of a robust Service Level Agreement with Public Health brings risk to quality and outcome for programmes being delivered on behalf of Public Health.

Quality and Safety (HSCC R2 R10 R11)

17-22 Over the past five years a key recommendation about integrated data provision has been presented annually as it is at the heart of patient safety. The IHR Outline Transformation Plan envisaged completion of an options analysis for procurement of the required elements for a fully integrated digital system by mid-2021. The ideal would be a Manx Care Record that enables interrogation of data in real time. Without this there is a serious risk to quality and safety. Following CQC's inspection visits (2022 Q3 Q4) it is imperative that systems are in place to address issues arising from them.

HSCC Analysis

Over the analysis period much hard work, effort, progress and set-backs have been observed in both DHSC and Manx Care. In spite of the Covid pandemic, and changes in political appointments and administration some progress is evident. Much, however, remains to be done. To reach Sir Jonathan Michael's ambition for "further and faster" (IHR follow up report October 2021), a 3 to 5-year budgetary cycle and the introduction of the Core Data set and Manx Care Record must be achieved.

To this end the HSCC submits the following overall recommendation from the recurring themes (repeated in the Executive Summary, page 6): -

In order to enable Manx Care's ambition to be one of the best 'person-centred' sustainable health and care services, the HSCC strongly recommends that a 3 to 5 year budgetary cycle is instigated, and the introduction of a Core Data set and the Manx Care Record are achieved without further delay.

HSCC Key Recommendations to DHSC 2022-23

The HSCC recommends that:

R1	Consultations and communications	In line with IHR 1 the completed Engagement Strategy is implemented as soon as possible along with the tools that facilitate significantly improved public engagement, including IOMG website as first point of contact for information and feedback.
R2	Engagement	The Engagement Forum needs to demonstrate progress in three key areas- Autism Strategy development, Respite Care Review and monitoring patient discharge planning.
R3	Mandate Assurance	The DHSC urgently allocates resource to support Mandate Objective 6 with respect to the development of an agreed sustainable funding model.
R4	Policy and Legislation	The DHSC prioritises the use of allocated funding to sustainably address the insufficient staffing that is seriously impacting on the capacity of legislation and policy teams to deliver the Government's health and social care legislative programme.
R5	Quality and Safety	The DHSC collaborate with Manx Care and with the Transformation Data team as a priority regarding the implementation of IHR 22,23 & 24 to ensure the systematic capture of accurate data to create a core data set. This is essential to assure best practice quality, safety and risk management.
R6	Strategy, finance and commissioning	The DHSC prioritises actions in partnership with Manx Care to accelerate the completion of financial negotiations, policies and strategic decision-making.

HSCC Manx Care Conclusions 2022-23

The HSCC concludes that:

C1	Manx Care Audit	This committee will have sufficient capacity to drive service improvement in 2023-24 only if sufficient resources are allocated to allow effective work to continue.
C2	Manx Care Communications	Manx Care has used its limited resources efficiently to prioritise culture change within and beyond its organisation. Further development of effective communication is possible if DHSC and Treasury make a commensurate effort.
C3	Manx Care Digital & Informatics	The D&I Committee has managed to generate more accurate data over the last 12 months. However, lack of funding and resources is inhibiting the instigation of an alternative to the MxC record and the urgent development and updating of the current software and hardware estate.
C4	Manx Care Finance Performance and Commissioning	The Finance, Performance and Commissioning committee is very effective. Experts at the table enable strategic, high level discharge of its functions. If the barriers to achieving properly planned funding were removed then greater impact and effectiveness would be rapidly enabled because specific long-term plans are ready and waiting. If the agreed funding formula were to be honoured for 23/24 and in the future, and a 3 to 5 year budget-planning model were in place, Manx Care would have the confidence to maintain and grow its services for the whole population.
C5	Manx Care People	The Manx Care People Committee needs to be able to rely upon the data provided by OHR, which it currently can't. This is inhibiting effective strategic workforce planning and is making it difficult to tackle the challenges of recruitment and retention effectively.
C6	Manx Care Quality Safety & Engagement	Manx Care has worked hard to build a foundation of governance and risk management systems. The next challenge is to ensure the effective use of data collected to drive continuous improvement. The HSCC acknowledges the benefit of developing alliances with tertiary providers, the benefit of alignment of data systems and benchmarking against best practice.

**Lead scrutiny responsibilities within the Health Services Consultative Committee
With effect from 31 March 2023**

<p>HSCC Lead: Louise Strickett (LS) COMMUNICATIONS</p> <p>DHSC Engagement Forum</p> <p>People (deputy) Governance (deputy)</p> <p>Mandate objective 2, 4 IHR rec 1,2, 26</p>	<p>HSCC Lead: Margaret Simpson (MS) ENGAGEMENT</p> <p>DHSC Engagement Forum Manx Care Integrated Care Partnership Board</p> <p>Integrated Care (deputy)</p> <p>Mandate objectives 4, 5, 7, 9 IHR rec 1, 12</p>
<p>HSCC Lead: Carol Bamford (CB) FUNDING REFORM</p> <p>MxC Finance, Performance and Commissioning Improvement (deputy)</p> <p>Mandate objectives 6 IHR rec 16,17,19,20</p>	<p>HSCC Lead: Andrew Cole (AC) GOVERNANCE</p> <p>DHSC System Oversight Group (MAM) Funding Reform (deputy)</p> <p>Mandate objectives 4, 5, 6 IHR rec 24</p>
<p>HSCC Lead: Lee Clarke (LC) INTEGRATED CARE</p> <p>DHSC Departmental meeting MxC Integrated Care Partnership Board Engagement (deputy)</p> <p>Mandate objective 3,10 IHR rec 12</p>	<p>HSCC Lead: Judy Thornley (JT) IMPROVEMENT</p> <p>DHSC System Oversight Group (MAM) DHSC Quality and Safety Committee MxC Quality, Safety and Engagement Committee</p> <p>Mandate objectives 4, 5, 7 IHR rec 3,4, 22, 24</p>
<p>HSCC Lead: Annette Baker (AB) PEOPLE</p> <p>MxC People Committee DHSC Policy and legislation Political activity (deputy)</p> <p>Mandate objective 9 IHR rec 25</p>	<p>HSCC Lead: Jim Riley POLITICAL ACTIVITY</p> <p>Tynwald, HoK, Written Qs, PAC, SAPRC Manx Care Public Board meeting lead</p> <p>Quality & Safety (deputy)</p> <p>Mandate objective 4, 5, 7 IHR rec 5,8</p>
<p>HSCC Lead: Mike Johnson SERVICE DESIGN</p> <p>MxC Audit MxC Digital and Informatics</p> <p>Island Plan, Communications (deputy)</p> <p>Mandate 1, 8, 11 IHR rec 11,13,21, 22,23,24</p>	<p>PAN GOVERNMENT ISSUES ALL MEMBERS</p> <p>Island Plan: (Mandate 12) Leads LC, MJ</p> <p>Public Health: (Mandate 1,11) Leads LC, LS</p> <p>Transformation: (Mandate 10) – Leads LS, MJ IHR 6,7,9,10,18</p>

Main 1: The HSCC and its Relationships

HSCC Scope 2022-23:

Section 2 of the NHS Act 2001 gives the HSCC a wide remit to tender to the Department its views on 'any general matters relating to the services provided under this Act'. The Manx Care Act 2021 extended this remit to include services provided under the Manx Care Act. This arguably extends its remit to include social care, but this would be beyond the capacity of the committee as constituted.

It is logical that the HSCC remit should include all the matters considered by Sir Jonathan Michael in his Independent Review of the Health and Care Services. Therefore, since January 2023 the HSCC has aligned its scrutiny and reporting against recommendations in the Independent Health review (2019) and with the Mandate Objectives (set annually by DHSC). This approach has Ministerial support, confirmed in January 2023.

The 2021-22 legal position has not changed because development of the NHS Reform Bill is still at an early stage. The HSCC has developed its interim position to embrace a significantly wider range of observation across the DHSC and Manx Care, with the support of the DHSC. Both the HSCC and Manx Care have welcomed this approach. DHSC Mandate team officers have also regularly consulted the HSCC about the Mandate development process.

The HSCC is required to focus on the ACTIVITY, PERFORMANCE and QUALITY of health service provision by the DHSC. It does not become involved in complaints, staffing matters or issues for which others already provide a service. Neither is it qualified to comment on any aspect of clinical effectiveness.

HSCC engagement:

Consultation: The HSCC engages with relevant consultation subjects through the IOM Government Consultation Hub, direct requests for feedback such as that from the Mandate Assurance team, and by direct approach to relevant people and groups within our remit.

DHSC: HSCC members attend, scrutinise and report to their own monthly meetings. DHSC meetings are chaired by the Minister and combine consultation, policy, legislation, quality and safety, strategy, finance and commissioning. Separate committees cover Mandate Assurance, Engagement and Policy & Legislation (latter reinstated March 23).

Manx Care: HSCC members attend, observe and report to their own monthly meetings. Committees are chaired by Non-Executive Directors and are separated into audit; digital and informatics; finance, performance and commissioning; integrated care; people; and quality, safety and engagement.

Manx Care Public Board meetings (PBM): Since their inception soon after the creation of Manx Care, Public Board meetings have been a rich source of information to the general public and to specific political and lay groups. The HSCC attends and reports on all PBMs but does not ask public questions as this would potentially introduce conflicts of interest.

Public Health: The HSCC has had no direct interaction with Public Health since the change of Director but it is noted that the most recent cancer intelligence report was in 2018; and that there has been no published report by the Director since 2019. The most recent consultations were in 2019 (Hemp production and Cannabis prescribing).

Transformation Project: The HSCC has no regulated access to the work of this team, therefore we rely on the very limited information in their quarterly newsletters and on information shared by the DHSC. This does limit our ability to assess the impact of the Transformation structure and its relationships on its ability to move forward with sustained and agreed projects.

HSCC Reporting

The HSCC provides this Annual Report to the DHSC CEO, Tynwald members and to the public via the HSCC web page.

We report during each reporting year via informal notes of contact with key officers, quarterly bullet points to the ICEO and through relevant consultations.

HSCC Analysis

Improved and transparent access: During this reporting period the HSCC has enjoyed an enhanced level of access to the activity, performance and quality of Manx Care services. We are grateful to the DHSC Quality, Safety and Engagement leads, to their Mandate Assurance Officers and to all Manx Care senior leaders for engaging with us and sharing appropriate information.

Reduced scrutiny efficacy: There was sudden loss of visibility on specific work streams when DHSC Strategy & Commissioning and Policy & Legislation governance committees were stopped during spring 2022. It is encouraging to note that the Policy and Legislation Committee re-started in March 2023. We acknowledge that clear effort has been made during Q4 to include Legislation in DHSC Department meeting agendas.

Lack of visibility: We remain concerned that we do not have a full picture of the strategies and rationale behind some major activities and decisions, especially those impacted by the Transformation Office and by Public Health.

The Transformation team should be commended for the way they engaged effectively with Cancer charities, for example when HSCC members were invited to attend a cancer tumour-site presentation we gained valuable insight into the thorough analytical process that led to a successful business case. In contrast we lack direct visibility of other Transformation work, for example Digital, where we note lengthening delays and costs that do not support IHR 22 'faster and further' recommendation.

There is substantive evidence that, whilst Public Health is required to offer pan-Government advice in accordance with IHR 9, its resourcing and direction are still too far removed from both DHSC and Manx Care to be effective. Public Health needs assessments are important for the development of meaningful service delivery models IHR 10.

The Transformation Political Board (TPB), set up pursuant to IHR 26, has a remit to ensure access to the resources required to transform the health and care system, including to human resources and finance. It is also required to address identified issues or obstructions to progress. The examples above show that the TPB needs regular review. The HSCC would welcome enhanced visibility of such issues and the actions taken to address them.

Changes to the HSCC legal remit:

DHSC officers, the Minister and HSCC members have maintained a robust and ongoing dialogue around the changes that need to be made to redefine the HSCC remit to take into account the recommendations of the IHR, the changed role of the DHSC and the delivery of services by Manx Care. This will involve changes to the primary and secondary legislation.

The HSCC's position is that it should: -

- continue to have scrutiny of the activity and performance of the DHSC
- have scrutiny of the services being delivered by Manx Care
- have a direct relationship with the Transformation Team
- remain independent
- continue to report to the CEO of the DHSC
- retain the word 'shall' in the legislation so that both the DHSC and Manx Care shall take notice of its views
- replace the words 'activity, performance and quality' with 'performance, quality and effectiveness' in the regulations.

Main 2: DHSC Policy and Strategy; Manx Care delivery

Sir Jonathan Michael's Independent Health Review of the Island's Health and Care Services 2019 (the IHR) made 26 recommendations, which Tynwald committed to implement. The 26 recommendations are set out in Appendix 1. Recommendation 2 recommended that the setting of priorities and the development of policy be separate from the delivery of services. The Manx Care Act 2021, which came into effect on 1 April 2021, established Manx Care as an arm's length organisation to be responsible for the delivery or commissioning from other providers of health and social care services. The DHSC (the Department) retained responsibility for setting policy and strategy and overall responsibility for the provision of health and social care services.

Sir Jonathan Michael produced his follow up report in October 2021. Appendix 2 provides his summary of progress against each of the IHR recommendations which had an underlying theme of the need 'to go further and faster'.

Section 14 of the Manx Care Act 2021 requires the Department to publish a mandate, laid before and approved by Tynwald, setting out the objectives that the Department considers Manx Care should achieve during that financial year and such subsequent years as the Department considers appropriate. The Mandate sets out allocated funding for the year and the service levels and quality standards Manx Care must comply with in the exercise of its functions. In setting its policy and strategy, the Department must take account of the recommendations of the IHR and the health and social care provisions contained in the Island Plan and Public Health policy. The Department's vision, values and policies are set out in the Health and Social Care Department Plan 2022-23.

The HSCC has had visibility of Manx Care's performance against the Department's objectives primarily through attendance at the Mandate Assurance meetings, now re-named Oversight Group meetings, through attendance at both the Department and Manx Care's governance meetings and observing the Manx Care public board meetings. The Department's overriding policy for 2022-23 was to create a health and social system that is efficient, effective, fair and sustainable 'delivering 'the right care at the right time in the right pace'. The main policy areas are listed below, with Mandate objective numbers in brackets and Recommendation numbers, where applicable, and some significant examples of Manx Care's delivery against the objectives and recommendations in 2022-23.

1. People focused – engage with patients and service users (2) Rec 1
The Manx Care Advice and Liaison Service (MCALS) has been a real success in dealing efficiently with queries of service users. Complaint handling has significantly improved – 100% compliance with the new Complaints Regulations was achieved by the end of 2022.
2. Monitoring of performance, quality and safety, risk management (4) Rec 5
Starting from a low baseline, Manx Care has worked hard to achieve continuous improvement in the development of quality and safety governance, clinical and care dashboards, integrated performance reports, serious incident reporting and mortality reviews; and has made progress in updating many of the out-of-date policies and procedures it inherited.
3. Sustainable – achieving financial balance – financial governance (6) Recs 17, 18, 19, 20
There has been significant progress in financial management and CIP development, resulting in £9.9m savings of which £7.3m were cash savings. In February 2023 Manx Care had forecast that it would achieve financial balance at the year end, with some agreed assistance from the Department's contingency fund and the Transformation fund. Unexpected adverse movement in the tertiary forecast including unexpected employee costs (especially agency staffing to cover vacancies in medicine, surgery and mental health) resulted in a provisional year-end overspend of £9.2m. Though disappointing this represents a small proportion of the overall budget in a difficult year of all-round rising costs.

4. Accessible, reduce/publish waiting lists - needs based (7) Recs 1 & 11
The partnership arrangement with Synaptic has greatly reduced orthopaedic and cataract waiting lists. The phase 3 recovery and restoration business case includes resource required to achieve 18-week referral to treatment target. Waiting list validation is underway with plans to publish waiting lists once validated.
5. Continuous improvement - External inspection to establish a baseline for improvement (8) Rec 3
CQC external inspections have been completed across all health and social care settings save for adult social care and children's services where Ofsted inspections are now underway and Manx Care are preparing action plans for review by the Department.
6. More care in the community - integrated care (3) and primary care at scale (10) Rec 15
Western, Southern and Northern wellbeing hubs are established, though the North still awaits a public counter. Treasury delay in approving the business case for the Eastern hub has held up progress. The planned project to develop primary care at scale was put on hold in September 2022. The Integrated Care Project plan has been completed but funding approval is awaited to continue this work. Multiple separate digital recording systems are being used across the services. The development of the Manx Care record is essential to achieving fully integrated working. The HSCC awaits visibility of any progress.
7. Better use of digital resource, the capturing and effective use of data and technology Recs 21,22,23 & 24
There is no specific objective for this, but it impacts across all areas. Manx Care has completed a baseline assessment of the digital infrastructure and software it inherited, much of which requires replacing or upgrading. Due to the shared service arrangement there appears to be lack of clarity as to who is responsible for the cost of replacement. Updating the digital estate to produce an integrated system to produce a core data set and the much-awaited Manx Care Record are Transformation projects and the HSCC has little visibility of the progress being made with these vital parts of transformation.

HSCC Analysis

A clear statement is made in the section 'An Island of health and wellbeing' in the 2022-2023 Island Plan that "over the lifetime of this Plan **we will:** Ensure the Health and Care Transformation project is delivering the recommendations of the Sir Jonathan Michael review." See Appendix 2, Summary of progress against IHR recommendations, page 49.

The Department has responsibility for establishing a comprehensive governance and accountability framework, aligned to agreed standards and underpinned, where necessary, by legislation (IHR Recommendation 2). The slow pace of legislation and policy development is holding back transformation, in particular the repeated delays in advancing the Reform Bill, which was intended to be the main piece of legislation underpinning the Island's health and social care services and was initially planned to follow on from the Manx Care Act but is now at risk of not being introduced in the current parliamentary administration.

Many of the mandated objectives require Manx Care to deliver transformative changes recommended in the IHR, where it was acknowledged (IHR Recommendations 18 & 19) that additional funding would be required. The Transformation fund was intended for this purpose but was almost halved for 2022-3, resulting in many transformation projects being put on hold. For example, the Primary Care at Scale business case was put on hold in September 2022 and it is now further delayed pending stabilisation of GP and pharmacy services. Implementation of Care Pathways, Same Day Emergency Care, Hear and Treat and Integrated Care business cases await approval. Lack of funding and resource is delaying implementation of NICE Technological Appraisals.

Before setting the Mandate annually, the Department must consult with and have due regard to the views of Manx Care and must keep Manx Care's delivery, its performance in achieving the mandated objectives, under review. Whilst Manx Care agreed in principle with the 2023-4 draft objectives, it has raised concerns that there is likely to be a significant gap in what can be achieved with the 2023-24 budget and that a consensus of priorities will need to be agreed with the Department.

Implementation of proposed Procedures of Limited Clinical Effectiveness and Over the Counter Medicine changes await completion of Department policy. Mandatory training has been held up awaiting integration of PIP and E-learn Vannin under the shared service with OHR and Oral health policy awaits steer from the Department and Public Health.

The Manx Care Annual Report highlights positive engagement with staff, there have been valuable consultant and radiology appointments, recent efforts have increased nurse appointments and there are plans to increase nurse training on-Island, but overall staff vacancy rates remain high at 20%. Having to make use of bank and locum staff is expensive and wage increase demands bring added financial pressures.

Many of the examples listed above show the impact of lack of funding on achieving the desired improvements. Not least of these is the need to deliver the Manx Care record and integration of digital systems to produce a single core data set, described by Sir Jonathan Michael in his 2021 Review as 'an essential component of transformation'. There is still no integration of Primary Care or Emergency Department records. The HSCC have expressed their strong conviction about the priority of this need in our DHSC Key Recommendations (see page 13).

IHR Recommendation 18 is clear that additional funding and dedicated specialist resources are required to deliver and implement the transformational changes successfully. IHR Recommendations 22,23 & 24 stress that it is essential to deliver a digital strategy to create a core data set for the management and assessment of services without delay and that the systematic capture of accurate data should be a priority for the Island's health and care services. Manx Care has worked extremely hard to improve quality and safety governance but is having to work with multiple systems, many of which require updating, and is having to use paper hospital records to manually produce quality dashboards and data for the monthly Integrated Performance Reports. Whilst Manx Care has done well to achieve the best quality and safety governance with the systems it has got, this highly inefficient process, on top of having to deal with many other legacy issues such as the huge task of updating the 2000 out of date policies Manx Care inherited, is taking up valuable time and resource from a limited budget, not helped by the fact that the Transformation Fund was halved for 2022-3.

Without the necessary political commitment and Treasury investment, particularly in the digital transformation that is expected in any modern health and care system, the IHR transformation project will fail to achieve its objective of creating a high quality health and care system for the Island.

Main 3: Health Governance – HSCC Assessment

Overview

The HSCC scrutinises activity, performance and quality of health services under the National Health Service Act 2001 and the Mandate to Manx Care under the Manx Care Act 2021. This section summarises our assessment of the quality of governance across key governance areas of the DHSC and of Manx Care. Assessments are based on records from HSCC meeting minutes, member scrutiny/observation reports and high-level meetings. Key governance areas are selected according to the governance structure of each organisation. Good governance attributes, according to respected bodies such as the Human Rights Council, include transparency, responsibility, accountability, participation and responsiveness to people.

Governance structures

Governance area	Frequency	HSCC evaluation
Audit	Manx Care monthly	Governance has been excellent throughout this reporting period. HSCC reports show that completed audit work streams have resulted from high levels of participation and clearly delegated responsibility. Our key recommendation from 20-21 is therefore met, resulting in improved patient safety. A DHSC audit committee did not exist prior to Manx Care's shadow structure from January 2021.
Digital and Informatics	Manx Care bi-monthly	Significant reviews of service and data collection during Q1 2022 required high levels of participation and responsibility. Well-governed workflow results in high quality reporting. There is frustration that required levels of accountability are impossible to achieve due to external barriers related to other work streams and serious under-resourcing.
	Transformation and CABO	The HSCC has no direct visibility on digital transformation, a concern that it shares with the Manx Care Audit committee. Requests for updates and information have sometimes received general and non-specific responses. The TP Digital Strategy project was published in Sept 2020. There is little substantiated evidence of progress towards 'Delivering fully integrated services to provide care in a joined-up way across care settings', e.g. the Manx Care Record. In addition, the IOMG Digital Strategy 2022-27 published in July 2022 confirmed support for the findings in the IHR which is "A major driver to the digital transformation of health and care services". It confirmed that it will provide technology foundations through the creation of a Digital Framework and methods to facilitate system requirements. There is, however, no specific reference to health care transformation in its key performance indicators and no visible progress towards such provision.
Engagement	DHSC Monthly	Consistently high levels of participation and responsiveness arose from well-organised and relevant agendas. Service user representatives provided a welcome dynamic and genuine interaction with other service aspects. The Mandate process prompted the escalation of concerns relating to some types of

		provision due to frustration about lack of progress, e.g. respite provision, autism strategy and discharge policy and practice.
Integrated Care Partnership	Manx Care, monthly	Meetings are held via MS Teams. Despite widespread membership there is variable attendance. The Integrated Care Partnerships Committee started in Q1 2022. HSCC attendance began in Q4 2023. Early observations indicate good levels of transparency and responsibility through agenda structures and 'deep dive' projects.
Mandate Assurance	Monthly Oversight Group from 11/22. Previously quarterly. Manx Care with DHSC	Year 2 showed significant improvements in governance, with communication that is more responsive with timely information exchange and transparent information provision between the DHSC and Manx Care. Agendas, minutes and correspondence all showed enhanced rigour in year 2. Clear lines of accountability are limited due to the complexity of information sharing across multiple systems (DHSC, Manx Care, and Treasury). Lack of resource sometimes prevented Manx Care from providing the level of detailed and accurate information requested by DHSC.
People	Manx Care, monthly	The People committee faces serious challenges due to the lack of a specific OHR governance body for Manx Care, requiring high levels of engagement by a range of Manx Care leaders. The further development of a 'fit for purpose' workforce model has been seriously impacted by leadership changes and full IOM Government review of its HR function. The HSCC has noted the difficulty that Manx Care has with the shared OHR service. We can see the advantage that its own properly funded 'in-house' HR function could provide.
Policy and Legislation	DHSC fortnightly within Dept meeting until Jan 2023	There were disappointingly low levels of transparency and accountability during the majority of the reporting year. As a pragmatic response to personnel challenges this governance committee was disbanded during March 22 and not reconstituted until March 23. There was no evidence that its incorporation into the Dept meeting led to improvement in delivery of new legislation. Delayed policy decisions sometimes hindered Mandated Manx Care actions. The HSCC is hopeful that the revitalised committee will now make rapid progress, leading to an acceleration in responsiveness and accountability.
Quality and safety	DHSC monthly	Well-attended, well-managed regular monthly meetings have been held throughout with set agenda items and supporting reports, including Action Log/Risk Register, DHSC Regulation Update, External Regulation Update, Engagement Update, Quality and Compliance Update.
	Manx Care monthly	Regular well-attended monthly meetings, though always on Teams. Comprehensive agendas of standing items and supporting reports with additional items as arising. Detailed insight across quality and safety governance evidenced high-level accountability.

Strategy, Finance, Performance and Commissioning	DHSC fortnightly within Dept meeting (Strategy, Finance, Commissioning)	Improvements in capacity and competency between Q4/Q1 and Q2/Q3 resulted in a developing culture of participation and accountability. The HSCC are grateful for the willingness of officers to be transparent and honest about challenging issues. It is widely acknowledged that tensions between priorities within CABO, DHSC, MxC and political priorities are a constant potential threat to maintenance of continual development in health care. This has been most commonly observed in 'X is waiting for Y to do Z', for example the slow progress with digital transformation.
	Manx Care monthly (Finance, Performance, Commissioning)	Consistently high levels of all governance aspects enabled this committee to discharge effectively its key function of providing well-reasoned recommendations to the Manx Care Board. HSCC observers are grateful to the Chair and members for their willingness to share sensitive information that clarified understanding of complex issues. Responsiveness to and from the DHSC remains a development area but improvements have been noted, e.g. through improved provision of relevant information to the monthly Oversight Group.

HSCC Analysis

It is worth noting that the Health and Care Transformation Governance and Accountability Project report, published as far back as November 2020, stated that, "Underpinning all of these areas will be the professional relationships within which individuals and organisations agree to be held accountable by each other, and through which decisions are made. This concept of 'mutual accountability' is based not in structures but in a recognition of those behaviours which support successful integrated care systems around the world. It is critical that the development of formal governance and accountabilities is mirrored in the development of a 'system leadership' model for the Isle of Man within which duties such as those of candour, improving quality and service user engagement are embedded in day-to-day practice at all levels".

The summary table above reveals examples of robust and flawed governance models. Many areas demonstrate consistently good organisation of available information and delegated work streams, for example both DHSC and Manx Care Quality and Safety governance. Others show a worrying lack of accountability and/or willingness to take responsibility, for example Manx Care People Committee governance (due mainly to the challenges caused by shared service provision). It is the view of the HSCC that the latter has sometimes placed undue pressure on individuals who are doing their best to provide an improving service.

Main 4: DHSC Department Plan (DP) & Island Plan (IP) implementation

Overview

The Department of Health and Social Care (DHSC) Department Plan 2022-23 is a strategic plan that outlines the Department's priorities and objectives for improving healthcare services on the Isle of Man. The plan identifies several key areas of focus, including improving access to care, reducing waiting times, and enhancing the quality of care provided. The Plan also recognises that there may be financial and operational challenges that need to be addressed to ensure that Manx Care, the Island's healthcare provider, can achieve its Mandate objectives and deliver the best possible healthcare services.

To achieve its goals, the DHSC Department Plan identified nine projects, broken down into 19 tasks. These projects aim to improve various aspects of healthcare services, such as patient experience, workforce development, and service delivery. By completing these tasks, the DHSC hopes to make significant improvements to the healthcare system.

The Government's Island Plan is a broader strategic plan that sets out a vision for the Island's future, including a high-quality healthcare system that is accessible, affordable, and responsive to the needs of all residents. The DHSC is working to align its services and strategies with the objectives outlined in the Island plan. This includes identifying 6 major health-related outcomes that are broken down into 50 projects. By completing these tasks, the DHSC aims to ensure that the healthcare system on the Isle of Man meets the vision outlined as 'an Island of health and wellbeing' and 'building great communities' being the two priorities in the Island Plan.

The Health Services Consultative Committee (the HSCC) has examined the performance and RAG rated two Department Plan projects regarding improving governance and outstanding Tynwald recommendations and one Island Plan project regarding Transformation. These are areas where the HSCC has made extensive commentary in its previous Annual reports.

April 22 to March 23: HSCC Selected Department and Island Objectives for analysis

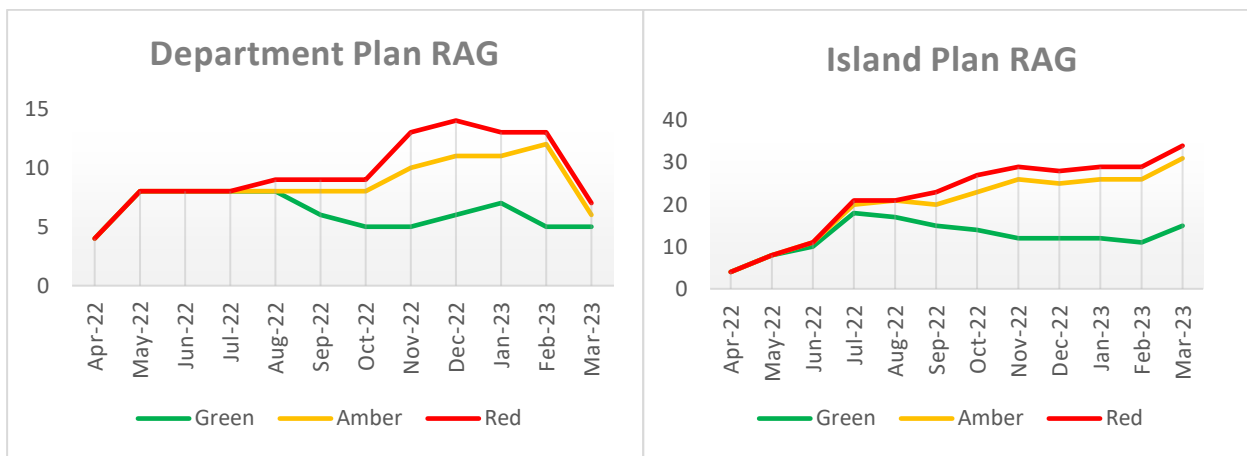
Ref	Project	Output	Individual DHSC Tracking	Priority	HSCC RAG	HSCC COMMENTS
DP2	Embed strong governance structures of assurance and oversight.	1. Implementation of a System Oversight Framework 'SOF'.	Completed	High	Green	Should ensure that regular reviews are happening. DHSC should confirm that they are embedding and continually improving.
		2. Implement a revised Manx Care Mandate Assurance Process.	Completed	High	Green	There are monthly officer development groups (12 per year) and a quarterly Board to Board Performance meeting.
		3. Creation of a three year Manx Care Mandate (2023/26).	Completed	Critical	Green	It is essential that the collaboration process needs to be applied with achievable targets and timelines
		4. Introduce a common strategic framework for strategy design	Not on Track	Low	Red	Proposed change in end date.
		5. Create policies associated with Information Governance compliance.	On Track	High	Yellow	Ongoing and on track Legacy/staffing impact
		6. Implement a robust financial assurance and governance framework.	Completed	High	Green	Completed
		7. Publish a three year Quality Strategy in partnership with Manx Care.	Risk to Deliver	Low	Yellow	Waiting on outcome of CQC reports, the publication of which is significantly delayed but expected end May 2023

DP6	Address the outstanding Tynwald Decisions/recommendations assigned to the DHSC.	Establish a programme of actions to address the outstanding recommendations made by Parliamentary Committees of Tynwald.	On Track	High		While stall was noted for 5 months, this is noted as moving forward over the last quarter. Significant strides have been noted in identification but not implementation.
IP2	Successful delivery of the Health and Care Transformation Programme in order to create a high quality, clinically and financially sustainable health and social care system.	1. Capacity Bill 1 (Phase 1) entered branches of Tynwald	Completed	High		Completed, phase 1, now onto the branches stages
		2. Consultation on Health and Social Care Regulation Bill	Risk to Deliver	High		Target for end of 2023
		3. Principles of Health and Social Care Services Bill agreed with Transformation Programme (NHS Reform work)	On Track	High		Work sat with Transformation however end date was reported as Jan 23 but this has now passed with no further update on completion
		4. Publish the Adoption Act 2021 Implementation Plan.	On Track	High		Aiming for May publication but already delayed as Jan 23 was end date.
		5. Implementation of modernised complaints regulations	On Track	High		
		1. Implementation of inspection programme agreed between the Department, Transformation Programme, and CQC	Completed	High		Completed via the use of the CQC, and consulting with Ofsted
		2. Baseline of quality and compliance established to support ongoing improvement	Not Started	High		Marked as a duplicate by DHSC. Considered closed.
		3. External regulators identified for inspection of services outside scope for CQC, and Service Level Agreements in place	Risk to Deliver	High		Expected Feb 23 with new date of Mar 24 – Work ongoing with external regulators however this needs more time.
		1. Inspection methodology written to align with CQC 5 domains for services not provided or commissioned by Manx Care	Completed	High		
		2. Consultation with affected providers for services not provided or commissioned by Manx Care	Completed	High		Completed. Consultation has taken place with a variety of third sector organisations
		3. Inspection programme implemented for services not provided or commissioned by Manx Care	Completed	High		
		1. Providing access to wellbeing hubs in all geographical locations on the Island.	Risk to Deliver	Low		Locally based hubs are developing with the exception of the eastern hub which remains not resourced.
		2. Establish key strategic principles for developing the Integrated Health and Social Care Strategy.	On Track	Low		
		3. Establish key strategic principles for developing the Children's Mental Health Strategy.	Not Started	High		Action superseded to develop a Mental Health and Children's Mental Health Strategy. Work has started, the end date is now December 23
		4. Develop a business case relating to recommendations from the Urgent and emergency mental health pathways review undertaken by Manx Care.	Not on Track			MXC has partnership with Minds Matter under restoration & recovery programme.
		5. Publish National Autism Strategy and multi-year plan for implementing the strategic vision.	Not on Track			Extended delivery date to July 2023 with paper submitted to HL&SP
6. Establishment of an Appropriate Adult Scheme.	Completed					

Data summary RAG status below supplied by DHSC

Area	RAG	April-22	May-22	June-22	July-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
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Department Plan	Green	4	8	8	8	8	6	5	5	6	7	5	5
	Amber	0	0	0	0	0	2	3	5	5	4	7	1
	Red	0	0	0	0	1	1	1	3	3	2	1	1
	Not Started	11	10	10	10	9	9	8	3	3	3	2	1
	Complete	0	0	0	1	1	1	2	2	2	3	4	11
	Starting	4	1	1	0	0	0	0	1	0	0	0	0
	Total (19)	19	19	19	19	19	19	19	19	19	19	19	19
Island Plan	Green	4	8	10	18	17	15	14	12	12	12	11	15
	Amber	0	0	1	2	4	5	9	14	13	14	15	16
	Red	0	0	0	1	0	3	4	3	3	3	3	3
	Not Started	41	38	27	25	23	20	18	15	15	14	11	4
	Complete	0	1	1	4	5	5	5	6	7	7	10	13
	Starting	5	3	11	0	1	2	0	0	0	0	0	0
	Total (50)	50	50	50	50	50	50	50	50	50	50	50	50



HSCC Analysis

DHSC Department Plan (DP1-9)

The DHSC's Department Plan had 19 projects set for 2022-23, of which only 1 has not yet started. This is DP2 'publish a 3 year quality strategy in partnership with Manx Care. Its original target end date was Sept 2023. A revised target end date of September 2024 was recently agreed at the Department meeting.

However, 13 projects have been completed or are in progress, and there are five green-rated projects, indicating positive progress.

The HSCC has analysed the performance and RAG ratings of DP2 Governance structures (see Main section 3 Governance page 21) and DP6 Address the outstanding Tynwald Public Accounts Committee (PAC) recommendations of 2018 and 2019.

Whilst some progress has been made this year against DP6 the project has been marked completed; nevertheless, the DHSC have only carried out a gap analysis which is useful, but in our view does not justify an on track green status.

Many of the original 2018 PAC recommendations such as a 5 year financial plan, a dedicated resource to ensure Integrated Care in the community was progressed, the Needs Analysis and training for Ministers and Department members still hold validity and were supported in the Independent Health Review of 2019 and its follow up report in October 2021.

Department Plan - Island Plan objectives the DHSC is delivering (IP1-6)

This section of the Island Plan objectives (IP1-6) has 50 projects. DHSC has 5 key projects within the IOMG wide Island plan: National Autism strategy, Carer and Youth Carer Strategy, Mental Health/Children's Mental Health Strategy, Restoration and Recovery and Strategy for the long-term provision of Residential, Nursing and Respite Care. In March 2023 there were 11 rag-rated green, 15 amber, 3 red, 11 not started and 10 complete, compared with April 22 when there were 4 green, 0 amber, 0 red, 41 not started and 0 completed. This shows positive progress.

IP2 focuses on delivering a sustainable healthcare system. Unfortunately, the enormous positive success in designing and implementation of the CQC inspection programme last Autumn has been negatively affected by the reluctance to publish the results, which has attracted considerable public comment with unhelpful rumours and leakage. Publication is now expected imminently.

A similar pattern of clear implementation plans regarding regional Well-being hubs being delayed due to lack of funding is also noted in Main 5 Integrated Care page 28.

The National Autism Strategy project was a huge success for the Engagement Team (See Engagement MAR page 31) but its subsequent lack of funding for implementation was a massive disappointment to all involved.

Policy and Legislative progress have been delayed with timetables extended (See Policy and Legislation MAR page 33). The time impact upon officers of the protracted Employment tribunal proceedings cannot be underestimated.

The successful implementation of the Appropriate Adult scheme shows that projects can get over the line with determination and pan Government co-operation.

The DHSC Department Plan focuses on improving healthcare services in the Isle of Man, addressing specific areas such as access to care and reducing waiting times. Many aspects of the Island Plan objectives for the DHSC require cross department collaboration and are understandably slower to complete as a result.

In conclusion, we commend the DHSC officers who have worked so hard and recognise their dedication to improving healthcare services for the Island. While challenges remain, the Department Plan demonstrates a positive move forward, with noted progress made during the past year.

The ongoing efforts of the DHSC and Manx Care are laudable. However, projects need to be kept under constant scrutiny to ensure timescales are not required to be extended and objectives that are redefined, have appropriate reasoning supplied. The adjustment from the easily understood annual Department plan in April to reporting to Tynwald in November 2023 is not helpful to tracking progress.

Main 5: Integrated Care

Integrated Care Partnership Committee (ICPC) has been established in recognition of the importance of Integrated Care and its potential to create a better service for patients. ICPC replaced the previously established Integrated Care Partnership Board (ICPB) that was overseeing establishment of Wellbeing Partnership Hubs, Intermediate Care and Frailty Service.

The ICPC is a subcommittee of the Manx Care Board. The HSCC has been invited to observe since its inaugural meeting, held in November 2022. Its remit is to oversee Health & Wellbeing Partnerships, the Community Frailty Service, Intermediate Care, Local Area Coordination (LAC), Palliative & End of Life Care and Primary Care at Scale (PCAS). The latter is a crucial pillar of health and care transformation as referenced in the Independent Health Review recommendation 15.

Monthly ICPC meetings are now being held, chaired by a Manx Care Non-Executive Director. These meetings are currently held on MS Teams and are well managed. Agenda, minutes and reports are issued in advance and deep dives into ongoing projects are presented.

Progress to end of March 2023:

1. The Intermediate Care Project planning has been completed. Its aim was to consider improved provision of Urgent Care through avoidance of hospital admissions, decreased length of hospital stay, facilitated planned discharge for post-operative patients (thus improving the efficiency of surgical activity) and financial sustainability – all would be achieved through providing single point of access, bed based community rehabilitation, addressing workforce solutions, and effective use of technology, documentation and communication. The project clearly demonstrated the potential for a better, more efficient and cost-effective way of providing care outside the hospital setting. A funding decision to pump prime this work for two years is awaited as of March 31st 2023.
2. Wellbeing Partnerships – Northern, Southern and Western Partnerships have been established. The North Wellbeing Hub still awaits a public counter, although weekly access will start in the Ramsey Town Centre from April 23. It is good to see that Ramsey Group Practice is developing close working relationship with the Wellbeing Hub, including advertising it via the news page on their website. The Southern Partnership is developing well as is the well-established Western one. Treasury delay in approving the business case has delayed progress for the Eastern Partnership.
3. The LAC initiative that encompasses “Inclusive Neighbourhoods” began in 2021. Its aim was to have 10 Local Area Coordinators across the Isle of Man enabling all statutory and third sector agencies to work together. Two Coordinators were initially appointed in the South, but the project came to an abrupt end in July 2022, when its lead suddenly resigned. The concept of the LAC is currently being reviewed with an aim to integrate this into multi-agency plans.
4. The Community Frailty Service is making good progress and its close working with Nobles Hospital wards is to be applauded.
5. The planned project to develop primary care at scale (PCAS) was halted in September 2022, now paused until September 2023 although Manx Care is striving to ensure that the next Business Case is ready for approval, including the stabilisation of GP services.

HSCC Analysis

The HSCC is concerned that Intermediate Care provision, that will improve care and save money long term, is still awaiting funding approval despite compelling evidence that it will make a positive, immediate and cost effective impact. There has been progress establishing three Wellbeing hubs but the HSCC remain concerned that there is still no approved funding to progress the established plan for the Eastern Hub. This does create inequity of service provision, as does the part time offer at Ramsey Town Hall for the Northern Hub.

Lack of funding and personnel for Local Area Coordination is forcing the need to examine this service provision. The original intention was for LAC to be supported by a range of Government departments, including Education, Health and Home Affairs. This did not materialise and it is neither practical nor affordable for one department to do so.

The HSCC is pleased to note that the Community Frailty Service initiative is a good example of integration, for example through its close working relationships with hospital ward teams.

The HSCC notes that limited planning progress has been made with Primary Care At Scale. This is due to diversion of funds. Earmarked funding was been diverted from the Transformation Board to meet other priorities, e.g. ensuring that pharmacists are available. The Transformation Programme Plan for April-May 2023 indicates red ratings for all aspects, with a stated aim to achieve Board approval for a detailed Target Operating Model and Implementation Plan by the end of November 2023. This is deeply concerning in terms of whether practical steps will be taken in the foreseeable future.

The Palliative and End of Life Care Pathway has not progressed due to change of Hospice CEO. However, the HSCC understands that this is now in hand.

Some good progress has been made in the development of Integrated Care although repeated requests for adequate funding via business cases has resulted in an unacceptably slow pace of development over 6 years. However, Integrated Care Partnerships are now starting to emerge.

Multiple Record Systems (e.g. EMIS, RIO, MEDWAY and ICE) create a risk of missing information that could compromise safety. They also put unnecessary barriers in the path of truly integrated ways of working. Lack of Integrated Care Records makes it extremely difficult to progress.

In conclusion, it is evident that the commitment, enthusiasm and willingness to develop Integrated Care is present among all professionals and within departments. However, it feels like it is an upward struggle and a long journey that always ends with the same common denominator and the reason for slow progress i.e. lack of funding and other resource.

<p>LEAD AREA: Consultations and communications (DHSC) Mandate Objectives 2 – Effective capture of service user experience; 4 – promotion of safe, learning and improvement focused culture. IHR Rec 1 – Fully engage service users</p>
<p>Significant Developments 22-23</p> <ul style="list-style-type: none"> • Consultation on developing National Autism Strategy June 2022. NB Strategy delayed beyond Mar 23. • Consultation in partnership with Crossroads: The Carers’ Survey November 2022. • Crystal Mark Plain English Campaign and use of UK Association for accessible formats (UKAFF). • Gender Identity (GI) Service Improvements. DHSC and Manx Care collaboration to drive improvement.
<p>Assessment of governance (e.g. frequency, meetings planned v held, assessment of quality)</p> <ul style="list-style-type: none"> • Use of shared services such as Government media and consultation channels has not always provided good governance of content, timing, relevance and accessibility. Evidence includes: Limited numbers visit Consultation and Engagement Hub- not used for engagement purposes as intended; there are only between one and three news releases per month. • Communication initiatives from different areas of the Department have demonstrated effectiveness including: -Community group asked for help from PPSU Reps- Department then assisted with the enquiry; commitment to accessibility and inclusivity shown by use of Plain English Campaign and UKAAF.
<p>Evidence of good practice</p> <ul style="list-style-type: none"> • Improved workforce culture shown by increased voluntary engagement with public, patients, users. • 392 responses to Autism Consultation. Well-attended drop in sessions required significant work. • Trans and Non-binary community involved in service redesign and improvement, along with Manx Care. • Evolving PPSU Rep role engaging DHSC and community (patients, service users and the third sector). • DHSC pioneering Plain English Campaign, UKAFF and Crystal Marks. This is drawing wider interest. • Encouraging collaborative work with other Government Departments, Manx Care and the Third Sector, including new partnership between Engagement Team / Manx Care’s Expertise and Engagement Lead. • Friendly and professional presence at Manx Care Public Open Day and IOM Government Conference. • Communication with HSCC member has been strong and transparent, which is very much appreciated. • Valued HSCC invitation from DHSC to ‘meet the team’ including the new Advisors in December 2022.
<p>Concerns</p> <ul style="list-style-type: none"> • The delay in the publication of the completed National Autism Spectrum Condition (ASC) strategy. • Difficult to locate feedback form to help with ‘getting this Consultation and engagement hub right’. • Informative press/social media releases but limited due to no designated communication person/hours. • Per HSCC 2021-2022 recommendation: only 2 consultations this year down from 4 the previous year. • The delay in the implementation of the Engagement Strategy.
<p>HSCC Analysis against Mandated objectives and IHR recommendations</p> <ul style="list-style-type: none"> • IHR 1- Consultation and Engagement Hub is not currently fully utilised, limiting communication. • IHR 1 - PPSU Reps and the Engagement Forum demonstrate strong communications. • IHR 1 - Workforce culture regarding public communication is encouraging. Positive and more collaborative work within the Department, with other Government Departments and the Third sector, making best use of expertise and resources. • IHR 1 – Autism issues are encouragingly progressing but strategy implementation is seriously delayed. • IHR 1 - Engagement Strategy Implementation Plan demonstrates commitment to better communication.
<p>Conclusion There are encouraging developments and a commitment seen that have supported better communication in some areas, but centralised electronic information and dialogue are still very difficult to access.</p>
<p>2022 - 2023 Recommendation(s) In line with IHR 1 the completed Engagement Strategy is implemented as soon as possible along with the tools that facilitate significantly improved public engagement, including IOMG website as first point of contact for information and feedback.</p>
<p>2021 - 2022 Recommendation: Public information, including that contained in consultations, should be increased in frequency and used to inform and educate as significant health reforms take shape during the lifetime of this administration. NOT MET</p>

LEAD AREA: Engagement (DHSC Engagement Forum)

Mandate Objectives 2 – service users are identified and engaged, 4 capture the intelligence re performance that reflects service users’ experience, 5 – Transform Emergency Department pathway, 9 – Improvement in workforce engagement IHR Rec 1 – Fully engage users at the centre of planning and delivery of health and social care
Significant Developments 22-23
<ul style="list-style-type: none"> Engagement Forum started in 2021. Since its inception it has identified and acted on a number of initiatives. Among them it addressed Gender Identity, Autism, Lack of Appropriate Adults, Lack of Respite Care, Issues for visually impaired people, lack of Eye Clinic Liaison Officer (ELCO) and discharge of patients from secondary to primary care /hospital to home.
Assessment of governance
<ul style="list-style-type: none"> Engagement Forum meets monthly. It is well chaired and attended. Agenda, minutes, action log and risk assessment are provided at least 7 days prior to the meeting. Items for escalation are identified and followed up. Engagement Strategy is in place and the Engagement Strategy Implementation Plan is being finalised. This will outline Plan’s objectives and impact on resources on the next 2/3 years
Evidence of good practice
<ul style="list-style-type: none"> Every month the Forum was attended by different external speakers / service users. Everyone’s input was recognised, considered and recorded. The outcomes were clear. Appropriate Adults service has been set up and it is now up and running; this is an excellent example of multi-agency working. LGBTQ+ representatives were listened to. As a result, engagement workshops have been set up and further engagement with Transgender Community is being planned. Reasonable adjustments for visually impaired have been made. Manx Care now issue letters with larger print and an off-Island transport has been contacted to address escort issues for visually impaired patients.
Concerns
<ul style="list-style-type: none"> The lack of respite provision has not been addressed despite numerous efforts. This has now been escalated to Mandate Team to raise with Manx Care. Autism Strategy work stalled. This is due the lack of funding that will be needed to meet the strategy’s objectives, and to a lesser extent due to insufficient inter-agency working. Discharges – Manx Care still need to improve hospital to home / secondary to primary care discharges. Discharges need to be planned and managed well in order to prevent failed discharges of patients and subsequent re-admissions to hospital.
HSCC Analysis against Mandated objectives and IHR recommendations
<ul style="list-style-type: none"> Progress in ensuring that service users in the vulnerable groups are identified and engaged and in the centre of planning and delivery. (Mandate objective 2, IHR objective 1) Engagement Forum helps to capture the intelligence about performance that reflects service users’ experience and promotes improvements (Mandate objective 4) Still working towards improvement in patient discharge (Mandate objective 5) DHSC Engagement Team is beginning to work closer with Manx Care Engagement Team now. (Mandate objective 9)
Conclusion The Engagement Forum has identified a number of gaps and enabled some of these gaps to be addressed. The lack of Autism Strategy and the lack of ECLC post are due to lack of funding. Respite care provision and problems with discharges need to be given a priority and service reconfiguration.
2022 - 2023 Recommendation(s)
The Engagement Forum needs to demonstrate progress in three key areas- Autism Strategy development, Respite Care Review and monitoring patient discharge planning.
2021 - 2022 Recommendation: The Engagement Forum should produce an interim report on its activity and effectiveness by September 2022. NOT MET. This is because this recommendation was not accepted. Other ways of engagement effectiveness can now be demonstrated.

LEAD AREA: Mandate Assurance (DHSC)

Mandate – all objectives with focus on Objective 6 – demonstrate financial balance, multi-year funding model IHR Rec 2 – policy and delivery separated, including annual mandate creation
Significant Developments 22-23
<ul style="list-style-type: none"> • Review and development of the Mandate creation process led to collaborative work in the 22-23 Mandate production • Long Quarterly Mandate Assurance meetings replaced by shorter monthly Oversight Group sessions • Review of Mandate creation process for 23-24 resulted in further significant changes to meeting type/frequency and information sharing
Assessment of governance
<ul style="list-style-type: none"> • DHSC officers made effective efforts to ensure good communication with all stakeholders, including appropriate reviews • Papers provided on time and minutes produced promptly for review and feedback. • Improvement in assurance through provision of better summary position documents. • Well managed Mandate creation review process enabled constructive feedback loop.
Evidence of good practice
<ul style="list-style-type: none"> • Collaborative working on MAM format and its evolution to monthly Oversight Group. • There is appropriate challenge from DHSC at monthly OG meetings, e.g. seeking clear examples, requesting follow up to actions and further metrics. • Consistent effort to develop positive culture through frequent and regular dialogue between DHSC and Manx Care.
Concerns
<ul style="list-style-type: none"> • Data sharing and the lack of an automated core data set continues to plague forward progress. • Delays with policy and legislation is concerning, e.g. ROCA legislation to 2025. Resources could be wasted if planned Manx Care actions cannot be progressed. • The DHSC has been unable to move towards a multiyear funding model as required by Objective 6.
HSCC Analysis against Mandated objectives and IHR recommendations
<ul style="list-style-type: none"> • Obj 6 Rigorous efforts were made to achieve financial balance in 2022-23, with some support from DHSC contingency and diversion of Transformation funds. This helped towards the target but stalled some development streams. No progress was made with multiyear funding. • IHR 2 Policy and delivery were imperfectly separated in Year 1, but now show a mature approach by both DHSC and Manx Care. The annual mandate creation process has become more workable and pragmatic. • Delivery of several objectives has been hampered by lack of resource (people, finance, policy completion, legislative change), e.g. Obj 10, PCAS paused until September 2023 notwithstanding rigorous efforts by Manx Care to be ready for anticipated Business Case approval, including stabilisation of GP services; Obj 9 temporary gaps in leadership (Social Care and Medical Directors)
Conclusion
The process of assurance has significantly improved. Funding issues and other concerns are holding back implementation of Transformation projects which currently require Manx Care to secure ongoing funding. If some projects are not implemented or developed there is a risk that Mandate Objectives will not be met.
2022 - 2023 Recommendation(s)
The DHSC urgently allocates resource to support Mandate Objective 6 with respect to the development of an agreed sustainable funding model.
2021 - 2022 Recommendation: Not applicable

LEAD AREA: Policy and Legislation (DHSC)

Mandate Objectives – not applicable as outside Manx Care Mandate

IHR Recs 5 – Statutory duty of care, 8 – modern, comprehensive legislative framework
Significant Developments 22-23
<ul style="list-style-type: none"> • 2022 was a year of considerable high level personnel change, with the fall-out of the Ranson employment tribunal leading to the departure from COMIN of a former DHSC Minister and also the newly appointed CEO. Two further changes at ministerial level ensued during 2022. An ICEO was appointed and remains in post to date. • Manx Care (Amendment) Act provided vires required for 8 sets of Complaints Regulations ahead of the NHSCS Reform Bill • The Capacity Bill 2022 completed its passage through the branches of Tynwald, with Royal Assent expected to be announced in April 2023.
Assessment of governance
<ul style="list-style-type: none"> • The Policy and Legislation Committee had its inaugural meeting on 30 April 2021. As part of an internal governance review, the Department (DHSC) disbanded the committee after what turned out to be its last meeting on 2 March 2022. The work of that Committee subsequently formed part of the fortnightly Department meeting. • By the end of the first quarter of 2023 there was no evidence to indicate that this change in governance had led to an improvement in the delivery of new legislation in line with published deadlines.
Evidence of good practice
<ul style="list-style-type: none"> • Complaints Regulations prepared and amended, with required vires provided by the Manx Care (Amendment) Act. DHSC and AGs worked closely together to overcome obstacles that had emerged. • A "Business as usual" front maintained in the face of the considerable challenges posed by very public personnel issues and changes. • The decision to disband the Policy and Legislation governance committee was revisited, resulting in the reconstitution of the committee in March 2023.
Concerns
<ul style="list-style-type: none"> • New legislation is not being delivered in line with even recently published deadlines. Other planned items of legislation have consequently slipped down the agenda for delivery.
HSCC Analysis against Mandated objectives and IHR
<ul style="list-style-type: none"> • The March 2022 changes in governance arrangements did not expedite the timely passage of legislation in line with JM IHR Recommendation 8 and made it more difficult to track progress in legislative and policy development. The reconstitution of the Policy and Legislation governance committee is a positive step to address this. • The fundamental causes of legislative slippage, in particular in relation to the progress of the NHSCS Reform Bill, relate to a shortage of legal and subject matter expert (SME) resources, and with the ROCA to the departure from DHSC of a key member of the policy development team.
Conclusion
<p>Though recent personnel developments have added some momentum to policy development, over the course of our annual report cycle the pace of necessary legislative change for health and social care has been too slow. It seems highly unlikely that key items of legislation essential for the creation of the modern, comprehensive legislative framework called for by Sir Jonathan Michael will be in place before the end of this administration's term of office.</p>
2022 - 2023 Recommendation(s)
<p>The DHSC prioritises the use of allocated funding to sustainably address the insufficient staffing that is seriously impacting on the capacity of legislation and policy teams to deliver the Government's health and social care legislative programme.</p>
2021 - 2022 Recommendation: New legislation is delivered in line with published deadlines by an appropriately funded and trained legal team with clear roles and responsibilities specified and agreed between the Department and the Attorney General Chambers. NOT MET

LEAD AREA: Quality and Safety

Mandate Objectives 4 – Embed robust clinical governance, 5 - Transform Emergency Department pathway, 7 – Reduction of wait times IHR Recs 3 – Regular, independent inspection, 4 – publicly available Manx Care annual report, 24 – accurate data systematically captured
Significant Developments 22-23
<ul style="list-style-type: none"> • Completion of all CQC inspection reports across Adult Social Care, GPs, dentists, hospital, hospice and mental health. • Regular action log updates on progress with addressing safety and engagement issues including Safeguarding, Appropriate Adult Pathway, second opinion approved doctors for mental health, Early Intervention for vulnerable children and families.
Assessment of governance
<ul style="list-style-type: none"> • Well-attended, well-managed regular monthly meetings have been held throughout with set agenda items and supporting reports, including Action Log/Risk Register, DHSC Regulation Update, External Regulation Update, Engagement Update, Quality and Compliance Update.
Evidence of good practice
<ul style="list-style-type: none"> • Negotiation of SLA with CQC and good management of external inspection process. • Engagement with other small jurisdictions (ie Jersey and Malta) with view to build relationships for sharing of good practice and peer review. • Request for action plans from Manx Care to ensure follow up from CQC reports. • Registration and Inspection team have already amended their policy to align with the CQC domains. • Safeguarding policy drafted and training now underway.
Concerns
<ul style="list-style-type: none"> • Lack of full assurance of quality and safety of services due to incomplete provision of requested data from Manx Care, only 56% in March 2023. Failure of effective communication with Manx Care to address this though recent acknowledgement that this requires a more collaborative approach to try to align requests with what Manx Care is able to provide. • Despite much time spent in public engagement autism needs assessment and developing autism strategy, the project has been halted due to financial restraints, a disappointment for service users. • Issues raised across the CQC reports. • Slow progress of much needed legislation to update ROCA though mainly due to drafting resource.
HSCC Analysis against Mandated objectives and IHR Recs
<ul style="list-style-type: none"> • IHR3 – Good management of external inspections • IHR 22,23, 24 – Unsatisfactory engagement with Manx Care concerning data issues. • IHR1 (O2 & 4) DHSC and Manx Care’s service user engagement needs to be better co-ordinated • Lack of in depth scrutiny of IHR5 (delivery of high clinical governance)
Conclusion
<p>So far, the committee’s remit to provide the Department with assurance on clinical safety and quality has not been fully achieved due to lack of visibility and data. This situation will be greatly improved by better communication and by Manx Care’s provision of their monthly Integrated Performance Reports and the agendas and minutes of their governance meetings, which will enable more focused scrutiny and better understanding.</p> <p>The comprehensive set of CQC reports has provided an essential baseline for monitoring improvement. Collaboration with Manx Care to support their action plans is now needed.</p>
2022 - 2023 Recommendation(s)
<p>The DHSC collaborate with Manx Care and with the Transformation Data team as a priority regarding the implementation of IHR 22,23 & 24 to ensure the systematic capture of accurate data to create a core data set. This is essential to assure best practice quality, safety and risk management.</p>
2021 - 2022 Recommendation: The Transformation Data Team provides regular updates to DHSC and Manx Care, providing assurance that a comprehensive strategic development plan is in place to create a single core data set as a matter of urgency. NOT MET

LEAD AREA: Strategy, Finance and Commissioning (DHSC) Mandate Objective 6 – demonstrate financial balance including multi-year funding
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IHR Recs 11 – service by service review, 17 – increased funding linked to efficiency targets, 19 – increased funding for health and care services, 3 to 5 year funding model, 24 – accurate captured data
Significant Developments 22-23
<ul style="list-style-type: none"> • Recruitment of capable people to key vacancies • Three changes of Health Minister during 22-23 • Significant pressures on officers during interregnum between Strategy and commissioning leads • DHSC Department Plan in response to Island Plan published in final version August 2022 • Executive Director for Strategy and Policy recruited during Q4 2022-23
Assessment of governance
<ul style="list-style-type: none"> • Lack of Executive Director during Q3 2022 and Q4 2023 was eventually rectified in Q4 2023. • Departmental structure, leadership models and output quality has become more effective.
Evidence of good practice
<ul style="list-style-type: none"> • Strong key senior officer-led guidance and decision-making throughout the year. • The HSCC 21-22 recommendation is largely implemented resulting in a significantly improved culture of teamwork within and beyond the Department. This was eventually achieved despite strong headwinds that presented political and workforce capacity challenges.
Concerns
<ul style="list-style-type: none"> • Lack of the right personnel, including Strategic lead, during Q3 2022 and Q4 2023 seriously impacted the completion rate for strategic policy development. • Progress with implementation of strategic, financial and commissioning work was hampered during Q3 and Q4 due to lack of capacity, changes in both political priority and in leadership styles. • At end of Q4 2023 Department plan performance report (IP tracker) was reset to reflect true progress and issues. Serious resource issues had resulted widely in red-ratings. Other sections green rated had not progressed as expected, e.g. implementation of autism plan.
HSCC Analysis against Mandated objectives and IHR recommendations
<ul style="list-style-type: none"> • Obj 6 IHR 20 Apparent lack of maturity in the complex relationships between Treasury, DHSC and Manx Care to achieve multiyear funding model in the near future. The HSCC supports the DHSC with this aim in their continuing narrative with Treasury. Manx Care is unlikely to achieve financial balance in future without Treasury action to completely align funding with the agreed model. • IHR 11 The DHSC has been proactive in supporting the process of service by service review led by Transformation. Welcome support has also been offered to Manx Care to support cost improvement measures, although significant delays with some policy decisions have reduced the pace at which savings might have been made e.g. over the counter medicines policy, POLCE, oral health, weight and obesity management. Updates were provided by DHSC on completed or progressed actions. • IHR 17 Treasury provided some increased funding against a commitment by Manx Care to achieve 2% cost improvement savings. Increased contingency funding to the DHSC covered pandemic costs. The DHSC were supportive and imaginative in their use of contingency funding. Some Transformation funding was moved to Manx Care at the expense of slowing or stopping some transformation workstreams. • Risks to covering future pay awards and inflation are not well controlled. • IHR 19 Manx Care budget submission for 22-23 partially met but 23-24 increase was not aligned to the growth business case request. Treasury's response in effect reduced the inflation-adjusted budget, leaving Manx Care with some high risks to BAU; and extremely limited service development.
Conclusion Brave political leadership has the potential to mitigate some of the issues about available funding, service delivery and public perception.
2022 – 2023 Recommendation:
The DHSC prioritises actions in partnership with Manx Care to accelerate the completion of financial negotiations, policies and strategic decision-making.
2021 - 2022 Recommendation: The S&CC should ensure that timely development of its strategic priorities are achieved through a fully inclusive approach to team management, mutually understood ways of working and clear internal and external communication. MET
LEAD AREA: Audit (Manx Care)
Mandate Objectives – All, with respect to audit timetable 22-23

IHR Recs 11 – service by service review, 21 – review data sharing protocols, 24 – accurate data systematically captured

Significant Developments 22-23

- This committee has transformed from being a part of DHSC, to the Manx Care Audit and Risk Committee. This was a recommendation when Governance systems were set up in 2016. Previously DHSC had a relationship with Treasury Audit, however this has now moved to MxC in September 2020. This has brought a change of culture, from blame to owning and improvement. Key treasury representation commenced in January 2021, and draft service levels agreements for 3rd party contracts were in place in February 2021. Full transition commenced in April 2021 from DHSC to Manx Care. The Audit Committee and its team have driven forward a number of key audits, which have in turn allowed for greater clarity and transparency on areas of both good practice, and those areas of concern.
- The HSCC observations recommenced in May 2022, after a hiatus, due to the transfer from DHSC in April 2021. It was apparent that the Audit Committee faced significant legacy challenges with the undertaking of audits, and their findings. However, during the May 2022 meeting, it was highlighted that Deep Dives on all areas would be of great benefit, with the assistance of the Audit team to overarching view of matters, therefore upholding independent scrutiny. A number of areas were identified for audit, for example Patient flow and Cervical Screening.

Assessment of governance

- The initial shadow Audit committee under DHSC in November 2020 was slow to gain momentum, with inconsistent reporting, cancellation of meetings and the absence of a serious incident reporting mechanism.
- The governance of this Committee improved once within Manx Care and is working to a very high standard. Audits have been identified, actioned, managed and completed, resulting in this committee's work highlighting both areas of concern, and areas of good practice in the past year.

Evidence of good practice

- The committee holds bi-monthly meetings, which are well structured and well attended.
- 6 meetings observed during the HSCC reporting period.
- Accurate data is now being produced and delivered, which benefits all areas.
- The committee welcomes the ability to review processes and procedures, for example Pre-Employment checks via the Office of Human Resources.
- Regular reviews of the Business Assurance Framework, at each meeting.
- Clear evidence for financial exemption request
- A full Risk Management review has been instigated, and is now taking and assigning ownership of the relevant risks. This has been accompanied by the formation of a Clinical Audit Committee.

Concerns

- A concern that affects the whole of Manx Care is that of lack of resources in relation to staffing and funding.

HSCC Analysis against Mandated objectives and IHR recommendations

- IHR Recs: 11 – service by service review, partially met, via a number of completed audits; 21 – review data sharing protocols- improved; 24 – accurate data systematically captured. At the start of the oversight period, the accuracy and delivery of data was weak, however due to the committee's continued drive and professionalism, the quality and accuracy of data has greatly improved.

Conclusion

This committee will have sufficient capacity to drive service improvement in 2023-24 only if sufficient resources are allocated to allow effective work to continue.

LEAD AREA: Communications (Manx Care)

Mandate Objectives 2 – Effective capture of service user experience; 4 – promotion of safe, learning and improvement focused culture. IHR Rec 1 – Fully engage service users

Significant Developments 22-23

- First Annual Public meeting of Manx Care in May 2022.
- Launch of Recovery College IOM in August 2022.
- Welcome increase in HSCC monthly observations of all Manx Care Governance committees (most recently the ICPC from January 2023).
- Recruitment of 2 communications posts at EO and HEO level, internal only, in March 2023.
- Communication Champions across Manx Care groups and functional areas, March 2023.

Assessment of governance

High quality communications governance evidenced through: -

- Feedback to Manx Care Committees.
- Consistent output by dedicated Expertise and Engagement team who regulate content and timing.
- Manx Care monitoring of media releases.

Evidence of good practice

- Many examples of demonstrating transparency, sharing information and informing the public through health care settings, GP surgeries, community halls, website, press and radio. News releases range from 6 to 19 per month with more than 125 total in 22-23. Social media releases are on a daily basis.
- CEO answers questions live via Mannin Line bi-monthly.
- Friends and Family test received 90% good/very good feedback from 1043 responses Aug-Nov 22.
- Use of networking opportunities at all public events around the Island.
- Prompt response rate for contacts via MCALS (e.g. 90% within 24 hours Nov 22).
- Regular 2:2 meetings between HSCC and MxC Chair/CEO exchanging current and honest information.
- Regular celebration of specific achievements by people working in or with Manx Care.
- Service improvements due to user feedback, e.g. improved letters for the visually-impaired.

Concerns

- Complexities around working effectively with contracted-out primary health care services resulted in some communication issues e.g. consistent promotion of MCALS.
- Differing perspectives on effectiveness of communication with the DHSC, though there have been some improvements in this reporting year. Manx Care is aiming for an increase in Partnership Board meeting frequency to focus directly on finance, strategy, capital development and policy framework.
- Access to Patient feedback via Friends and Family Test is not always understood.

HSCC Analysis against Mandated objectives and IHR recommendations

Manx Care has worked in line with its own clear governance procedures and priorities to grow the effectiveness of its communication with the public and with individuals.

- Mandate Obj 2: DHSC rates Service user Engagement as mostly achieved and welcomes the introduction of MCALS and use of other feedback sources.
- Mandate Ob 4: Through its committee structure and Mandate reporting Manx Care has vigorously promoted culture change through the organisation.
- IHR 1: Manx Care highlights the effectiveness of holding bi-monthly Public Board meetings/Annual Public Meeting in May 2022. Frequent/regular Manx Care communications via Facebook, Manx Radio and text. Manx Care has held several open events at the evolving local Wellbeing Hubs.

Conclusion

Manx Care has used its limited resources efficiently to prioritise culture change within and beyond its organisation. DHSC and Treasury need to ensure that the effective communication witnessed in the fourth quarter of the year continues in order to promote strategic and financial planning.

LEAD AREA: Digital and Informatics (D&I Manx Care)

<p>Mandate Objectives 1 – Lead response to Covid pandemic, 8 – embed continuous improvement, 11 – develop and integrate primary care at scale IHR Recs 22 – further/faster digital strategy delivery, 23 – immediate establishment of a core data set, 24 – accurate data systematically captured</p>
<p>Significant Developments 22-23</p> <ul style="list-style-type: none"> The D&I Committee has managed to instigate greater accurate data collection over the last 12 months, which in turn is delivering greater and more relevant outcomes. This data collection is allowing greater scrutiny and service delivery to take place in areas such as patient discharge. Manx Care have partnered with Liverpool in their procurement of a Care Record system for Acute care, which will assist in the ultimate construction of a Manx Care Record system, though the final cost is unclear. Previously identified data breaches are/have been addressed, and mitigation measures have been put in place. Patient data sharing agreements have made significant positive steps forward.
<p>Assessment of governance</p> <ul style="list-style-type: none"> Meetings that took place as scheduled on a bi-monthly basis were well planned and well attended. The quality of the information and reporting was good. During the early meetings, it was clear that the committee were having to undertake significant reviews of service, service delivery and data collection. During the later part of Q3, significant strides occurred in relation to the whole IT estate and the outcomes that are now being reported. For example, the work carried out on the Windows update, and the identification of the volume of individual software programs being accessed across the IT estate. The roll out of the Windows 10 upgrade was completed, but also with identification of the 197 individual pieces of software currently being used within Manx Care.
<p>Evidence of good practice</p> <ul style="list-style-type: none"> The committee has made great strides to identify and clarify the historic legacy issues that had been unclear until the committee took action and instigated a variety of reviews, not of hardware, but of software and their relevant support processes.
<p>Concerns</p> <ul style="list-style-type: none"> The HSCC only commenced observations in July 2022. The overriding concern immediately apparent within D&I is a lack of resources, not only that of manpower, but also that of legacy issues still being unpacked and uncertainty regards quantifying accurate costings. Although the team are working very hard to identify historic issues, and are working closely with GTS to minimise costs, it would appear that for both the Manx Care Record and for the wider IT estate, both of hard and software, significant financial and human resources will be required to address the numerous legacy related issues which continue to be exposed- not least the identification of 197 different software systems.
<p>HSCC Analysis against Mandated objectives and IHR recommendations</p> <ul style="list-style-type: none"> IHR22 has been partially met, by way of greater accurate data being captured, which in turn improves the quality of the service, IHR23 is being achieved in a number of areas, with further work underway. IHR24 Until all areas of the service have been fully digitised, and all relevant and accurate data is captured and fully utilised, credible data to inform decision making will remain elusive.
<p>Conclusion: The D&I Committee has managed to generate more accurate data over the last 12 months. However, lack of funding and resources is inhibiting the instigation of an alternative to the MxC record and the urgent development and updating of the current software and hardware estate.</p>

LEAD AREA: Finance, Performance and Commissioning (Manx Care)

<p>Mandate Objectives 6 – demonstrate financial balance including multi-year funding, 8 – embed continuous improvement via 3 year operational plan IHR Recs 16 – review of funding/broader care arrangements, 17 – increased funding linked to efficiency targets, 20 – 3 to 5 year funding model</p>
<p>Significant Developments 22-23</p> <ul style="list-style-type: none"> • Maturation of the Committee included learning lessons from 21-22 and preparing very focused agendas for specific inputs and outputs • Introduction of off-line discussions at high level began to inform content and pace of development • Transfer of some transformation funding impacted positively on restoration and recovery/BAU but significantly slowed service development.
<p>Assessment of governance</p> <ul style="list-style-type: none"> • Early identification and prioritisation of governance items, with a meeting by meeting priority focus. • Rigorous attention to continuity between meetings using action logs, minutes, deputies and flex. • Only one monthly meeting was cancelled, but this was planned to enable detailed discussions with DHSC during August 2022. • High quality of meetings produced well-reasoned high level and strategic recommendations that enabled decision making at Board level.
<p>Evidence of good practice</p> <ul style="list-style-type: none"> • High levels of attendance and commitment result from the communication of dates to late 2024. • Focus on communication of true choice and consequence to MxC Board and thus Board to Board. • Clear understanding of the relationship between workforce issues and financial consequences. • In line with the required outcomes framework, financial control and oversight systems were developed at pace, resulting in high level risk forecasting and management.
<p>Concerns</p> <ul style="list-style-type: none"> • Lack of HR understanding and support, PiP reporting and core data interrogation all of which result in serious barriers to planning and retention of financial control. • Multi-year funding is not yet a realistic prospect although Manx Care is committed to working towards such a model.
<p>HSCC Analysis against Mandated objectives and IHR recommendations</p> <ul style="list-style-type: none"> • Obj 6 Rigorous efforts were made to achieve financial balance in 2022-23, with some support from DHSC contingency and diversion of Transformation funds. This helped towards the target but stalled some development streams. No progress was made with multiyear funding. • Obj 8 Not observed by HSCC, awaiting update on 3-year operational plan. • IHR 16 A significant amount of groundwork has been done towards understanding how to make funding equitable and flexible across all aspects of social care and health care. The HSCC notes the large scale of this work. • IHR 17 Treasury provided some increased funding against a commitment by Manx Care to 2% cost improvement savings. Increased contingency funding to the DHSC covered pandemic costs. • IHR 20 There does not yet appear to be the right level of maturity in the complex relationships between Treasury, DHSC and Manx Care to countenance a multiyear funding model for the near future. Manx Care is committed to this objective when it can be achieved.
<p>Conclusion</p> <p>The Finance, Performance and Commissioning committee is very effective. Experts at the table enable a strategic, high level discharge of its functions. If the barriers to achieving properly planned funding were removed then greater impact and effectiveness would be rapidly enabled because specific long-term plans are ready and waiting. If the agreed funding formula were to be honoured for 23/24 and in the future, and a 3 to 5 year budget-planning model were in place, Manx Care would have the confidence to maintain and grow its services for the whole population.</p>

LEAD AREA: People (Manx Care)

Mandate Objective 9 – continuous improvement in workforce engagement

IHR Rec 25 – fit for purpose workforce model
Significant Developments 22-23
<ul style="list-style-type: none"> • HSCC invited to attend the People Committee, a sub-committee of the Manx Care Board, as observers since July 2021. This has facilitated scrutiny of aspects of the service provided under the SLA by OHR to Manx Care, with representation on the committee by the Director of HR Business who has the role of committee Executive Lead. • Following the resignation of the Executive Director in May 2022 a full review of the HR function of government was instigated, with a report and recommendations expected in the second quarter of 2023. An Interim Executive Director was appointed and is still in post.
Assessment of governance
<ul style="list-style-type: none"> • The People Committee provides a forum for HSCC scrutiny of the HR function in Manx Care, progress in workforce engagement and in the development of a fit for purpose workforce model. • Meetings are planned and held regularly, are attended by a wide range of high level staff including the CEO of Manx Care, with detailed information packs circulated well in advance. • The PC is directly accountable to the Manx Care Board, to whom it can provide Mandate delivery assurances as well as escalate concerns.
Evidence of good practice
<ul style="list-style-type: none"> • The People Committee has made the OHR function in Manx Care at least partially visible, in the absence of a specific OHR governance committee. • The PC escalates concerns to the Manx Care Board with clarity and transparency, and constitutes a mechanism for the tracking of progress towards the achievement of Mandate Objective 9 and IHR Rec 25 through standing items on its agenda. • The Committee is trying hard to promote a change in organisational culture through the formal and informal recognition of Long Term Service, and by the prominence it gives to the celebration of Staff Stories, a standing item on the agenda.
Concerns
<ul style="list-style-type: none"> • The CEO of Manx Care has escalated concerns about the reliability of the data provided to the Committee by OHR. Unreliable data is holding back the development of a fit for purpose workforce model and is hampering attempts to address all key “Competition for staff leading to critical shortages” indicators on the Manx Care Board Assurance Framework. • Issues around the reliability of OHR data have been flagged up in HSCC reports since at least 2015. • All “Competition for staff leading to critical shortages” indicators continue to be RAG rated “Red” on the Manx Care BAF.
HSCC Analysis against Mandated objectives and IHR recommendations
<ul style="list-style-type: none"> • IHR Rec 25: There has been little fluctuation in the estimated 20% staff vacancy rate since HSCC invited to observe the work of the Committee in July 2022. • Mandate Objective 9: There has been little or no progress on the workforce planning intended to address the staff vacancy rate strategically. There are considerable implications flowing from this in connection with safety, performance, effectiveness and workforce engagement.
Conclusion
The Manx Care People Committee needs to be able to rely upon the data provided by OHR, which it currently can't. This is inhibiting effective strategic workforce planning and is making it difficult to tackle the challenges of recruitment and retention effectively.

LEAD AREA: Quality, safety and engagement (Manx Care)

<p>Mandate Objectives 2 – continuity of care, engagement, 4- effective governance structure and risk management, promotion of safe, learning and improvement focused culture, 7- reductions in waiting lists, 8 & 9 -embed principle of continuous improvement IHR Recs 3 – regular independent inspection, 5 – statutory duty of care, 22- comprehensive capture, sharing and use of information 23 core data set essential for management and assessment, 24 – accurate data systematically captured</p>
<p>Significant Developments 22-23</p> <ul style="list-style-type: none"> • Significant improvements to the monthly Integrated Performance Report both in the quality of data and an analysis of the data is now aligned to the 5 QSC recognised domains. • Continuous development and improvements in quality and safety governance and risk management systems with deep dives where risks are identified. • Reduction in waiting lists, particularly through engagement with Synaptic. • Focus on building alliances with tertiary providers. • Theatre improvement plan has led to full AfPP (*full term) accreditation. • Full compliance with complaints legislation was achieved by the end of 2022. • Staff shortages (20% vacancy rate across the estate) remain a risk and significant cost requiring use of locum and agency staff but over the year significant substantive consultant appointments have been made across the organisation.
<p>Assessment of governance</p> <ul style="list-style-type: none"> • Regular well-attended monthly meetings, though always on Teams. • Comprehensive agenda of standing items and supporting reports with additional items as arising. • Detailed insight across quality and safety governance.
<p>Evidence of good practice</p> <ul style="list-style-type: none"> • Monthly Horizon Scan provides regular oversight. • Regular governance group reporting is now providing improved assurance of quality and safety and highlighting areas of risk, which are being addressed eg. The Clinical Safety Audit outlined minimum surgery procedures required for safe practice which is leading to reviews of service provision on and off-Island, plans are underway to improve ENT provision and deep dive is now to be made into Consent procedures and assurance across all services.
<p>Concerns</p> <ul style="list-style-type: none"> • Slow progress in improving mandatory training completion inc. record keeping and safeguarding highlighted across the CQC inspection reports. • CQC also identified control over equipment maintenance and replacement • The volume of out-of-date policies, procedures and guidelines still to be updated and harmonisation of shared service policies remain a risk – resolving this takes up valuable time and resource. • Cost implications are the biggest concern holding back improvement with many business cases not approved or on hold eg. implementation of NICE TAs, to give parity with UK drug provision.
<p>HSCC Analysis against Mandated objectives and IHR recommendations</p> <ul style="list-style-type: none"> • The focus on reducing waiting lists and the committee’s recent agreement for a baseline assessment of 7 day services puts patients at the centre of the delivery of services. IHR 1 • Whilst there is evidence of much improvement in data capture and validation of data, data sharing and efficiency is hampered by the use of multiple separate systems. CQC noted lack of systems integration and the impact on ability to measure quality. IHR 22,23,24 • The CQC reports and resulting action plans should drive necessary improvement. IHR 8,9
<p>Conclusion</p> <p>Manx Care has worked hard to build a foundation of governance and risk management systems. The next challenge is to ensure the effective use of data collected to drive continuous improvement. The HSCC acknowledges the benefit of developing alliances with tertiary providers, the benefit of alignment of data systems and benchmarking against best practice.</p>

Evidence and RAG review table for Thematic Recommendations 2018 - 2022

		Cancer	Dept	HSCC	IHR
21-22	R1	Manx Care work with the Transformation team to complete and implement the new Cancer Strategy and tumour site pathways			R11 R12
20-21	R2	Adequate on-Island cancer staffing is ensured to meet demand and quality standards.			R25
19-20	R1	Long awaited agreements and pathways are finalised with Cheshire & Merseyside Cancer Alliance, including Service Level Agreements.			R12
18-19	R1	The Cancer Services Coordination Group must have strong leadership and senior management support to deliver a new IOM Cancer Strategy and implementation plan.			R25
17-18	R1	DHSC carry out a mid-term review of The National Cancer Plan for the IOM 2012-2022 outcomes, resources, KPI's and accountabilities with a view to establishing a future costed Plan.			R6 R7

		Consultation/Communication formerly Communications inc. Public Health	Dept	HSCC	IHR
21-22	R2	Public information, including that contained in consultations, should be increased in frequency and used to inform and educate as significant health reforms take shape during the lifetime of this administration.			R21
20-21	R4	The opportunity is taken to effectively embed operational communications across the health estate.			R1
19-20	R2	Communication about the Transformation programme and further public engagement about health services, must be given urgent priority.			R9 R10
19-20	R12	DHSC provide assurance that Public Health programmes delivered by DHSC/Manx Care are meeting quality standards and defined outcomes. The relationship needs clear reporting lines, accountability and assurance via robust Service Level Agreements.			
18-19	R2	Executive Leadership Team need to be clear how they manage communications both internally and externally on behalf of DHSC and manage as a standing item on the extended ELT meeting agenda.			R21
17-18	R10	DHSC ensure governance procedures for all screening services are improved and gain approval by the Director of Public Health as appropriate and adequate			R10

		Engagement Forum formerly Community Services Recommendations	Dept	HSCC	IHR
21-22	R3	The Engagement Forum should produce an interim report on its activity and effectiveness by September			R1
20-21	R12	Patient engagement forums are actioned and implemented with realistic patient representative role profiles, structured training and the remit to make a measurable impact.			R1
18-19	R3	Evidence-based community care pathways are implemented, resourced, audited and shared appropriately.			R10
17-18	R3	DHSC review the funding strategy to consider the urgent budget needs to support Integrated Care strategy.			R16 R20

		High Level Meetings formerly Nobles Executive Team	Dept	HSCC	IHR
21-22	R4	DHSC further develops the timely inclusion of both Public Health and Manx Care during strategic development work in all stages of planning and application.			R4 R7
19-20	R8	The current Nobles weekly Operational meeting is minuted and transparent operational decision making is disseminated throughout hospital services.			R21
18-19	R12	Public Health resources and commitments to be agreed by Treasury and relevant Departments and Bodies via Social Policy Consultative Committee for all JSNA Delivery Plans before agreed implementation.			R9 R10
18-19	R8	An effective Nobles governance structure be re-established, that meets regularly and thereby provides a degree of transparency and accountability not currently evident.			R12
17-18	R8	Focus on gate keeping into Nobles and smooth discharge to the Community & Residential sector to ensure it fits with the Integrated Care Strategy and ensures patient safety.			R12

		Mental Health Recommendations	Dept	HSCC	IHR
21-22	R5	Support for mental health for our Island's young and vulnerable people remains a priority, through further effective collaboration with third-party mental health providers.			R19
20-21	R8	The Department should ring fence financial support for the Crisis Referral Team to meet COVID based increases in demand.			R19
19-20	R7	Further efforts are made with cross department initiatives to eliminate silo working and put the patient at the centre of the process.			R1
18-19	R7	MHD manage the transfer of CAMHS tier 2 into the Psychological Therapies service and create a dedicated pathway for Autism, bidding for appropriate funding as required.			R12
17-18	R6	The new Community Care Directorate structure provides a smoothly running system to care for people in the community by developing and funding an effective Integrated Care plan.			R12

		Professional Advisory Council, formerly Nursing and Midwifery Advisory Council	Dept	HSCC	IHR
21-22	R6	Nurse recruitment is given a greater priority and the current high vacancy rate is reduced so that patients receive the appropriate level of care, quality and safety.			R25
20-21	R9	Greater numbers of suitable applicants are attracted through student bursaries, financial staffing incentives and funding for enhanced Health Care Assistant roles.			R25
19-20	R9	The Department should urgently review Nurse Education to ensure it has the influence it requires as the accountable Department for Nurse Higher Education.			R25
18-19	R9	The Nursing and Midwifery Advisory Council is re-established to provide adequate checks and balances for professional conduct.			R25
17-18	R7	Responsibility for Nursing and Health Care Assistant regulation is urgently re-established following the removal of Chief and Associate Chief Nurse posts, and NMAC itself.			R25

		Office of Human Resources (OHR) DHSC strategic partner	Dept	HSCC	IHR
21-22	R7	DHSC, Manx Care and OHR formally sign the Service Level Agreement, to include a schedule of review meetings that track performance against agreed KPIs and a timeline for actions.			R2
20-21	R10	DHSC ensure that Manx Care have structured and agreed OHR support from their OHR partners.			R2 R25
19-20	R10	Attendance at mandatory and developmental training events, in particular mandatory training, must improve to enable the Department to fulfil regulatory and CPD requirements.			R25
18-19	R10	That current shared service arrangements are reviewed by the ELT in light of organisational changes and recent PAC and SAPRC reports and to ensure all staff and managers are compliant with the CARE standards.			R25
17-18	R9	Systems are developed to overhaul all HR functions with DHSC with clear direction (via a new Service Level Agreement) for all future workforce planning and staff management processes			R25

		Policy and Legislation	Dept	HSCC	IHR
21-22	R8	New legislation is delivered in line with published deadlines by an appropriately funded and trained legal team with clear roles and responsibilities specified and agreed between the Department and the AGs Chambers.			R8
20-21	R7	The DHSC Minister's and Department's political members should support the arms-length operation of Manx Care, ensuring that a sustainable model is developed and enabled by appropriate and timely legislation.			R8
19-20	R6	The Manx Care Regulations and the long-awaited Health & Social Care Bill be prioritised so that legislation can be passed during 2020.			R8
18-19	R6	A full review of all health related legislation be urgently commissioned, to include the IHR recommendations and to facilitate the Integrated Care Strategy.			R8

		Political Activity	Dept	HSCC	IHR
21-22	R9	This administration prioritises, as a matter of urgency, the actions arising from the Manx Care Act 2021 amendment in order to progress complaints legislation and to establish an interim Health and Social Care Ombudsman Body under the Social Services Act 2011.			R8
20- 21	R13	The annual WMQRS update report which identifies the priority areas for action, including outstanding recommendations from the original reporting, should continue to be implemented.			R3
19-20	R13	The Annual WMQRS update report to Tynwald be reinstated until a replacement regulatory body is in place, to ensure remaining achievable standards are met and reviews of service areas continue.			R3
18-19	R13	The Annual WMQRS update report to Tynwald continues, to ensure sustainability of the Priority Areas for Action 2019 and to encourage further compliance with remaining achievable quality standards.			R3
17-18	R12	DHSC urgently re-establish effective governance of Health services following the breakdown of the April 2016 governance system which currently fails to provide assurance to the CEO and Tynwald			R25

		Digital Transformation Data and Informatics and Quality and Safety	Dept	HSCC	IHR
21-22	R10	The Digital Transformation Team provides regular updates to DHSC and Manx Care, providing assurance that a comprehensive strategic development plan is in place to create a single core data set as a matter of urgency.			R22
20-21	R3	Any cultural, organisational and resource barriers to care quality and safety are removed, e.g. full uptake of required essential training through effective messaging and more convenient access			R25
20-21	R6	The IQC continues to use its knowledge and expertise to argue for urgent progression of both the Manx Care Record and a core data set.			R23
19-20	R3	Sufficient trained strategic support is available to provide CQSC members with timely data, narratives and information to enable assurance to the DHSC Board that patients are safe.			R22
19-20	R5	Capacity is released to enable the application of existing approved software updates by ensuring that hardware capability is always sufficient, appropriate and ready to run them.			R22
18-19	R5	Timely resources be made available to drive forward essential projects including the digital Manx Care record.			R21 R22
17-18	R5	The DHSC should involve itself at an earlier stage, in the rationale, scope and implementation of pan-Government projects such as PiP.			R24

		Department meeting formerly Strategy and Commissioning Committee	Dept	HSCC	IHR
21-22	R11	The S&CC should ensure that timely development of its strategic priorities is achieved through a fully inclusive approach to team management, mutually understood ways of working and clear communication.			
20-21	R5	There should be limited use of FD8 waiver fallback. Existing contracts under FD8 Waiver should be subject to competition where possible 6 months prior to the current contract term.			
20-21	R11	Patient Safety impact is made more prominent, and is given more weight in business case submissions to Treasury.			R1
19-20	R4	The Executive Steering Group continues work to identify different future commissioning roles for DHSC and Manx Care and also Public Health's commissioning role.			R2
19-20	R11	Faster pathways to asset replacement are found. The current 3-5-year timeframe via FD8 waivers, system breakdowns and business case refusals that discount impact assessments, is a concern.			R20
18-19	R4	Additional resource is provided to enable Noble's Commissioning to accelerate progress with contracts and compliance.			
18-19	R11	A patient safety impact assessment be routinely carried out in advance of all budgetary, resource and facility changes.			R1
17-18	R2	Greater clarity, speed and efficiency in dealing with contract management and asset replacement matters e.g. replacement of laundry equipment, beds contract.			R25
17-18	R4	Better Financial and Commissioning Governance is required through a review of ToR's, membership and accountability.			
17-18	R11	(Transformation) Within 6 months of the mid-point, DHSC carry out a review of the October 2015-2020 5-Year Strategy in the light of the Public Accounts Committee's findings and the broader aims of the PfG.			R18

APPENDIX 1: Summary of Independent Health Review recommendations (2019) and of Mandate Objectives (2022 - 2023)

Independent Health Review timeline 2019

- May 2019 COMIN fully accepted all recommendations and COMIN and approved them.
- October 2021 Interim review published.
- January 2023 Political confirmation that implementation of all IHR recommendations would continue because Tynwald had given the relevant bodies the powers to do so.
- January 2023 Political view that appropriate outcomes should be ensured by checking and challenging the extent to which agreed pathways to transformation are appropriate. Acknowledgement that there is a will but that lack of resource may force modification.

The recommendations that Tynwald unanimously approved are: -

1 The Council of Ministers should formally adopt the principle that patients and service users are fully engaged in, and at the centre of, all aspects of planning and delivery of health and social care services.

2 The setting of priorities and the development of policy in both health and social care should be separate from the delivery of services.

3 Services provided directly or indirectly by Manx Care should be inspected regularly by independent, external quality regulators, with a report to the Manx Care Board and to the DHSC.

4 A publicly available Annual Report from Manx Care should be provided to the DHSC and subsequently presented to Tynwald, summarising the delivery of the health and care services on the Island.

5 A statutory duty of care (applicable to organisations and the individuals who deliver health or care services) should be agreed, implemented and maintained alongside the delivery of high value clinical governance, underpinned by legislation where necessary.

6 The Council of Ministers should mandate the DHSC, Treasury and the Cabinet Office to ensure implementation of the agreed Transformation Programme of health and care services as set out in this Report, led by the Chief Secretary.

7 The Council of Ministers should receive a quarterly progress report on the Transformation Programme to understand the progress made and to identify any significant issues which need resolution.

8 Primary and/or secondary legislation should be introduced as required, and included in the legislative programme as soon as possible, in order to form a modern, comprehensive legislative framework.

9 The Public Health Directorate should be empowered to provide advice and guidance across Government, not solely to the DHSC. It should promote and co-ordinate health and wellbeing across the Island to help improve the quality of life and reduce the demand on health and care services in the future.

10 An on-going health and care needs assessment programme for the Isle of Man should be established and funded without delay. It is not possible to develop meaningful service delivery models and plans without establishing the current and future needs for health and care through this assessment. The Public Health Directorate should be resourced to undertake the health and care needs assessment programme.

11 A service-by-service review of health and care provision, in conjunction with the needs assessment and an analysis of care pathway design, should be undertaken to establish what services can, should or must be provided on and off-Island, against defined standards.

- 12** Service by service integrated care pathways should be designed, agreed and delivered. These should encompass both on and off-Island components of clinical service models.
- 13** Manx Care should deliver an enhanced 24/7 emergency air bridge, allowing for patients to be stabilised locally and moved quickly and safely to contracted specialist centres.
- 14** A single, integrated out-of-hours service should be established to provide care in an efficient and appropriate manner outside normal working hours.
- 15** The Isle of Man should establish a model for delivering primary care at scale, since further and deeper collaboration within primary care is necessary to deliver current services and provide additional local services.
- 16** The provision of social care should be considered as part of the current review of future funding of nursing and residential care with the intention of removing disincentives to people requiring care and support remaining in their home.
- 17** Increased funding should be linked to the achievement of annual efficiency targets.
- 18** Additional transformational funding and dedicated specialist resources, including proven change leadership, are required to deliver the transformational recommendations for them to be implemented successfully.
- 19** Increases in funding for health and care services will be required to support the increased demands that will be placed on those services due to demographic changes, non-demographic changes and inflation.
- 20** Funding, based on agreed need, should, over time, move from the current annual budget allocation to a 3-5 years financial settlement for health and care services for the Island.
- 21** Ensure data sharing protocols and arrangements are reviewed, agreed and implemented in accordance with the Information Commissioner's regulations and guidance.
- 22** The development and delivery of the digital strategy should go further and faster to ensure the comprehensive capture, sharing and use of information. This would enable greater integration across the system, improved monitoring and enhanced delivery of quality and efficiency-related information.
- 23** A core data set is essential for the management and assessment of services and should be established without delay.
- 24** The systematic capture of accurate data should be a priority for the Island's health and care services.
- 25** A fit for purpose workforce model needs to be developed to reflect the emerging needs of the new model of care. It should maximise the potential skills available within the workforce as well as the opportunity to recruit and retain high quality professionals.
- 26** The Government should create a new, dedicated and skilled transformation programme group to oversee and support the implementation of the agreed Recommendations.

Mandate Objectives 2022-23

The Mandate sets out the Objectives that the Department sets for Manx Care, both as general objectives and as deliverables that Manx Care are to seek to deliver during the Service Year. In setting these Objectives, the Department asks Manx Care to continue to build on the achievements made against the Objectives for the preceding service year. Specific examples of 22-23 success indicators can be found by following the link at the end of this section.

Objective 1 Lead the Island's response to the COVID-19 pandemic and work in partnership with the Department to ensure that identified key action areas are delivered in line with the strategic direction set by the Department

Objective 2 Demonstrate continuity of care and the experience of service users, patients and carers is effectively captured, matches the agreed standards and that feedback is used to drive continuous improvement and better outcomes for people accessing and using all services.

Objective 3 Demonstrate changes in transforming an integrated health and care service delivery, following international standards for quality and outcomes and those set by the Department.

Objective 4 Manx Care will be able to demonstrate, embed and lead an effective and robust corporate, clinical & social care governance structure across all services for the effective management of risk, the ability to provide real time intelligence about performance and promotion of a safe, learning and improvement focused culture.

Objective 5 Further develop plans to transform the urgent and emergency care pathway that will provide alternatives to hospital based care, reducing avoidable attendances at the Emergency Department and reducing Non Elective admissions.

Objective 6 In partnership with the Department (who will drive policy reform) and the Transformation programme, demonstrate continued financial balance within the available budget through the delivery of agreed cost and service improvement plans (CIP) and the delivery of the agreed sustainable financial plans.

Objective 7 Continue to work at a system level and ensure measurable progress in the reduction of waiting times across all services.

Objective 8 Adopt and embed a principle of continuous improvement in design, development and delivery of social care and health care services to ensure high quality measured outcomes are achieved, including, where appropriate, new opportunities to innovate including through the use of new technology.

Objective 9 Demonstrate continuous improvement in workforce engagement, planning and personal and professional development.

Objective 10 Develop and integrate Primary Care at Scale through supporting the transformation programme

Objective 11 Working with the Public Health, Manx Care and DHSC Strategic Board, deliver an early intervention programme aligned with the Island Plan, ensuring that provision is delivered in the right places to address wider determinants of health in the prioritised areas.

Details of the actions required for each Mandated Objective for 2022-23 can be found at

<https://www.gov.im/about-the-government/departments/health-and-social-care/mandate-and-oversight-framework/>

Appendix 2: Summary of progress against IHR recommendations, October 2021

Review of the Isle of Man Health and Care Transformation Programme

Sir Jonathan Michael, Independent Adviser on the Health and Care Transformation Programme

15 October 2021

Annex B – Summary of progress against Final Report recommendations	
Recommendation	Progress and Method of Delivery (Project or Transformation Programme Management Office (TPMO))
Recommendation 1: The Council of Ministers should formally adopt the principle that patients and service users are fully engaged in, and at the centre of, all aspects of planning and delivery of health and social care services.	The Council of Ministers agreed to this recommendation as part of its response to the Report and has instructed the Programme to be run with this principle in mind - Complete
Recommendation 2: The setting of priorities and the development of policy in both health and social care should be separate from the delivery of services. A comprehensive governance and accountability framework should be established, aligned to agreed standards and underpinned, where necessary, by legislation. A single public sector organisation, perhaps to be known as “Manx Care”, should be responsible for the delivery and/or commissioning from other providers of all required health and care services.	On 1 April 2021 the Manx Care Act 2021 came into force and the separation of the delivery of health and care and the setting of priorities was completed – Complete (with the exception of clinical and care governance framework which remains to be finalised and embedded - ongoing) Establish Manx Care and Governance and Accountability projects
Recommendation 3: Services provided directly or indirectly by Manx Care should be inspected regularly by independent, external quality regulators, with a report to the Manx Care Board and to the DHSC.	Ongoing Care Quality Commission secured to undertake independent inspections for the majority of services and will identify other suitably qualified organisation(s) to ensure a comprehensive approach. External Quality Regulation project
Recommendation 4: A publicly available Annual Report from Manx Care should be provided to the DHSC and subsequently presented to Tynwald, summarising the delivery of the health and care services on the Island.	Annual report now required under legislation and under the Mandate and will be produced annually – Complete Improve Legislative Framework and Establish Manx Care project
Recommendation 5: A statutory duty of care (applicable to organisations and the individuals who deliver health or care services) should be agreed, implemented and maintained alongside the delivery of high value clinical governance, underpinned by legislation where necessary. The new statutory duty of care would include:	Legislative requirements delivered through Manx Care Act, including Duty of Candour which has been implemented and will need to continue to be maintained and the service assessed for compliance – Complete Improve Legislative Framework and Governance and Accountability projects

<p>A duty of confidentiality</p> <p>A duty to share information where appropriate to enable the delivery of safe optimal care; and</p> <p>A duty of candour – a responsibility to disclose where breaches of safety standards or harm to individuals have occurred</p>	
<p>Recommendation 6: The Council of Ministers should mandate the DHSC, Treasury and the Cabinet Office to ensure implementation of the agreed Transformation Programme of health and care services as set out in this Report, led by the Chief Secretary.</p>	<p>The Council of Ministers issued a mandate to the Cabinet Office, DHSC and the Treasury to ensure implementation of the Report's package of recommendations, led by the Chief Secretary – Complete</p>
<p>Recommendation 7: The Council of Ministers should receive a quarterly progress report on the Transformation Programme to understand the progress made and to identify any significant issues which need resolution. In addition, it is suggested that Tynwald should also receive an annual report on progress of the Transformation Programme.</p>	<p>The TPMO has and will continue to issue quarterly progress reports to Council of Ministers and an Annual Report to Tynwald – Complete (ongoing) TPMO</p>
<p>Recommendation 8: Primary and/or secondary legislation should be introduced as required, and included in the legislative programme as soon as possible, in order to form a modern, comprehensive legislative frame-work. This legislation should address weaknesses or gaps in the current system as well as enabling the implementation of the recommendations contained in this Report, such as any necessary legislation to establish Manx Care.</p>	<p>Manx Care Act 2021 and related Regulations – Complete Further legislative requirements - Ongoing Improve the Legislative Framework</p>
<p>Recommendation 9: The Public Health Directorate should be empowered to provide advice and guidance across Government, not solely to the DHSC. It should promote and co-ordinate health and wellbeing across the Island to help improve the quality of life and reduce the demand on health and care services in the future. All Departments should be required to factor public health guidance into policy setting and legislation. In order to facilitate this, the Public Health Directorate should be moved to a position in the Cabinet Office.</p>	<p>Transfer of Public Health Directorate from DHSC to Cabinet Office – Complete Transfer Public Health project</p>
<p>Recommendation 10: An on-going health and care needs assessment programme for the Isle of Man should be established and funded without delay. It is not possible to develop meaningful service delivery models and plans without establishing the current and future needs for health and care through this assessment. Many other recommendations in</p>	<p>Approach to Population Needs Assessment Programme agreed and accepted to commence from April 2022 led by Public Health and responsibility with Chief Officers of all Departments Partially Complete - Ongoing Undertake Needs Assessment project</p>

<p>this Report are predicated on the assumption that this programme will be established. The Public Health Directorate should be resourced to undertake the health and care needs assessment programme.</p>	
<p>Recommendation 11: A service-by-service review of health and care provision, in conjunction with the needs assessment and an analysis of care pathway design, should be undertaken to establish what services can, should or must be provided on and off-Island, against defined standards. Where services cannot be provided safely or deliver best value by Island-based providers, the default position should be to seek services from third parties for delivery on-Island whenever possible and off-Island where necessary.</p>	<p>Ongoing Care Pathways and Service Delivery Transformation project</p>
<p>Recommendation 12: Service-by-service integrated care pathways should be designed, agreed and delivered. These should encompass both on and off-Island components of clinical service models.</p>	<p>Ongoing Care Pathways and Service Delivery Transformation project</p>
<p>Recommendation 13: Manx Care should deliver an enhanced 24/7 emergency air bridge, allowing for patients to be stabilised locally and moved quickly and safely to contracted specialist centres.</p>	<p>Helicopter Emergency Medical Service (HEMS) trial to commence October 2021 and, subject to success, to develop and become an enduring service Ongoing Air Bridge project</p>
<p>Recommendation 14: A single, integrated out-of-hours service should be established to provide care in an efficient and appropriate manner outside normal working hours.</p>	<p>Ongoing Care Pathways and Service Delivery Transformation project</p>
<p>Recommendation 15: The Isle of Man should establish a model for delivering primary care at scale, since further and deeper collaboration within primary care is necessary to deliver current services and provide additional local services.</p>	<p>Ongoing Primary Care at Scale project</p>
<p>Recommendation 16: The provision of social care should be considered as part of the current review of future funding of nursing and residential care with the intention of removing disincentives to people requiring care and support remaining in their home. This consideration should specifically include equalisation of the current threshold of financial assistance, a more flexible approach to funding to enable joint commissioning of broader care arrangements in the interests of the service user and provision of 24/7 social care access.</p>	<p>Ongoing Care Pathways and Service Delivery Transformation and New Funding Arrangements projects</p>
<p>Recommendation 17: Increased funding should be linked to the achievement of annual efficiency targets.</p>	<p>Eight year efficiency profile agreed and incorporated into 2021/22 budgets and development of 2022/23 budget submission –</p>

	Complete (for annual review as part of budget setting process) New Funding Arrangements project
Recommendation 18: Additional transformational funding and dedicated specialist resources, including proven change leadership, are required to deliver the transformational recommendations for them to be implemented successfully.	Ongoing TPMO
Recommendation 19: Increases in funding for health and care services will be required to support the increased demands that will be placed on those services due to demographic changes, non-demographic changes and inflation.	Ongoing New Funding Arrangements project
Recommendation 20: Funding, based on agreed need, should, over time, move from the current annual budget allocation to a 3-5 years financial settlement for health and care services for the Island.	Ongoing (towards indicative 3-5 funding based on improved forecast and sustained financial balance) New Funding Arrangements project
Recommendation 21: Ensure data sharing protocols and arrangements are reviewed, agreed and implemented in accordance with the Information Commissioner's regulations and guidance.	Ongoing Information and Digital project
Recommendation 22: The development and delivery of the digital strategy should go further and faster to ensure the comprehensive capture, sharing and use of information. This would enable greater integration across the system, improved monitoring and enhanced delivery of quality and efficiency-related information.	Ongoing Information and Digital project
Recommendation 23: A core data set is essential for the management and assessment of services and should be established without delay.	Initial Core Data set delivered September 2021 for further development – Ongoing Information and Digital project
Recommendation 24: The systematic capture of accurate data should be a priority for the Island's health and care services.	Ongoing Information and Digital project
Recommendation 25: A fit for purpose workforce model needs to be developed to reflect the emerging needs of the new model of care. It should maximise the potential skills available within the workforce as well as the opportunity to recruit and retain high quality professionals. It will then increase the attractiveness of the Isle of Man as a career destination.	Ongoing Workforce and Culture project
Recommendation 26: The Government should create a new, dedicated and skilled transformation programme group to oversee and support the implementation of the agreed Recommendations.	The TPMO and project teams are established to meet deliverables of the Programme over time – Complete (ongoing)

**APPENDIX 3:
Governance Chart – HSCC Links**

