

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

## A G E N D A

Minute number	GOVERNANCE	Lead	Page	Time
<b>50.23</b>	<b>Welcome &amp; apologies</b>	Chair	Verbal	9.00
<b>51.23</b>	<b>Declarations of Interest</b>	Chair	3	
<b>52.23</b>	<b>Minutes of the meeting held in public</b> - 4 April 2023	Chair	7	
<b>53.23</b>	<b>Matters arising/Review of Action Log</b>	Chair	8	
<b>54.23</b>	<b>Notification of any other items of business</b>	Chair	Verbal	
<b>55.23</b>	<b>Experts by Experience</b>	Chair	Verbal	9.10
<b>56.23</b>	<b>Board assurance framework for 2023-2024</b> - Deep Dive Risk 5 – Stakeholder Support	CEO	19	9.30
<b>57.23</b>	<b>23/24 Board Work Plan</b>	Bd Sec	29	9.45
<b>UPDATES</b>				
<b>58.23</b>	<b>Chair's report (to follow)</b>	Chair		9.50
<b>59.23</b>	<b>Chief Executive's report and horizon scan</b> - Culture of Care Barometer 2023	CEO	31	10.00
<b>60.23</b>	<b>Ballasalla Medical Centre</b>	Dir of Ops	49	10.30
<b>REFRESHMENT BREAK 10.45pm</b>				
<b>61.23</b>	<b>Committee Chairs' Exception Reports</b>  - QSE Committee – 30 May & 27 June 2023 - ICP Committee – 30 May & 27 June 2023 - FP&C Committee – 28 June 2023 (to follow) - D&I Committee – 12 May 2023 - People Committee – 31 May 2023	Comm Chairs	51	11.00
<b>62.23</b>	<b>Integrated Performance Report</b>	Dir of Nursing/ Medical Dir/	72	11.25

		Dir of Social Care/Dir of Ops		
<b>PRIORITY ONE – PATIENT SAFETY</b>				
<b>63.23</b>	<b>Duty of Candour Report</b>	Dir of Nursing	119	11.50
<b>64.23</b>	<b>Experience and Engagement Annual Report</b>	Dir of Nursing	161	12.00
<b>PRIORITY TWO - CREATING A POSITIVE WORKING CULTURE</b>				
<b>65.23</b>	<b>Update on Pay Negotiations</b>	Dir of Ops / Dir of OHR	Verbal	12.10
<b>PRIORITY THREE – MAINTAINING A STABLE FINANCE POSITION</b>				
<b>66.23</b>	<b>Director of Finance Report:</b> <ul style="list-style-type: none"> <li>- May Management Accounts</li> <li>- CIP Delivery</li> </ul>	Dir of Finance	179	12.15
<b>ANY OTHER BUSINESS</b>				
<b>67.23</b>	<b>With prior agreement of the Chair</b>	Chair		
<b>FORMAL MEETING CLOSING AT 12.30 - QUESTIONS FROM THE PUBLIC</b>				
<b>The Board will respond to questions from the public</b>		All		
<b>MEETING EVALUATION</b>				
<b>Board review – feedback on the meeting: effectiveness and any new risks and assurances</b>		Chair	Verbal	
<b>DATE OF NEXT MEETING TO BE HELD IN PUBLIC: 5 September 2023</b>				

# Register of Directors' Interests

## 23 May 2023



Name	Position within, or relationship with Manx Care	Type of Interest	Description of Interest (including for indirect interests, details of the relationship with the person who has the interest)	Date to which interest relates		Direct or Indirect Interest	
				From	To	Direct	Indirect
Sarah Pinch	Non-Executive Director	Direct Financial Interests	Managing Director, Sarah Pinch Limited T/A Pinch Point Communications, consultancy provider for many NHS organisations in England	Jan-93	-	X	
Sarah Pinch	Non-Executive Director	Direct Non-Financial Professional Interest	Chair of The Taylor Bennett Foundation, a charity supporting BAME young people into careers in PR and Communications	Oct-17	-	X	
Sarah Pinch	Non-Executive Director	Direct Non-Financial Personal	Independent Advisor to the Senedd, chair of REMCOM	Nov-18	-	X	
Sarah Pinch	Non-Executive Director	Direct Non-Financial Personal	Trustee of Bristol Students Union, member of REMCOM	Nov-20	July-22	X	
Katie Kapernaros	Non-Executive Director	Direct Non-Financial Professional Interests	Non – Executive Director, The Property Ombudsman. Remuneration and Nominations Committee	Jan-19	-	X	
Katie Kapernaros	Non-Executive Director	Direct Non-Financial Professional Interests	Non – Executive Director, The Pensions Regulator. Remuneration and People Committee.	Apr-20	-	X	
Katie Kapernaros	Non-Executive Director	Direct Non-Financial Professional Interests	Non – Executive Director, Oxford University Hospitals NHS Foundation Trust. Remuneration, Appointments and Audit Committees, Equality and Diversity board champion.	Oct-19	-	X	
Katie Kapernaros	Non-Executive Director	Direct Non-Financial Professional Interests	Non – Executive Director, BPDTS (Digital supplier to Dept. of Work and Pensions) Remuneration and Nominations Committees.	Feb-19	Jun-21	X	
Nigel Wood	Non-Executive Director	Indirect Interest	Wife was employed by Manx care as a part-time radiographer in the X ray department of Nobles Hospital		July 22		X
Nigel Wood	Non-Executive Director	Other Interest	Nigel's business offers a registered office facility to a Radiology online training service owned by an un connected individual. Previously had provided guidance on establishing a business. No remuneration received.	current		X	
Tim Bishop	Non-Executive Director	Direct Financial interest	Director / Shareholder Wellingham Partners Ltd consultancy	Apr-16		x	
Tim Bishop	Non-Executive Director	Direct Non-Financial interest	Unremunerated Chair and Trustee of St Martin of Tours Housing Association	Jan-22		X	
Tim Bishop	Non-Executive Director	Professional	Remunerated member of Assurance Committee Professional Record Standards Body	Nov-20		X	
Tim Bishop	Non-Executive Director	Direct Non-Financial	Unremunerated Vice Chair and Trustee Camphill Village Trust	Jan-18		X	
Tim Bishop	Non-Executive Director	Professional	Registered member: Social Work England	Aug-12		X	
Charlie Orton	Non-Executive Director	Financial	CEO of SMART Recovery which is commissioned by Motiv8 to provide our addiction recovery programme on the island	2013		X	
Kate Lancaster	Non-Executive Director	Financial	Non-Executive Director, Kent Surrey and Sussex Academic Health Science Network				
Kate Lancaster	Non-Executive Director	Non-financial	Faculty for Women in Leadership Judge Business School, University of Cambridge				

Kate Lancaster	Non-Executive Director	Financial	CEO, Royal College of Obstetricians and Gynaecologists				
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				From	To	Direct	Indirect
Dr Sree Andole	Medical Director	Professional	Specialist Advisor, Care Quality Commission UK	2012	-	X	
Dr Sree Andole	Medical Director	Financial	Governing Body member, Southend on Sea CCG, UK	2019	31/07/22	X	
Dr Sree Andole	Medical Director	Non-Financial/Professional	Expert Advisor, National Institute of Clinical Excellence (NICE) UK	2019	-	X	
Dr Sree Andole	Medical Director	Non-Financial/Professional	Physician assessor for MBRRACE-UK Confidential Enquiry into Maternal Deaths, Royal college of Physicians, UK	2019	-	X	
Dr Sree Andole	Medical Director	Non-Financial/Professional	Clinical Reference Group for Neurosciences – NHSE, UK	2019	31/07/22	X	
Dr Sree Andole	Medical Director	Non-Financial/Professional	Honorary Consultant in Stroke, Liverpool University Hospital's NHS Foundation Trust	2022		X	
Paul Moore	Director of Nursing & Clinical Governance	Financial	Director & Shareholder of PM Governance Limited providing Risk Management and Governance Consultancy in UK & Europe	2013	-	X	
Paul Moore	Director of Nursing & Clinical Governance	Financial	Wife is a Director & Shareholder of PM Governance Limited providing Risk Management and Governance Consultancy in UK & Europe	2013	-		X
Paul Moore	Director of Nursing & Clinical Governance	Direct Non Financial Professional Interest	Justice of the Peace, Greater Manchester Bench, UK	2008	2018	X	
Paul Moore	Director of Nursing & Clinical Governance	Non-Financial/Professional	Specialist Advisor, Care Quality Commission UK	2015	-	n/a	
Oliver Radford	Director of Operations	Nothing to declare	Nothing to declare	n/a		n/a	
Teresa Cope	Chief Executive	Indirect interest	Husband was employed by Manx Care as a bank porter	2021	2021		
Teresa Cope	Chief Executive	Direct Non Financial Professional Interest	Trustee of Cornerhouse Yorkshire	TBC		X	
Jackie Lawless	Finance Director	Non-Financial/Professional	Employed by Treasury Department's Financial Advisory Service - Assigned to Manx Care	n/a		n/a	
Anne Corkill	Director of HR Business	Non-Financial/Professional	Member of Prospect Trade Union	1989	-	X	
Anne Corkill	Director of HR Business	Non-Financial/Professional	HR Director of Business for Office of Human Resources – Assigned to Manx Care	May-21	-	X	
Dr Oliver Ellis	Executive Director, Primary Care	Financial	Partner, Peel Group Practice	Jan 21		X	
Dr Oliver Ellis	Executive Director, Primary Care	Financial	Partner, Laxey Village Practice	Sept 18	Dec 20	X	

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				From	To	Direct	Indirect
Dr Oliver Ellis	Executive Director, Primary Care	Financial	Zero Hours Contractor, MEDS	Aug 18		X	
Dr Oliver Ellis	Executive Director, Primary Care	Non-Financial	Chair, Isle of Man Primary Care Network ('PCN'). The PCN received funding from Manx Care for its ongoing operation.	Nov 20		X	
Dr Oliver Ellis	Executive Director, Primary Care	Non-Financial	Wife is a physiotherapist employed by Manx Care and a CSP trade union Representative and acting staff side lead for MPTC				x
Aneurin Pritchard	Director of Infrastructure	Nothing to declare	Nothing to declare				
Elaine Quine	Board Secretary	Nothing to declare	Nothing to declare				
David Hamilton	Interim Director of Mental Health, Social Care and Safeguarding	Nothing to declare	Nothing to declare				
Marina Hudson	Interim Medical Director	Financial	Responsible Officer to Acacium Group	Jun 19		X	
Marina Hudson	Interim Medical Director	Financial	Private Practice on Island	Nov 19		x	
Marina Hudson	Interim Medical Director	Financial	Ad hoc Fitness to Participate/Specialist reports for Reality TV	Jan 21		x	

**BOARD OF DIRECTORS – MEETING HELD IN PUBLIC**  
**Tuesday 4 April 2023**  
**iMuseum, Kingswood Grove, Douglas**  
**9.00am-12.00pm**



**Present:**

**Non-Executive Directors**

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

**Executive Directors Voting:**

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

**In Attendance:**

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

**Apologies:**

Dr Sree Andole (SA)	Medical Director
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**GOVERNANCE**

**Item**

**Action**

**34.23 Welcome and apologies**

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

**Minute Silence and Tribute to Andrew Foster**

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

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

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

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

### **35.23 Declarations of Interest**

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

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

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

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

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

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

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

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

#### **- Risk 2 Overwhelming Demand**

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

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

- Completion of Recovery and Restoration phases 1 and 2 which will see achievement of a six week waiting time for surgery across a number of surgical specialties
- Validation of all waiting lists so that people who are currently listed as awaiting an appointment to see a clinician or awaiting an operation are correct
- Developing an improved appointments management system which will see a much reduced period between receiving the appointment letter and the appointment taking place and increased use of text reminders
- Focus on other productivity measures such as Patient Initiated Follow Up, consultant level activity planning and monitoring and driving theatre utilisation to above 85%. All of these productivity improvements do not require additional funding but could increase capacity by up to 20%



- Comprehensive Demand and Capacity Analysis across all specialties – this would determine where there are substantive gaps in capacity which could not be bridged despite productivity improvements and where investment needed to be made in the clinical workforce in order to maintain an acceptable waiting time
- Submission of Recovery & Restoration Phase 3 business case which would request funding for additional temporary capacity within Mental Health and across hospital outpatient services to achieve a 6 week waiting time as well as funding for substantive capacity gaps as revealed in the Demand and Capacity Analysis. The Phase 3 business case would also seek funding to introduce necessary infrastructure to offer a 'Referral to Treatment' (RTT) pathway with the aim to offer an 18 week RTT pathway eventually.

The risk also focussed on the health services' ability to cope with significant increases in unplanned demand and possible ways that this demand may be managed:

### **1. Covid-19 Related Demand**

Although the Isle of Man has been following The Endemic Approach since April 2022, transient increases in Covid-19 levels continued to prove challenging to Manx Care. The continuation of the Covid-19 Vaccination Programme into 2023/24 and beyond would continue to provide booster vaccinations for the most vulnerable in our society, following the JCVI guidance, meaning that the demand on hospital services from people who are acutely unwell with Covid-19 would be very small. Challenges would arise if a significant volume of staff contract Covid-19 and therefore could not attend work as per policy – these scenarios were managed on a day by day basis by service and professional leads and where required services were scaled down to target clinical staffing to the area's most in need.

### **2. Escalation Planning**

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

### **3. Service Transformation of Urgent & Emergency Care**

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

### **4. Capacity & Demand Planning**

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

## **5. Winter Planning**

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

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

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

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

## UPDATES

### 40.23 Chair's Report

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

### 41.23 CEO Report and Horizon Scan

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

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

### Ballasalla Medical Centre

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

### OFSTED Inspection of Social Care

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

#### **42.23 Staff Story**

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

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

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

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

### **27.23 Committee Chairs' Exception Reports**

The Chair invited the respective Chairs of Board Assurance Committees to escalate to the Board matters of note relating to the Committees' scrutiny of controls and assurances that strategic risks were being mitigated effectively.

#### Audit Committee

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

#### QSE Committee

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

#### FP&C Committee

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

#### Digital and Informatics Committee

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

#### People Committee

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

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

## **PRIORITY ONE – IMPROVING PATIENT SAFETY**

### **24.23 Integrated Performance Report (IPR)**

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

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

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

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

### **45.23 CQC Update**

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

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

### **46.23 Nursing Workforce Update**

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

### **47.23 Update on Pay Negotiations**

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

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

### **48.23 Director of Finance Report**

#### February Management Accounts

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

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

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

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

There was no other business.

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

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

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

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

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

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

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

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



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

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

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

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

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

**Manx Care Board - Action Log**

completed	update required	not yet due	overdue/ delayed

Board Minute Ref No./Month	Action	Lead	Target Closure Date	Due date or revised date	Update	Date Closed
29.23/Feb	A session on risk appetite for the Board would be set within the next four weeks and then a follow up meeting would be held with DHSC	Bd Sec	04.04.23	04.07.23	A risk management workshop with the Executive Management Team would be held on 23 March. A session with the board would be arranged thereafter. March session had to be deferred to 16 May and a session for the Board would be held on 3 July	

 <div>  <div> <div>manx care</div> <div>Kiarail Vannin</div> </div> </div>	<div> <div>SUMMARY</div> <div>REPORT</div> </div>	Meeting Date:	4 July 2023

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

### Summary of key points in report

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

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

Such constraints could be:

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

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

#### 1. Proactive engagement with the Minister and DHSC leadership.

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

### Recommendation for the Board to consider:

Consider for Action	<input type="checkbox"/>	Approval	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Information	<input type="checkbox"/>
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**2 Proactive engagement with other government officials and departments with a regulatory oversight role including Attorney General; Coroner; Health & Safety at Work Inspectorate; Information Commissioner ('ICO').**

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

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

- Manx Care CEO and the Interim Chair meet Principals in Transformation to discuss governance and progress.
- Developing constructive working relationships with education providers including University College IoM and training establishments to increase placement opportunities and numbers.
- Executive Team members have additional portfolio based links ensuring Manx Care oversight of respective formal contracts with shared service agreements in place, coordinated by the Contracting Team; with alignment to Board Committees for review.
- Regular meetings with shared services take place with the Contracting Team recognising that the CQC was critical of the quality of number of shared service arrangements provided to Manx Care and those agreements require urgent review.
- Manx Care have re-profiled an Executive Director post which will have increased executive oversight of a number of shared service arrangements

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

- Partnership Board with staff side representatives held monthly. As reported to the board meeting held in public in February, relations with our staff have improved dramatically, notwithstanding the ongoing pay dispute.
- There are bi-monthly open sessions for the CEO & Medical Director to listen to the consultant body.
- The staff induction programme includes an introduction by an Exec Team member.
- Fortnightly 'Let's Connect' to which all colleagues are invited and is recorded to listen to later.
- Regular reports on workforce and culture provided to the People Committee with a developing dashboard of metrics.
- CEO back to the floor sessions and 'ask me anything' sessions to gain insight and feedback from staff.
- EDI forum launched and chaired by the CEO.
- Manx Care linked into the wider Great Place to Work Programme led by Government.

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

- Proactive engagement with the Chief Finance Officer and Director of Strategy at Liverpool University Hospitals NHS FT.
- CEO is an engaged member of the Cheshire & Mersey Cancer Alliance, working towards a strengthened strategic partnership approach.
- IoM representation into specialty networks such as Major Trauma Network; Critical Care Network; Paediatric Network being formalised.
- Manx Care to join CMAST Acute Collaborative in the North West

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

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

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

- CEO has a seat on the Council of Voluntary Organisations ('CVO') Board and meets frequently with the CVO Chair.
- Manx Care works in a structured way with Hospice IoM.
- CEO engages with Crossroads charity, putting carers first.
- CEO and senior officers regularly meet with key charities across the Island.
- CEO of CVO is a representative of Integrated Care Partnership, a sub-committee of the Board, to ensure they are involved in the shaping of hospital care.
- CVO is assisting Manx Care in undertaking a stakeholder map to identify all charities on the Island who are involved with Health and Care.

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

MANX CARE: BOARD ASSURANCE FRAMEWORK									
5	Loss of stakeholder support & confidence			Overall risk owner:	Amendment date:	May-22			
				Teresa Cope	Committee scrutiny:	Board			
	Which of the 2022-23 objectives may be impacted:			TARGET: L X I	3 x 2 = 6				
	1 Covid-19 response.	x	7 Reducing waiting times.	x	May '22: L x I	4 x 4 = 16			
	2 Service user feedback drives improvement.	x	8 Continuous improvement.	x	June '22: L x I	4 x 4 = 16			
	3 Transforming health & social care delivery.	x	9 Workforce engagement and development.		Sep '22: L x I	4x4 = 16			
	4 Corporate, clinical and social care governance.	x	10 Primary Care at scale.	x	Oct '22: L x I	4x4 = 16			
	5 Transform urgent and emergency care.	x	11 Early interventions.		Dec '22: L x I	4x4 = 16			
	6 Financial balance.		12 Environmental sustainability contribution.	x	Feb '23: L x I	4x4 = 16			
					Apr '23 L x 1	3x4 =12			
Related operational risks:		Main Controls 1-7	Lead	Assurance re: effective control		Gaps in control		Gaps in assurance	Assurance RAG
<p>Inability to effectively deliver mental health services across the Island due to recruitment challenges and lack of partnership funding for Thrive model; in adults recruitment challenges and develop early intervention strategies.</p> <p>Delays and funding challenges identified which may compromise single electronic Manx Care patient record.</p> <p>Staff vacancy rates impact on operational throughput which impacts waiting times for consultation, diagnosis and intervention.</p> <p>Recruitment and retention of GPs and other clinicians and care workers.</p> <p>Actions taken to create clinically sustainable high quality services require redesign of existing clinical pathways and the development of formalised strategic partnerships with a wide range of organisations outside of Manx Care. This may lead to a perception of a run-down of on-island Manx Care with a normalising of off-island care.</p> <p>Non-compliance with CQC regulatory framework which Manx care seeks.</p> <p>Inability to deliver all the required ICO compliance regulations and requirements.</p>		1 Proactive engagement with the Minister and DHSC leadership.	Sarch Pinch & Tera Cope	Required Outcomes Framework (23/24) approved by Board in March 2023. Chair meets regularly with the Minister. CEO meets regularly with DHSC CEO. The four Principals meet together monthly. Joint Oversight Group includes leadership from DHSC and Manx Care at which greatest mutual risks discussed, including safety; reputational; financial (monthly) Mandate assurance meetings (monthly) Positive politlcal engagement in NED recruitment process. Performance & Accountability Framework agreed and aligned to Single Oversight Framework. Board to Board meetings established. Fundinig position for 2023/24 have been presented to Council of Ministers.		Working with Elected Members framework requires updating.		DHSC Oversight group: Terms of reference and approved minutes to be shared with the FPC Committee. Health & Care Partnership Board terms of reference and approved minutes to routinely be shared with QSE Committee. A paper on compliance with the guidance 'Working with Elected Members' to be updated. Health & Care Partnership Board (quarterly). Sign-off of funding priorities for 2023/24 required in relation to affordability of mandate objectives and compliance actions arising from CQC inspections.	A
		2 Proactive engagement with other government officials and departments with a regulatory oversight role including Attorney General; Coroner; Health & Safety at Work Inspectorate; Information Commissioner ("ICO").	Teresa Cope	CEO engaging positively with the H & S at Work Inspectorate regarding ionising radiation compliance. Joint protocol in place with IOM Constabulary and Coroner for serious incident investigations; DHA and DHSC. Information governance arrangements are beginning to be strengthened via the Non Clinical Quality group with oversight of the Digital & Informatics Committee of the Board. Medical Director formalising engagement with the Coroner calendar (Q2 calendar '22). CEO and Chief Constable formalising an MoU on parallel investigations (Q2 calendar '22). Strong engagement in safeguarding arrangement and leading multi-agency safeguarding hub. Monthly meetings with ICO. Monthly meetings with Attorney General's Office. Effective engagement with CQC via DHSC. Monthly IGAB and bi-monthly D&I Committee reviews all IT/IG and digital issues		Manx Care has not yet demonstrated compliance with the DSTP Toolkit, which would contribute to assuring the ICO, but has am aim for compliance by June '23 (as stated IGAB on 04/05/22).		Manx Care CEO is now a formal member of the Island's extended Chief Officers Group, involvement limited to attendance for specific items by invitation. Deferment notice agreed with the ICO. Approved minutes of the Multi-Agency safeguarding Hub to be shared with the QSE Committee routinely. Pay awards with all staff for '21/'22 and 22/23 are yet to be concluded. Pay awards have been rejected by a number of Unions.	A
		3 Proactive engagement with Manx government shared support and technology services including GTS; HR; Transformation; Infrastructure, Treasury; Dept for Education; Internal Audit, AGC's.	Teresa Cope	Chair & CEO meet Principals in Transformation to discuss governance and progress. Developing constructive working relationships with education providers including University College IoM and training establishments to increase placement opportunities and numbers. Executive Team members have additional portfolio based links ensuring Manx Care oversight of respective formal contracts with shared service agreements in place, coordinated by the Contracting Team; with alignment to Board Committees for review. Regular meetings with shared services take place with the contracting team recognising that the CQC was critical of the quality of number of shared service arrangements provided to Manx Care and those agreements require urgent review. Manx Care have re-profiled an Executive Director post which will have increased executive oversight of a number of shared service arrangements.		Insufficient numbers of rotational training opportunities results in students in training not being exposed to manx opportunities for subsequent employment. Transformation programme management approach still underplays the potential benefits of Manx Care views of the most effective ways to transform. Transformation leadership not yet routinely reporting in person to the Manx Care Board. Likely to create financial riss to ManxCare regarding shared services.		Manx Care CEO is not a formal member of the Island's <i>Chief Officers Group</i> , involvement limited to attendance for specific items by invitation.	A
		4 Proactive engagement with all staff, including clinical staff and social care staff.	Teresa Cope	Induction includes an introduction by an Exec Team member. Bi-monthly open sessions for the CEO & Medical Director to listen to consultant body. Fortnightly <i>Let's Connect</i> . Weekly <i>all staff</i> bulletins. Regular reports on workforce and culture provided to the People Committee with a developing dashboard of metrics. CEO back to the floor sessions and 'ask me anything' sessions to gain insight and feedback from staff. EDI forum launched and chaired by the CEO Cultural improvement action plans in place which are monitored by the Board. Partnership board with staff side representatives held monthly A Communications & Engagement Plan is due to be reviewed and approved by the Board. People's Strategy to be launched in May 2023. Manx Care linked into the wider Great Place to Work Programme.		Data quality of human resource dashboard metrics requires further refinement. Opertional People's Group as a sub-group of EMC will be established from May '23. Manx Care linked into the wider Great Place to Work Programme.		Operational oversight and analysis for workforce planning.	G
		5 Proactive engagement with providers of tertiary and specialist care in England.	Teresa Cope	Proactive engagement with the Chief Finance Officer and Director of Strategy at Liverpool University Hospitals NHS FT. CEO is an engaged member of the Cheshire & Mersey Cancer Alliance. Working towards a strengthened strategic partnership approach. IoM representation into specialty networks such as Major Trauma Network; Critical Care Network; Paediatric Network being formalised. Manx Care to join CMAST Acute Collaborative in the North West		Notes of tertiary provider and network meetings yet to feed into Manx Care governance processes. No formal strategic partnerships in place.		Report of strategic partnership activity to come to the Manx Care Board quarterly	G
		6 Proactive engagement with Island media including radio, newsprint; social media.	Teresa Cope	Manx Care Head of Comms maintains close contact with opinion formers and journalists at principal Island outlets. Manx Care has a planned calendar of engagement activity. Communications and Engagement strategy in place		Media channels cannot be controlled - Manx Care aims only to ensure our voice is represented accurately and heard. Manx Care is not always aware of communications relative to its services or wider health and care matters across government and vice versa		Manx Care to have closer engagement with Central Cabinet offices communications. Board to be provided with oversight of media activity each month and whether this is positive, neutral or negative to inform future communication strategy and tactical activity.	G
		7 Proactive engagement with the Island's voluntary and charity sector.	Teresa Cope	CEO has a seat on the Council of Voluntary Organisations ("CVO") Board and meets frequently with the CVO Chair. Manx Care works in a structured way with <i>Hospice IoM</i> . CEO engages with <i>Crossroads</i> charity, <i>putting carers first</i> . CEO and senior officers regularly meet with with key charities accrodd the Island. CEO of CVO is a representative of Integrated Care Partnership Sub-committee of the Board to ensure they are involved in shaping out of hospital care . integrated care. CVO is assisting Manx Care in undertaking a stakeholder map to identify all chrities on the Island who are involved with Health and Care				A paper on Manx Care engagement with voluntary and charity sector to be provided to QSE Committee Q2 calendar '22.	G

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK												
	Failure to provide safe health care.			Overall risk owner: Paul Moore	Amendment date: Committee scrutiny:	Oct-22 QSE Committee						
1 Covid-19 response.		x	Which of the 2022-23 objectives may be impacted:		TARGET: L x I	5 x 2 = 10						
2 Service user feedback drives improvement.		x	7 Reducing waiting times.		May '22: L x I	5 x 4 = 20						
3 Transforming health & social care delivery.		x	8 Continuous improvement.		June '22: L x I	5 x 4 = 20						
4 Corporate, clinical and social care governance.		x	9 Workforce engagement and development.		Jul '22: L x I	5 x 4 = 20						
5 Transform urgent and emergency care.		x	10 Primary Care at scale.		Oct '22: L x I	5 x 4 = 20						
6 Financial balance.			11 Early interventions.		Dec '22: L x I	5x3 = 15						
			12 Environmental sustainability contribution.		Feb '23: L x I	5x3 = 15						
Related operational risks:		Primary Controls			Lead	Positive Assurance: Satisfactory control		Negative Assurance: Gaps in control	Gaps in assurance	Assurance RAG		
A widespread loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction.		Quality Governance Arrangements			Paul Moore	1. Leadership structures in place and operating - L1 2. Evidence of regular monthly meetings and line of sight between Care Group/Operational Group/QSE and Board - L2 3. Establishments reviewed and in place for all wards and clinical departments. Health roster reset well underway and likely to conclude by December 2022 ahead of schedule - L2 5. Stable and reliable quality dashboard gives Manx Care insight into safety and quality performance, improvement and flags areas for improvement - L2 6. Effective incident reporting system in operation. Duty of Candour obligations are met. - L2 6. Effective serious incident handling procedures, outputs examined by QSE. Stable numbers and lower than expect volume of serious incidents in the year to date. Causal Factor Analysis established. No 'Never Events' for more than a year at Manx Care. 7. Complaints handling procedures 8. Established risk management process operating at Manx Care 9. A mandatory and role specific training programme to support practitioners in their work 10. International nurse recruitment to boost staffing 11. Use of bank and agency to cover shortfalls in staffing 12. Suitable and sufficient supplies of medical devices required to meet patient needs 13. Effective safeguarding procedures for vulnerable adults and children 14. There are clear procedures to recognise and respond to the signs of clinical deterioration for inpatients at Nobles and Ramsey		4. Volume of out of date policies, procedures and guidelines remains a concern, harmonisation of shared service policies to address the needs of Manx Care remains a concern, access to policies and procedures for some staff is complicated and not intuitive (those using Windows 10 for example cannot use links in the same way) - L2 8. Risk Manager substantive recruitment unsuccessful at first pass - L1 9. Mandatory training is not yet under prudent control. OHR are leading on the redesign of the system of mandatory training. New policy has been agreed, but will require implementation. E-Learnvannin and PiP systems need better integration to support Manx Care's needs - L2 10. International recruitment is underway, but volume of recruits starting is lower than expected/needed (n=31 in Noveber 2022). Efforts continue to increase recruits and numbers of staff - L3 11. Vacancies and sickness results in substantial gaps in the workforce meaning we continue to be reliant on high bank and very high agency usage to deliver safe care. Although even thses contingencies are becoming unreliable to fill gaps - L2 12. CQC have identified concern in respect of control over equipment replacement and maintenance upon which front line practitioners depend. This is subject to actions to be set out in the CQC action plan and will be led by the Director of Infrastructure - L3 13. Mixed picture in CQC reports - in some cases CQC highlight the improvements being made and safeguarding leadership, but also draw Manx Care's attention to the adequacy or maturty of safeguarding procedures in clinical practice - L3 14. 23% of patient's who demonstrated signs of clinical deterioration did not receive the correct response to escalation in October 2022 (this is an improvement and is improving, but remains short of expected standards of clinical practice) - L2		13. Audit the adequacy of safeguarding procedures for vulnerable adults and children		R
		Clinical Audit & Clinical Effectiveness			Sree Andole	1. Medical leads (Associated Medical Directors X2 and Medical Examiners X2) appointed to clinical audit roles, reporting to the Executive Medical Director - L1 2. Established Clinical Audit Committee which has reinstated regular meetings - L1 3. Audit programme for 201/22 in place - L2 4. Audit programme monitored by the Operational Quality Governance Group		1. Dependent upon one Clinical Audit Officer to meet Manx Care's clinical audit needs; a single point of failure that is likely not sufficient to meet the Board's assurance needs - L1 3. Very limited audit activitiy linked to UK national audit requirements, this can impede effective clinical benchmarking and comparison - L2 5. No Clinical Audit Policy or Clinical Effectiveness Strategys is yet in place - L2 6. Manx Care is not yet achieveing the volume of mortality reviews required by local standards. In October 2022 77% of deaths were not reviewed within a month - L2.		5. Clinical coding 5. Clinical benchmarking availability 5. Clinical outcomes for priority conditions		A
		Service User Experience, Engagement & Involvement			Paul Moore	1. MCALS in place and operational. Achieving 92% of concerns raised being resolved on the spot in October '22. 2. Manx Care has established links at the Western Wellbeing Centre, Southern Wellbeing Centre and Northern Wellbeing Centre - 25 contacts made in October '22 - held coffee morning to promote MCALS. Specific drive to enage with those who are learning disabled, autism initiatives, Breathe Easy IOM, voluntary organisations - L1 3. FFT has been rolled out to all areas of Manx Care from August 2022. 63% of services users currently rate the service as very good or good in October '22. 4. Complaints responsiveness now under control and compliant with new regulations. L2 5. User representation via HCC at QSE, F&P and Mandate		2. No independent advocacy service on Island - L1		None		G
If MC does not communicate, engage effectively and respond to service users concerns in the planning and delivery of care, stakeholders may be dissatisfied with the service provided and may not meet the needs of local communities.												

## MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

1b	Failure to provide safe social care.			Overall risk owner:	Amendment date:	Dec-22	
				David Hamilton	Committee scrutiny:	QSE Committee	
	Which of the 2022-23 objectives may be impacted:			TARGET: L x I	3 x 3 = 9		
	1 Covid-19 response.	7 Reducing waiting times.	x	May '22: L x I	4 x 4 = 16		
	2 Service user feedback drives improvement.	8 Continuous improvement.	x	June '22: L x I	4 x 4 = 16		
	3 Transforming health & social care delivery.	9 Workforce engagement and development.		Aug '22: L x I	4 x 4 = 16		
	4 Corporate, clinical and social care governance	10 Primary Care at scale.		Oct '22: L x I	-		
	5 Transform urgent and emergency care.	11 Early interventions.	x	Dec '22: L x I	3x4 = 12		
	6 Financial balance.	12 Environmental sustainability contribution.	x	Feb '23: L x I	3x4 = 12		
Related operational risks:		Main Controls 1-6	Lead	Positive Assurance: Satisfactory control	Negative Assurance: Gaps in control	Gaps in assurance	Assurance RAG
A range of risks with a particular focus on workforce capacity, workforce succession planning, placement capacity for children and young people and pressures on respite care. These risks in turn link to the criminal exploitation of young people, together with inadequate processes and capacity to safely function as a provider of last resort		<b>Policy governance</b> 1. Review, update and draft of policy suite 2. Robust process for ratification of policies, with oversight at Exec level 3. Partnership working with the Safeguarding Board in respect of policy development and review in relevant areas of Adults and C&F	Sally Shaw	1. The review and completion of the suite of policies governing social care is a current project in 2022-23. Progress has been made with ratification of policies focussing on falls and a procedure for ENPLUG useage - L1 2. Policies are ratified by the Operational Care Quality Group ('OCQG') and its deliberations are reported by exception to the Executive Management Committee ('EMC') monthly. The end of a care episode all service users are invited to provide feedback on their experience. Together with complaints and compliments intelligence, these are used as prompts for further improvement in the design of controls. The updated Complaints Regulations and accompanying policy are a positive move towards a more joined-up approach in complaint handling across Social Care - L2 3. The Safeguarding Board has commissioned external support to review and develop safeguarding policy and practice across Adults and C&F, with a number of policies being signed off - L3	1. Whilst the policy suite remains incomplete, it does not cover the wide range of areas required nor can it be consistently applied. A number of policies are out of date, some significantly so, within the Adult Social Care/Social Work Policy Index. C&F use an online provider TriX to store policies and procedures, which are publically visible. The lack of a joined-up policy index which is freely accessible by all Care Group staff is sub-optimal - L1	2. There can be a disconnect between the clinical and care OCGQs - this means that policy ratification is sometimes disjointed - L2	A.
		<b>Training</b> Mandatory and role-specific training covering a range of areas, from information governance to RQF training qualifications	Louise Hand	There is some reporting functionality in eLearn Vannin around mandated and role-specific training courses, where managers can see via a dashboard the courses direct reports have undertaken - L1	The curriculum for training is under review by Social Care with input from OHR (via records held) but not yet agreed. The application of mandatory training frameworks is not consistently applied - L2 Reporting processes for training compliance within OHR do not appear to be over-arching or joined up, with the structure in eLearn not matching that within PiP - L2	The current eLearning system is not user friendly and appears to be running on an out of date, no longer supported browser. The 'mandatory' training is not tailored by role or Care Group. Concern has been raised with OHR around these particular issues - L2	A.
		Design and launch the multi-agency safeguarding hub (MASH)	Julie Gibney	The introduction of the MASH will be the focussed approach to safeguarding children and vulnerable adults. Police, Health and Social Work colleagues are to be co-located to enhance communication, including daily meetings and connecting routinely with colleagues in other departments where involved. The DPOs of each participating organisation have been consulted re data sharing conventions. A MASH Implementation Group of key colleagues has been meeting since Sept 2022 to move the project forward, with a location for the MASH now identified and agreed - L3	There is no budget for the pilot of this work, if works are required to Murray House to facilitate the accommodation of the MASH this is a potential stumbling block - L3 (as this is potentially dependent on DOI budget resource)		G.
		Functional design, consistent application and effective operation of the Scheme of Delegation	Louise Hand	Review of existing Schemes of Delegation will commence during 2022, alongside introduction of Schemes where there are currently gaps. Adult Social Work have introduced a Resource Panel to ensure robust governance and oversight of packages of care, with target outcomes outlined in a Terms of Reference. Work is ongoing in this area to embed this new way of working, which is heavily reliant on team/group manager level quality assurance of proposals to ensure consistency and consideration of value to the public purse - L1	Some high cost packages of care for individuals have previously been approved via unclear and inconsistent authorisation processes.	The success of Resource Panel is being monitored to ensure there is no drift from the Terms of Reference. At present, the ToR are not being fulfilled due to the lack of managers in Adult Social Work managers to provide the required quality assurance - L1	A.
		Complete, communicate and consistently apply a suite of standard operating procedures across adult social care.	Michele Mountjoy	Work is ongoing with Care, Quality & Safety to ensure that suite of policies are updated and accessible by all staff within Social Care - L1	Until all procedures have been ratified by a group of appropriate subject matter experts, there remain gaps in control effectiveness.		A.
		Adding resilience and capacity to the <i>provider of last resort</i> facilities and capabilities within Manx Care.	Jonathan Carey	Social Care team meet regularly with management in externally commissioned partners; care homes are subject to inspection; CQC feedback on the 'Caring' standard was positive across Adult Social Care. An inspection by Ofsted is planned for Children & Families for 2023, work is underway to prepare for this - L3 Recruitment is ongoing for foster carers to add resilience in this area, there have been some positive moves in respect of recruitment to key roles within the Family Placement Service to ensure that carers are adequately supported - L1	It remains very challenging to place a sibling group in residential care - L2 Manx Care has little / no current resource to bridge any capacity gap created by the withdrawal of any private sector or charitable provider - L3	The short notice periods most third sector / private care services work to poses a risk in terms of unsafe or inappropriate placements in the event of provider failure. ASC are struggling in respect of staffing and infrastructure and could not reasonably at this time function as a provider of last resort - L2	A.



MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK										
2	Overwhelming demand.		Overall risk owner:	Amendment date:		May-22				
			Oliver Radford	Committee scrutiny:		FPC Committee				
	Which of the 2022-23 objectives may be impacted:		TARGET: L X I	6						
			May '22: L x I	9						
			June '22: L x I	9						
			Aug '22: L x I	9						
			Oct '22: L x I	9						
			Dec '22: L x I	9						
			Feb '23: L x I	6						
					Apr '23 L x 1	6				
Related operational risks:			Main Controls 1-4		Lead	Assurance re: effective control		Gaps in control	Gaps in assurance	Assurance RAG
#281 CCU demand may exceed capacity. #242 Covid 19 impact upon cohort of renal patients. #289 Insufficient staff to deliver renal replacement therapy to ventilated renal patients. Nursing vacancy rate is 20%. Anaesthetist vacancy rate is 25%		1 Covid 19 adaptation, vigilance and vaccination campaigns	Oliver Radford	Island vaccination programme reduced mortality and morbidity, allowing a much reduced demand on hospital services from people who are Covid positive. Island continues to follow JCVI guidelines around programmes of delivery, with the Autumn Booster commencing in September 2022. 60% of the eligible population have elected to take the Autumn Booster offer which is 5% less than the UK. Performance around vaccine uptake is monitored via the Vaccination & Immunisation Board.  The Spring Booster programme 2023 is scheduled to commence on the 1st April, offering boosters to the most vulnerable in society including residents of care homes, those who are 75 or above and anyone who is five years and over and immunosuppressed. The Spring Booster and further booster programmes will be delivered by the now permanently funded Vaccination Service which is operated by Manx Care.  The Manx Care Covid internal escalation plan has been shown to be effective with clear allocation of well understood resources when response to infection has to be ramped up. This is overseen by the Performance & Delivery Group which reports by exception to the EMC.In the past 6 months, no escalation beyond level 1 has been reported which is indicative of moving to an endemic approach in April 2022. Additional resources have been allocated within the Manx Care Winter Plan which will allow escalation of spot purchasing of temporary placements within the residential/nursing home sector should numbers of Covid patients in hospital increase on top of general winter pressures - this funding ends on the 1st April with four spot purchase placements purchased during the winter pressures period.				The lack of Covid-19 surveillance data around community transmission prevents Manx Care's ability to plan for potential increases in demand on hospital services and staff absence		A.
		2 General escalation planning	Oliver Radford	The Operational Pressure Escalation Levels ('OPEL') framework is in place and embedded. It is in a constant state of review by the Access and Capacity Team and has been shown to be an effective tool in managing and escalating operational pressure. OPEL reporting is a constant item of review for the Performance and Delivery Group which reports by exception to the EMC.				The systematic capture of timely, high quality data on this topic is improving however significant progress needs to be made particularly around data validation, automation, reporting and effective use of this information to drive change/improvement		A.
		3 Service transformation of urgent and emergency care	Transformation team	Clear project aims established to divert appropriate patients into community pathways (i.e. Intermediate Care) allowing for a reconfiguration of ED services and non-elective pathways. Led by the Transformation resources within Cabinet Office and reported into the Transformation Oversight Group. Internally, Manx Care project leaders (M Cox , S Taylor) report progress to Executives. Manx Care CEO is a member of the Transformation Programme Officer Board and the Manx Care Chair is a member of the Transformation Political Board. The See and Treat Programme has been funded for two years by the Healthcare Transformation Fund - once established, this will mean that calls coming into Emergency Services Joint Control will be clinically triaged and where appropriate, signposting advice can be provided by the Hear and Treat Clinician which may avoid despatch of an ambulance resource. Intermediate Care and See, Treat and Leave projects are also being decoupled from the overarching Urgent & Emergency Care Transformation Business Case and separate applications for Healthcare Transformation Funding are being submitted via the Transformation Officers Board		The Urgent and Emergency Care Transformation Programme is currently on pause until April 2023 to enable resources to be focussed on the Manx Care/DHSC financial situation. Whilst some projects are continuing outside of the remit of the transformation programme, such as Intermediate Care, and Same Day Emergency Care, funding is being sourced for each project separately rather than as an integrated programme.		Sir Jonathan Michael review of progress made to date in transforming urgent care (Nov 21) identified a lack of progress due to a lack of clinical and managerial staff to resource the project.		R.
		4 Capacity and demand planning	Oliver Radford	Appointment of Head of Performance who will provide leadership on the roll out of demand and capacity analysis and ongoing monitoring - additional external support will be required to undertake demand and capacity analyses for all services in a timely way to inform service development plans/business cases or areas of focus around productivity. Service sustainability review is underway within Transformation to determine which services can be sustainably delivered on island and which services need to be delivered off island within tertiary centres due to low volume or complexity. Manx Care has successfully engaged with Cheshire and Mersey Cancer Network and the other tertiary providers in Liverpool to ensure access to off-island services. Further strengthening of strategic relationships with Cheshire & Mersey providers ongoing. All strategic partnerships are monitored via Performance & Delivery Group through to Exec Management Committee. Synaptic contract delivering additional orthopedic, cataract and general surgical capacity - additional £18.3m of recovery and restoration funding secured in October 2022 to reduce a number of surgical waiting lists down to 6 weeks or less by June 2023.		Demand and capacity analysis has commenced however there is limited resources to undertake this at scale. Some additional resource has been secured to allow additional capacity to be focussed on demand and capacity analysis		Poor data quality will impact the ability to undertake highly accurate demand and capacity analysis in the first instance however validation of waiting lists and review of all outpatient clinic templates is ongoing in order to refine the process.		A.
		5 Winter Planning 2023/4	Oliver Radford	The Winter Period is traditionally a time of significantly increased pressure on the non-elective pathway from people suffering winter illnesses as well as increased falls and exacerbation of the symptoms of frailty. This year has also been impacted by the increased cost of living where the vulnerable have had to make the difficult choice of heating their home or eating sufficiently.  A 2022/23 winter planning document has been developed to outline mitigations that Manx Care will be implementing to reduce the impact of the winter period. These initiatives include expanding the presence of ED consultants for 16h per day, development of a dedicated outliers team to review medical patients who are resident in surgical wards, earlier implementation of the frailty unit and a robust media campaign outlining the alternative methods of receiving care such as use of Pharmacies and the Minor Eye Condition Service as well as MIU and MEDS. Funding has been provided on a non-recurrent basis to allow these initiatives to be commissioned for the Winter Pressures period 22/23 and these have alleviated the pressures of what has been the most challenging winter on record for the IOM and UK health services.  The 23/24 Winter Planning process will commence in Q1 23/24 to identify areas of focus and required investment for the winter period 23/24. Funding equivalent to the 22/23 funding allocation has been set aside in the Manx Care budget 23/24 in order that additional capacity or services can be stepped up for the winter pressures period to alleviate demands across the health system. Oversight of the Winter Planning 23/24 process will sit with the Performance and Delivery Group		Winter Planning 23/24 document currently under development with target completion date for the end of June 2023.		Quality and availability of data has impacted on our ability to accurately predict the impact of winter on Manx Care services however this will be collected in more detail in year so planning can improve for subsequent winter periods		G.

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK											
3	Competition for staff leading to critical shortages.				Overall risk owner:	Amendment date:	Nov-22				
					Anne Corkill	Committee scrutiny:	People Comm.				
	Which of the 2022-23 objectives may be impacted:				TARGET: L X I	9					
	1 Covid-19 response. x	7 Reducing waiting times. x	May '22: L x I	25							
	2 Service user feedback c x	8 Continuous improvement. x	June '22: L x I	25							
	3 Transforming health & x	9 Workforce engagement and development. x	Aug '22: L x I	25							
	4 Corporate, clinical and social care governance.	10 Primary Care at scale.	Oct '22: L x I	25							
	5 Transform urgent and € x	11 Early interventions.	Dec '22: L x I	25							
6 Financial balance.	12 Environmental sustainability contribution.	Feb '23: L x I	25								
Related operational risks:		Main Controls 1-6		Lead	Assurance re: effective control		Gaps in control		Gaps in assurance		Assurance RAG
#417 ED establishment is under-resourced. #306 Recruitment and retention of ICU staff. Shortage of theatre & anaesthetics staff. Diagnostic breast service - lack of clinical capacity.Endoscopy capacity. Ramsay Theatres admin support. Insufficient access to attractive accommodation for lower paid staff.		1. Staff Recruitment Controls  Overseas recruitment via GTEC. Targetted recruitment via specialist agencies. Enhanced HR support for hard to recruit roles from Talent Acquisition Teams. Review of Vacancy data to ensure accuracy and enable clarity of recruitment priorities. Implementation of Agreed Manx Care Action Plan by OHR. Engagement of MIAA to assist in tartgetting recruitment to vacancies incurring additional cost Ongoing review of policies and procedures in relation to recruitment Maintenance of competitive terms and conditions to attract applicants		Anne Corkill	1. Assurance re Recruitment Controls Recruitment via GTEC - Project Manager provides reports to Director of Nursing who provides periodic reports to the Board. Recruitment via DEVA - As above Review of vacancy data - vacancies reported in People Analytics monthly report to ELT, Board and People Committee. Project updates provided to HR Director and exception reports to ELT. Implementation of Action Plan by OHR - periodic papers on specific actions provided to ELT. Engagement of MIAA - Terms of reference and reporting mechanisms to be agreed. Policy review project plan - regular updates provided to staff and mangement sides via partnership forum. exception reporting to ELT and People Committee		1. Gaps in Recruitment Controls Demand and capacity planning are at low levels of maturity which hamper the collation of input data into workforce planning. 'Make or buy' decision making for on/off island services remain a current project following a review of services and the outcomes will impact upon workforce planning. No overarching strategic plan for recruitment		1. Gaps in recruitment assurance. No established routine reporting to board or sub-committees for following: Overseas recruitment; Talent Acquisition, work of MIAA.		R.
		2. Workforce Development Controls Leadership Academy Programme launched 2022 Revised Appraisal Scheme. Development of Mandatory Training Policy. E-Learn Vannin Data Cleanse. Nurse training and bursary. Support for GP trainees. Speciaist training of GPs Support for CESR route to consultant qualification. Social Worker trainee scheme		Workforce & Culture team Anne Corkill/OHR Director of Nursing , Medical Director Director of Social Care	2. Assurance re Workforce Development Controls Revised Appraisal Scheme -Progress reported by WF&C Team via monthly project plan updates to Transformation Steering Group, ELT, Board and People Committee Mandatory Training Policy - regular updates provided to staff and mangement sides of partnership forum. Exception reports to ELT, People Committee and Board Support for professional development of specific groups - exception reporting by relevant directors to Board		2. Gaps in Workforce Development Controls No strategic workforce plan, including succession plannning and skills gap analysis in place across organisation. The Workforce adn Culture Team are in the process of submittin a paper through Health Care Transformation Programme Board to seek approval for approach to skills audit, gap analysis and future workforce planning approach		Managers depend on local spreadsheets to track mandatory training compliance with consequent limited ability to report through to Board.No formal mechanism established for reporting to Board on following: Nurse training and bursary. Support for GP trainees. Support for CESR route to consultant qualification. Social Worker trainee scheme NB all of above comprise relatively low numbers and are progressed at an operational level.		R.
		3. Staff Retention Workforce and Culture Team programme of work to improve culture inc psychological safety Ongoing work to develop and embed CARE values Staff recognition schemes Development of freedom to speak up guardians and programme of work relating to equality diversity and inclusion Analysis of Exit interviews information to identify trends and inform corrective action Use of job evaluation scheme Development of Manx Care specific policies and procedures to support all staff.		Workforce and Culture Team Job Evaluation Team/OHR	3. Assurance re Staff Retention Controls Monthly project updates from workforce and culture team to Transformation Steering Group, People Committe, ELT and Board. Progress against policy review and development plan reported regularly to staff and management sides of partnership forum and by exception to ELT and Board. Monthly People Analytics Report provided to ELT, People Committee and Board.		3. GAPS in Staff Retention Controls Development of EDI Programme at an early stage. Not all polices and procedures up to date and/or published. Work on organsational culture at an early stage Information available on reasons staff exit organisation is extremely limited No strategy to engage and retain ageing workforce.		3. Gaps in Staff Retention Assurance. Measurement of improvements in staff retention not agreed. Difficulty in establishing an action plan in light of poor data from exit interviews and lack of strategy to retain an aging workforce means that these areas are not reported on.		R.
		4. Absence Management Review and targetting of support for long term and frequent short term absence by management in conjunctction with OHR . Review of monthly absence data, cross referencing long term absence data with current OHR caseload and active communication with management regarding case management. Proactively setting up meetings to support managers. Conducting absence management/capability briefing sessions to improve management competence and confidence application of procedures Targeted interventions by H&S teams in response to trends. Well defined policies and procedures to support absence management		HR Advisory Team	4. Assurance re Absence Management Controls Monthly people anlytics reports provided to ELT, People Committee and Board. People analytics reports, monthly absence reports and OHR caseload supplied to relevant members of the Executive Leadership Team.		4. Gaps in Absence Management Controls No automated mechanisms for monitoring application of absence management procedures Need to ensure routine reporting in relation to Health and Safety of staff to enable appropriate interventions..		4. Gaps in absence management assurance Quantative data on absence rates and reasons is reported. No data is available on consistency of management actions to address absence eg back to work interviews		R.
		5. Organisational structure and staffing complement matched to service needs. Limited Term Appointments and vacany reports supplied to managers on a monthly basis. Ad hoc service reviews to determine best modesl of service delivery.		Anne Corkill	5. Assurance re Organisational Structure Regular reporting to board on progress in relation to integrated care and primary care at scale. Exception reporting on developments in organisational strcture and proposals for structure and service redesign.		5. Gaps in Organisational Structure review Controls Organisation redesign which goes hand in hand with service redesign is undertaken on an ad hoc basis in response to percieved priorities such as patient demand or cost pressures or other revised service needs becoming evident.		5. Gaps in Organisational Structure Assurance Reactive nature of smaller scale service reviews mean that areas may be overlooked.		R.

## MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

4	Major incident		Overall risk owner:	Amendment date:	May-22		
			Oliver Radford	Committee scrutiny:	FPC Comm		
	Which of the 2022-23 objectives may be impacted:			TARGET: L X I	6		
	1 Covid-19 response. x	7 Reducing waiting times. x	May '22: L x I	16			
	2 Service user feedback drives improvement. x	8 Continuous improvement.	June '22: L x I	16			
	3 Transforming health & social care delivery.	9 Workforce engagement and development. x	Aug '22: L x I	16			
	4 Corporate, clinical and social care governance.	10 Primary Care at scale. x	Oct '22: L x I	16			
	5 Transform urgent and emergency care. x	11 Early interventions.	Dec '22: L x I	16			
	6 Financial balance.	12 Environmental sustainability contribution.	Feb '23: L x I	16			
Related operational risks:		Main Controls 1-3	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	Assurance RAG
#172 Ambulance staffing. #174 Lack of specialist ambulance personnel. Business continuity plans across all Manx Care locations are not accessible electronically from a central intranet resource.		1 Incident planning and control governance structure	Oliver Radford	Manx Care has a Major Incident Plan. Governance and response arrangements are designed, reviewed and tested under the auspices of the Emergency Planning Committee. This committee is chaired by Gareth Davies and committee feeds into EMC. Manx Care Emergency Planning Manager commenced in post in May and has commenced development of a number of table top exercises in conjunction with the wider government as well as reviewing the underlying policy framework around emergency planning to ensure it is applicable across all of Manx Care and dovetails with wider government policies and plans such as the IOM Government Major Incident Response Plan. IoM also has a government wide approach to emergency planning, chaired by DHA's Dan Davies. The Manx Care Director of Operations is a member.	Significant gaps in major incident planning and policy across Manx Care, particularly areas outside of the hospital however these are being addressed by the new Emergency Planning Manager	Most service areas within Manx Care have not been through any major incident planning or preparedness exercise therefore our response is not tested. An annual exercise plan is being developed which will involve all service areas as part of an integrated organisation wide response to a major incident	R.
		2 Safety management arrangements in collaboration with Manx TT	Oliver Radford	IoM has a National Motorsport Committee on which Manx Care CEO and Director of Operations sit. Learning has been demonstrated from experience of incidents. Race management has accessed advice from the Auto Cycle Union in UK and sought independent views of the efficacy of incident planning arrangements, to which racing authorities and the promoter (Dept for Enterprise) have ressponded. The TT promotor has sponsored development of the safety management system however this was not used during TT 2022 due to lack of time to implement fully. Manx Care formulated a written plan for TT 2022 outlining proactive actions implemented during the event to help cope with increased demand as well as actions required by clinical and managerial teams in the case of a significant increase in demand. This plan was used as a basis for the Manx Grand Prix plan for 2022 and will be adapted for 2023 however will need to be changed to match the new TT format. Changes in structure of the TT for 2023 may change the	Lack of safety management system (SMS) for TT event - inability for Manx Care to link in plans with the SMS. Assured delivery of SMS in 2023	Reduced avaialbility of agency staff across the UK due to national staffing challenges and increased demand due to significant recovery and restoration projects have resulted in difficulty in attracting sufficient additional staff in order to cope with increases in demand during TT2022	A.
		3. Business continuity planning	Oliver Radford	Governance and response arrangements are designed, reviewed and tested under the auspices of the Emergency Planning Committee. Newly appointed Manx Care Emergency Planning Manager has been reviewing business continuity arrangements within several NHS Trusts as well as in Guernsey to identify areas of best practice in terms of policy framework and operational delivery of business continuity planning. Government wide system in place within Guernsey would most appropriately fit the IOM requirements and a paper is being considered at the Government Emergency Planning Strategic Group in December. Pending a decision on government wide roll out will determine the route that Manx Care takes to roll out a standardised business continuity planning framework across the organisation	Lack of Business Continuity Planning policy.  Lack of a central repository of all business continuity plans for services and locations acorss Manx care is yet to be established.	Although there are pockets of business continuity planning being done across the organisation (particularly social care) there is no central record of completion of plans or repository of documents.	R.

6 Failure to achieve financial sustainability.		Overall risk owner: Jackie Lawless	Amendment date: Committee scrutiny:	Oct-22 FPC Comm	
Which of the 2022-23 objectives may be impacted:			TARGET: L x I	9	
1 Covid-	x	7 Reducing waiting times.	May '22: L x I	Residual Score	
2 Service user feedback drives improvement.		8 Continuous improvement	June '22: L x I	25	
3 Transl	x	9 Workforce engagement a	Aug '22: L x I	25	
4 Corpo	x	10 Primary Care at scale.	Oct '22: L x I	12	
5 Transl	x	11 Early interventions.	Dec '22: L x I	12	
6 Financ	x	12 Environmental sustainabi	Feb '23: L x I	12	

Related operational risks:	Main Controls 1-6	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	Assurance RAG
#1 Significant cost and operational pressures risk overspend against budget - particularly Agency spend to cover high vacancy rate and Tertiary spend	1. Tools to establish financially sustainable staffing are poorly designed and available data is of low quality or is not available to managers, planners and leaders to support effective decision making.	Anne Corkill & Jackie Lawless	Work is scoped and planned for 22-23 to improve the provision of management information to budget holders and recruiting managers which adequately connects budgets to HR system PIP numbers; to identified workers, including those who are on limited term appointments; permanent contracts, flexible working contracts and agency staff. Resources are being committed from the CIP programme to progress control design improvements. One additional FTE has been recruited in the Finance reporting / analysis function to focus. Financial scrutiny occurs at quarterly Performance and Accountability Reviews of the Care Groups.	High vacancy rates do not always produce underspends - they produce overspends as temporary / flexible workers are retained at premium rates (20%-70% premiums) which reflect the fluid markets in which the workers are contracted. These circumstances support a forecast overspend on staffing of circa £3.5M in 22-23 compared to the budgeted establishment for these overspent departments / services.  There are likely to be instances where managers have recruited above their	Connecting budget holders with budgets, aligned to accurate HR system PIP numbers; to those who are on limited term appointments; permanent contracts, flexible working contracts and agency staff is at an immature level of sophistication.	A
#2 Pay awards remain under negotiation / arbitration.						
#3 Significant investment required to reduce waiting list backlogs						
#4 Transformation projects generating significant future funding pressures						
#5 Future funding not yet agreed - growth has been agreed but no funding for investment / service development						
#6 Inherited widespread non-compliance with Financial Regulations with regard to contracting and procurement	2. Improvements in the control systems which link health and care activity delivery with cost of doing so are being made.	Jackie Lawless	The Restoration & Recovery workstream at Manx Care has shown that effective tools can be developed to provide insight into performance and planning. Investment has been made in performance management function which will enable the development of better performance data	In most service areas, there is little or no data linking activity delivered with the cost of doing so - making it impossible to assess value for money or inform 'make or buy' decision making.	The Transformation team have undertaken a review of surgical services to more accurately assess activity and cost. The detail of the review is awaited, however any change is likely to take significant time to complete so will not have an immediate impact	A
	3. Improvements to control design re contracting and procurement	Jackie Lawless	Manx Care has invested in some additional resource in house in the Contracting & Commissioning teams to provide additional expertise and resource to address the inherited non-compliance position. This work is reviewed by the FP&C Committee This often requires Financial Waivers in the first instance to bring existing arrangements into compliance while the need and scope is fully reviewed and examined. A robust system for requesting Financial Waivers exists but further improvements to the process have been proposed to Treasury in order to speed it up Manx Care has joined a number of NHS Frameworks	Contracting and procurement decision making can be inflexible and lacking in agility - this can result in lost opportunities to take advantage of advantageous pricing; shortened delivery times; or unexpectedly availability of preferred supplier resource.	The Attorney General's (AG) office leads on tendering but has predicted that should a high volume of tender activity be likely in 22-23 as is anticipated), the AG's office may not be resourced sufficiently to meet the demand. Operational areas may also not be sufficiently resourced to carry out the full service / contract reviews necessary	A
	4. Improvements to the design of the scheme of delegation	Jackie Lawless	A process of review of financial delegation is planned in 22-23 Dir of Finance sits on a Government wide management group scoping the provision of an electronic 'purchase to pay' system for all of Government Regular and granular scrutiny of spend by each	Across Manx Care, purchasing is currently undertaken with the use of paper pads in quadruplicate - building in a lack of financial grip without the use of an electronic system. This system potentially provides any colleague with the ostensible authority to make purchases from a	The scheme of financial delegation has design weaknesses which do not accurately align delegated powers with appropriate officers. It is not possible for the Finance Shared Service team to ensure full compliance with Delegations before making payments due to the process being paper based.	A
	5. Closing the gap between Transformation and Manx Care	Jackie Lawless	Transformation Oversight Group with representatives from Manx Care and the Transformation team has been formed to monitor and drive progress of the Transformation programme.	There are delays in completing and implementing transformation projects - with delayed benefits realisation and can result in cost pressures as near obsolete or obsolete systems maintained at high cost.  New initiatives are also generating ongoing cost pressures for Manx Care, funding for which has not been agreed by Treasury. Transformation may seek commitment from Manx Care to pump prime or fund an initiative or activity for a greater period than the financial settlement that DHSC has	Understanding Manx Care's baseline cost for delivering planned service levels remains uncertain - undermining any discussion about establishment funding.  Without longer term financial planning, Manx Care cannot adequately plan to grow services or plan other investment decisions.	R
	6. Addressing future funding requirements	Jackie Lawless	The principle of growth funding has been agreed with Treasury and is included in the projected increase in budget over the next 3 years.  Transformation New Funding Arrangements project investigating options for government to fund health and social care in future e.g. taxation changes.  Transformation have also produced a paper detailing potential mechanisms for agreeing the funding allocation to Manx Care proposing a blended approach to cover 'baseline' and additional	Whilst future funding has been indicated in the Pink Book it is not guaranteed and does not allow for significant service investment, rather underlying growth. The view of Treasury has been that this funding should cover all future requirements of the system and this position needs to be tested  The budget setting and mandate setting cycles are misaligned with budgets for future years being set before mandate has been agreed	Understanding Manx Care's baseline cost for delivering planned service levels remains uncertain - undermining any discussion about establishment funding.  Without longer term financial planning, Manx Care cannot adequately plan to grow services or plan other investment decisions.  The implementation of the recommendations of Transformation are likely to take some time - a number of years - to generate efficiencies to cover required investment	A
	7. Improving internal financial governance mechanisms	Jackie Lawless	Regular meetings between Finance Business Partners and Budget Holders to review financials and address any anomalies / overspends and to improve financial forecasting Training provided to budget holders regarding their responsibilities and access to reporting has been trialled and will be rolled out across Manx Care Investment has been made in additional resource in Finance Team to aid with financial reporting and analysis Weekly Financial Assurance Group meetings between Manx Care & DHSC to address finances / financial planning. Monthly Management Accounts produced that show current and predicted performance and highlighting areas of risk / pressure Monthly FP&C Committee meeting to review and address financial, performance and commissioning issues. Monthly CIP Programme Board meeting to oversee delivery against target of the CIP programme and address any blockages / significant risks Business Case Review Group established to provide effective review and challenge of business cases	CIP programme requires additional operational resource to drive performance - this is currently provided by external resource but work is underway to recruit a CIP Programme Manager . More recently, additional resource has been funded by Transformation to accelerate the delivery of the CIP Programme to deliver a total of £10m savings in 22/23 rather than the target savings of £4.3m  Further improvements to financial reporting can be made to provide more meaningful and timely information to a range of stakeholders  Improved formal review and scrutiny planned of spend in operational areas that sit outside of Care Groups e.g. Tertiary, Corporate, Operations	Service level reviews continue to highlight deficiencies in service provision which often require additional investment, which is unforeseen.  The outcome of CQC inspections is likely to generate significant funding pressures not already identified  Further education and deepening relationships with finance are required to ensure adequate visibility of risks	A

 <div>  <div> <div>manx care</div> <div>Kiarail Vannin</div> </div> </div>	<div>SUMMARY REPORT</div>	<b>Meeting Date:</b> <b>4 July 2023</b>	
		<b>Enclosure Number:</b>	

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

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

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

**PROPOSED CYCLE OF BUSINESS 23/24**

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

 <b>SUMMARY REPORT</b>	<b>Meeting Date:</b> 4 <sup>th</sup> July 2023	
	<b>Enclosure Number:</b>	

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

### Summary of key points in report

- The Spring Covid Booster programme commenced on the 3<sup>rd</sup> April 2023, offering the Covid-19 booster jab to the most vulnerable in our population. Currently the Spring Booster programme uptake is 86% which is the highest uptake across the four nations and Crown Dependencies.
- Operation Caida was a multiagency major incident exercise taking place over the 4<sup>th</sup> and 5<sup>th</sup> May. The exercise tested the ambulance service and hospital's response to the incident. The exercise also featured a separate multi-agency cell which tested the interoperability between blue light services including the Police, Coastguard, Civil Defence and Airport Fire Service. A 'cold debrief' took place a month after the exercise where feedback was gained across a number of areas including required adjustments to the Hospital Major Incident Plan, linkages to other Major Incident Plans across Manx Care and beyond.
- Four of the major business cases in relation to Urgent Care Transformation have now been approved by the Health & Care Transformation Officer and Political Boards and funding for the first two years has been allocated from the Health & Care Transformation Fund. These are Hear and Treat, See Treat and Leave, Intermediate Care and Same Day Emergency Care.
- The Ofsted inspection into Childrens and Family Services has concluded. The reports are being checked for accuracy. Ofsted have made some very positive comments about the workplace culture in the service
- The soft recruitment for foster carers has generated some interest and it is hoped that 4 new carers can be recruited from the pool of enquiries
- Two service areas are moving from Social Care to Health (Director of Operations) (in terms of direct line management arrangements) - Reablement and the Wellbeing Partnerships.
- There has been recent progress in recruitment to vacant roles with Adult Social Care, with 13 staff recently on-boarded. We have recruited 6 Social Work assistants from across the Island on a 2 year fixed term contracts.



- This year's Culture of Care Barometer Survey was published on 19<sup>th</sup> June. The survey was completed by 72 respondents which is approximately 2.4% of the Manx Care Workforce. The All staff NHS survey will be undertaken in October 2023.
- The Risk Management Committee undertook deep dives into Information Technology/Information Governance, Critical Care, Theatres, Anaesthetics & Surgery, and Finance during May.

**Recommendation for the Committee to consider:**

Consider for Action ☐ Approval ☐ Assurance ☒ Information ☒

The Board is asked to consider the content of the paper and seek any further information or assurance on the content.

**Is this report relevant to compliance with any key standards? YES OR NO**

**State specific standard**

**IG Governance Toolkit**

Yes

There current position on Information Governance Compliance continues to place the organisation at risk of enforcement action from the Information commissioner

**Others (pls specify)**

**Impacts and Implications?**

**YES or NO**

**If yes, what impact or implication**

**Patient Safety and Experience**

No

**Financial (revenue & capital)**

No

**OD/Workforce including H&S**

yes

The result of the Culture of Care Barometer Survey evidence that the pace of cultural improvement amongst some professional groups is not making the level of progress. Further actions will be required.

**Equality, Diversity & Inclusion**

No

**Legal**

No



## Section 1: Purpose and Introduction

- 1.1 This report updates the Manx Care Board on activities undertaken by the Chief Executive Officer and draws the Board's attention to any issues of significance or interest. The report is accompanied by the **CEO Horizon Scan** which provide a summary of key activities in each of the Manx Care Operational Care Groups and Corporate Departments. The Horizon Scan is prepared monthly led by the CEO and forms part of the communication cascade across the organisation.  
**The Horizon Scan for JUNE is attached at Appendix 1.**

## Section 2: Vaccination Programme Update

### 2.1 Executive Lead: Director of Operations

The Spring Covid Booster programme commenced on the 3<sup>rd</sup> April 2023, offering the Covid-19 booster jab to the most vulnerable in our population. The programme is being delivered via the Chester St Vaccine Hub as well as within care homes and in people's homes. Pop up clinics are also being offered within the localities, i.e. Ramsey & District Cottage Hospital and the Western Wellbeing Centre. Currently the Spring Booster programme uptake is 86% which is the highest uptake across the four nations and Crown Dependencies (second to Wales who is reporting 76%).

The Spring Booster campaign will continue for several more weeks, however in line with the UK, we will no longer offer primary doses of vaccine (i.e. 1<sup>st</sup> and 2<sup>nd</sup> dose) from the 30<sup>th</sup> June. In addition, to the Spring Booster programme, the Vaccine Team will shortly be offering primary doses of the Covid booster to children between six months and four years in a clinical risk group – on the Isle of Man there are 14 children in this category.

Aside from Covid boosters, the UK Health Security Agency recently published the eligibility for the seasonal flu vaccine for 2023/24 – eligibility has reduced compared to previous years with free flu vaccines no longer available for people between 50 and 64 years old with no clinical risk factors. The Joint Committee on Vaccination and Immunisation (JCVI) are currently considering eligibility for secondary school age children. The Isle of Man Vaccination & Immunisation Committee agreed to follow UKHSA/JCVI guidance for the flu vaccination programme, which will be delivered by the school nursing service for school age children and principally by primary care for the adult cohort, although community pharmacies and the vaccine hub will also offer the flu vaccine, the latter being co-administered by the autumn Covid booster.

## Section 3: Operational Delivery

### Executive Lead: Director of Operations

### 3.1 Major Incident planning event and debrief

Operation Caída was a multiagency major incident exercise taking place over the 4<sup>th</sup> and 5<sup>th</sup> May. The exercise, organised by Natasha McKenzie, Emergency Planning Manager and facilitated by a

number of Emergency Preparedness, Resilience and Response (EPRR) professionals from across the NHS, simulated a collapse of the Gaiety Theatre in Douglas resulting in a number of casualties, both adults and children. The exercise tested the ambulance service and hospital's response to the incident and was organised based on the command structure should an incident happen in the real world, including Strategic and Tactical Coordinating Groups as well as the flow of casualties around the patient pathway, from the scene, through to A&E and on into the wards and theatre. The exercise also featured a separate multi-agency cell which tested the interoperability between blue light services including the Police, Coastguard, Civil Defence and Airport Fire Service.

A 'cold debrief' took place a month after the exercise where feedback was gained across a number of areas including required adjustments to the Hospital Major Incident Plan, linkages to other Major Incident Plans across Manx Care and beyond, the requirement to have back up plans for all elements of the plan where technology was involved (i.e. paper back up to IT systems, use of runners in case of comms failure etc), as well as the use of '10 second triage' during the initial phase of the incident.

### 3.2 **TT Festival**

The TT festival continued to be one of the busiest times of the year, both due to the increased level of trauma coming into Noble's and a rise in access to healthcare in general due to the 50% increase in population of the island. As per previous years, we increased staffing within those areas most affected by the event, namely the Ambulance Service, ED and Orthopaedics which ensured that at no point during the event did we experience a lack of capacity to provide urgent treatment to those in need. This year's event saw for the first time the adoption of a Major Trauma Centre style staffing model with a Trauma Team Leader (ED Consultant) present in ED during all race periods and during open roads (in addition to a consultant in charge for the ED department) so that anyone requiring trauma care could receive it without drawing from the resources of the rest of the department. The Trauma Team Leader had direct communications to the trackside medics via the race radio system so that preparations could be made prior to the arrival of the casualty.

As well as the support of the IOM Air Ambulance Service who transported a number of patients across to the UK for a range of treatment, including orthopaedic surgery as well as cardiac intervention, the Great North Air Ambulance Service were mobilised on several occasions to provide critical care treatment on scene and transport direct to specialist centres in the North West – this included a serious road traffic collision as well as the transfer of a patient in cardiac arrest who required urgent cardiac catheterisation – the first time this pathway had been used since its establishment with Liverpool Heart & Chest Hospital a few days earlier.

Planning for the Southern 100 and Manx Grand Prix is now underway.

### 3.3 **Transformation approvals – good news and next steps**

A key part of the Health & Care Transformation Programme has been the transformation of urgent care services both in the community and within the hospital. Despite the pause on Care Pathways Transformation since October 2022, four of the major business cases in relation to Urgent Care Transformation have now been approved by the Health & Care Transformation Officer and Political Boards and funding for the first two years has been allocated from the Health & Care Transformation Fund. Manx Care will fund these cases on a recurrent basis from year 3.

These cases are:

- **Hear & Treat** – introduction of a clinical presence in the Emergency Services Joint Control Room so calls can be clinically triaged and redirected to another service (such as Intermediate Care or later attendance at an alternative healthcare provider such as GP/MEDS or ED) if a 999 ambulance emergency response is not required. The Hear and

Treat Practitioner will also decide whether a double crewed ambulance is despatched or whether the 999 call could be dealt with by an Advanced Clinical Practitioner as part of the See, Treat & Leave service or Intermediate Care.

- **See, Treat & Leave** – the introduction of advanced clinical practitioners working alongside the ambulance service to attend 999 calls where conveyance to hospital may not be required if diagnostics/treatment can be undertaken in the home setting and referred on to another community based service, such as Intermediate Care
- **Intermediate Care** – an expansion of the current Reablement Service to enable additional care and support to be provided on a temporary basis to allow people to return home earlier than possible from hospital or to allow them to receive treatment at home. Intermediate Care would also include some ‘step up’ beds, initially based in Martin Ward at Ramsey & District Cottage Hospital, whereby people could be stepped up into a hospital bed for a short term period to allow them to recover from illness or injury. The service, whilst principally care-led, will be supported by a number of community therapists and advanced practitioners who are able to provide assessment and treatment in their own home.
- **Same Day Emergency Care (SDEC)** - SDEC is the provision of same day care for emergency patients who would otherwise be admitted to hospital. Under this care model, patients presenting at hospital with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided, potentially with the support of Intermediate Care services.

Plans are underway to operationalise these new services – the Hear & Treat Service is currently operating in a pilot phase pending recruitment of substantive staff. Recruitment of additional staff for the Intermediate Care Service will commence in July as well as the formal transfer of Reablement Services into the Intermediate Care umbrella. Recruitment for key posts within See, Treat & Leave and SDEC will also commence in July.

## Section 4: Social Care Update

### 4.1 Visit of His Excellency the Lieutenant Governor and Lady Lorimer

The Lieutenant Governor and Lady Lorimer visited Murray House on 21 June 2023. His Excellency and Lady Lorimer spent time with colleagues across C&F and Adult Social Work services, learning more about the work of the teams and meeting staff responsible for service delivery. There is to be a return visit later in the year.

### 4.2 Adult Social Care

There has been recent progress in recruitment to vacant roles, with 13 staff recently on-boarded in ALDS. We have recruited 6 Social Work assistants from across the Island on a 2 year fixed term contract. It is expected that this will relieve some of the pressures in teams. There are still 10 vacancies to fill in Community Support Services, managers are working hard to fill these gaps. There is a cross Island review of Day services underway and is expected to report back in the next few weeks.

### 4.3 Children & Families

Ofsted inspection – reports are being checked for accuracy. Ofsted have made some very positive comments about the workplace culture in C&F;

The soft recruitment for foster carers has generated some interest and it is hoped that 4 new carers can be recruited from the pool of enquiries;

The role of Team Manager for OOH, Youth Justice and Child with Complex Needs has been offered to an internal candidate.

#### 4.4 **Adult Social Work**

Safeguarding will be represented at the second annual Open Day on 4 July, along with C&F colleagues working in Fostering & Adoption;

The new rota for Adult Social Work now has 100% coverage. Adherence to KPIs is being actively worked on, with positive results seen towards the end of May and through June 2023.

#### 4.5 **Corporate**

The Information Asset Registers and Records of Processing Activity were completed for all service areas by the deadline of 31 May. This is a significant achievement, largely achieved by one officer alongside the business as usual workload.

#### 4.6 **Structural Changes**

Two service areas are moving from Social Care to Health (Director of Operations) (in terms of direct line management arrangements) - Reablement and the Wellbeing Partnerships. Some adjustments will need to be made to accommodate these changes, we are looking to work collaboratively and in an integrated/joined up way across Manx Care to make this transition as smooth and as successful as possible.

### **Section 5: Culture of Care Barometer Survey 2023**

- 5.1 Manx Care is a learning organisation and since our establishment in April 2021, we have put cultural change as one of our key priorities. We welcome this independent Culture of Care Barometer survey and we had commitment to repeat the survey on an annual basis following the survey being conducted for the first time in March 2022.

This year's survey was sent to around 160 Doctors working for the organisation who are members of the BMA, and completed by 72 respondents which is approximately 2.4% of the Manx Care Workforce. The results of the survey were shared with the organisation on Friday 16 June and published on Monday 19<sup>th</sup> June.

The survey results highlight that there remains a lot of work to do to develop the culture of the organisation, however we are encouraged by a number of the results and comments which highlight that progress is slowly being made, including:

- Many colleagues feel they have sufficient time to do their job, know what is expected of them and get the training and development they need to succeed
- The survey acknowledges that colleagues feel their Line Managers treat them with respect, they feel respected by their co-workers, and they are surrounded by positive role models
- Colleagues feel they can have influence within their teams
- Management is seen to be fair throughout the organisation

- Manx Care understands colleagues' roles and supports them in doing these
- Primary Care is seen as a good place to work, with a positive culture
- Communication is strong, with recognition that Managers work hard to communicate with their teams

Changing the culture of our organisation will not happen overnight. There are a number of things which tell us that we're moving in the right direction, including feedback from the Care Quality Commission (CQC) inspections held during the last year, and from the Partnership Working Forum that we have established with our Staff Side representatives which meets monthly. We now look forward to a collaborative and constructive dialogue with our medical colleagues, and the BMA to review and update our Culture Improvement Action Plan.

We are currently finalising our People Culture and Engagement Strategy which will be considered at the next People Committee on the 11<sup>th</sup> July.

The survey results are attached at Appendix 2.

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

- 6.1 The RMC undertakes monthly deep dives in a selection of 3 Care Group/Shared Services to explore their risk profiles and identify any key risks for escalation to Manx Care Board. For the end of May, the three Care Groups/Share Services presenting their risk profiles were Information Technology/Information Governance, Critical Care, Theatres, Anaesthetics & Surgery, and Finance. The overall risk position for the end of May is provided in the table below:

Date	Low	Moderate	High	Extreme	No Value
31/3/2023	21	88	141	13	3
31/5/2023	25	106	141	13	3

As there was no RMC in April, the above position compares that at the end of March with the end of May. The increase in the overall number of risks logged on Datix results from both IT/IG and OHR risks being added to Datix and now formally reported via this system to ensure consistency of risk management processes across Manx Care. Finance risks will be added during June as part of a full review of these at Board and operation levels.

### Care Group Key Risks Summary

All Care Group highlighted no significant change in the overall number of extreme risks in the organisation (remaining at 13), with the review of scoring grading and mitigations supporting these assessments.

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

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

Primary & Community Services	354	Risk to patient care due to a lack of medical provision.	Annmarie Cubbon	5x4 = 20 Up	26/8/20
Corporate	749	End of life servers	Teresa Cope	4x4 = 16 Static	23/1/23
	788	IT Systems - security of patient data	Teresa Cope	4x4 = 16 New	29/4/23
Medicine - Urgent/Ambulatory/Emergency Care	578	Timely access to care	Mark Cox	4x4 = 16 Static	18/1/22
	576	Workforce resilience and staffing levels	Mark Cox	5x3 = 15 Static	18/1/22
	575	Financial Sustainability	Jackie Lawless / Mark Cox	5x4 = 20 Static	18/1/22
	717	Ambulance Fleet Procurement / Replacement Plan	Oliver Radford / Mark Cox	5x3 = 15 Static	31/10/22
Surgical Care	649	Air Ambulance - Closure of airport In 2023	James Watson	4x4 = 16 Up	28/6/22
Mental Health Services	168	CAMHS - Insufficient workforce capacity to meet service demand	Ross Bailey	4x4 = 16 Up	3/9/19
Shared Services	92	Staff recruitment and retention within a geographically isolated location	Ann Corkill	4x5 = 20 Static	1/9/20
Social Care – All Areas	725	Illegal Detention	David Hamilton	3x5 = 15 Static	15/11/22
Women & Children's Services	523	Midwifery staff shortages	Barbara Roberts	4x5 = 20 Static	23/9/21

### Agreed Actions

Agreed that for **Risk 749** a deep dive paper is to the digital and Information sub-committee and be brought back to the next Risk Management Committee for further discussion. **Risk 788** - business case approved by BCRG at May '23 meeting and now with DHSC for funding approval.

### Emerging Risks (Horizon Scanning)

Risk related to potential airport closures limiting access to fixed wing air ambulance impacting normal emergency transport service to UK specialist centres, is to be reviewed given the increasing operational issues at the airport.

Teresa Cope  
CEO – 28<sup>th</sup> June 2023



A large, stylized graphic of a barometer or gauge. It features a teal-colored arc with several tick marks. A teal-colored needle with a white heart shape in its center points towards the right side of the arc.

# Culture of Care Barometer

## Survey Results

### What is the Culture of Care in Manx Care?

Survey start date: 19/05/2023  
Survey end date: 08/06/2023

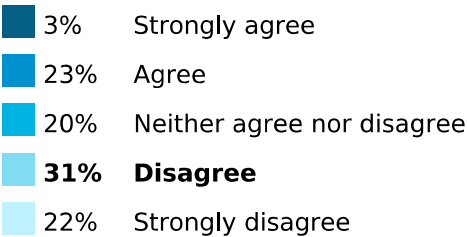


# Theme: Engagement

## Summary

72 participants completed this survey.

□



## Engagement question results

### 15) My manager know how things really are

Strongly agree 6%	Agree 32%	Neither agree nor disagree 19%	Disagree 19%	Strongly disagree 22%
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### 21) My line manager gives me constructive feedback

Strongly agree 4%	Agree 15%	Neither agree nor disagree 33%	Disagree 32%	Strongly disagree 15%
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### 27) I am kept well informed about what is going on in our team

Strongly agree 4%	Agree 28%	Neither agree nor disagree 13%	Disagree 35%	Strongly disagree 21%
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### 29) I feel well informed about what is happening in the organisation

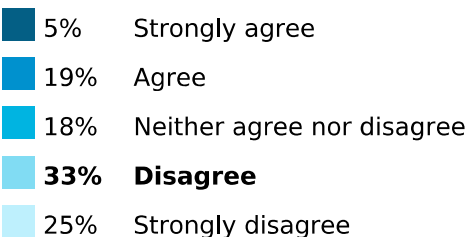
Strongly agree 0%	Agree 18%	Neither agree nor disagree 15%	Disagree 36%	Strongly disagree 31%
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# Theme: Empowerment

## Summary

72 participants completed this survey.

□



## Empowerment question results

### 9) I am able to influence the way things are done in my team

Strongly agree 11%	Agree 29%	Neither agree nor disagree 25%	Disagree 29%	Strongly disagree 6%
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### 23) The organisation listens to staff views

Strongly agree 1%	Agree 7%	Neither agree nor disagree 18%	Disagree 39%	Strongly disagree 35%
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### 25) I am able to influence how things are done in the organisation

Strongly agree 3%	Agree 15%	Neither agree nor disagree 11%	Disagree 33%	Strongly disagree 38%
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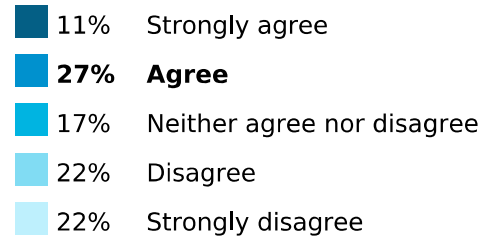
### 30) My concerns are taken seriously by my line manager

Strongly agree 4%	Agree 25%	Neither agree nor disagree 19%	Disagree 29%	Strongly disagree 22%
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# Theme: Management / Leadership

## Summary

72 participants completed this survey.



## Management / Leadership question results

### 10) I feel part of a well-managed team

Strongly agree 6%	Agree 21%	Neither agree nor disagree 24%	Disagree 31%	Strongly disagree 19%
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### 11) I know who my line manager is

Strongly agree 39%	Agree 50%	Neither agree nor disagree 6%	Disagree 3%	Strongly disagree 3%
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### 12) Unacceptable behaviour is consistently tackled

Strongly agree 6%	Agree 17%	Neither agree nor disagree 15%	Disagree 32%	Strongly disagree 28%
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### 13) There is strong leadership at the highest level in the organisation

Strongly agree 3%	Agree 8%	Neither agree nor disagree 10%	Disagree 33%	Strongly disagree 46%
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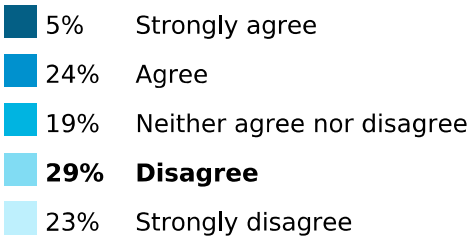
### 28) I have positive role models where I work

Strongly agree 3%	Agree 40%	Neither agree nor disagree 31%	Disagree 13%	Strongly disagree 14%
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# Theme: Values

## Summary

72 participants completed this survey.



## Values question results

### 2) I feel respected by my co-workers

Strongly agree 14%	Agree 64%	Neither agree nor disagree 10%	Disagree 8%	Strongly disagree 4%
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### 4) I am proud to work in this organisation

Strongly agree 3%	Agree 19%	Neither agree nor disagree 29%	Disagree 22%	Strongly disagree 26%
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### 5) My line manager treats me with respect

Strongly agree 13%	Agree 36%	Neither agree nor disagree 18%	Disagree 22%	Strongly disagree 11%
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### 6) The organisation values the service we provide

Strongly agree 1%	Agree 13%	Neither agree nor disagree 21%	Disagree 46%	Strongly disagree 19%
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### 7) I would recommend this organisation as a good place to work

Strongly agree 3%	Agree 13%	Neither agree nor disagree 19%	Disagree 40%	Strongly disagree 25%
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Continued ...

**19) A positive culture is visible where I work**

Strongly agree 1%	Agree 21%	Neither agree nor disagree 14%	Disagree 26%	Strongly disagree 36%
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**22) Staff successes are celebrated by the organisation**

Strongly agree 4%	Agree 17%	Neither agree nor disagree 33%	Disagree 31%	Strongly disagree 15%
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**26) The organisation has a positive culture**

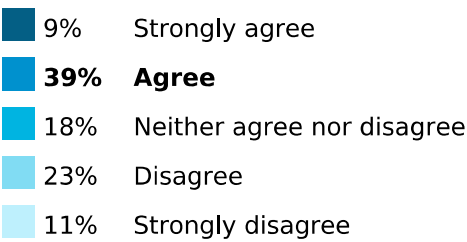
Strongly agree 1%	Agree 11%	Neither agree nor disagree 11%	Disagree 33%	Strongly disagree 43%
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# Theme: Roles

## Summary

72 participants completed this survey.

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## Roles question results

### 17) I know exactly what is expected of me in my job

Strongly agree 19%	Agree 51%	Neither agree nor disagree 11%	Disagree 14%	Strongly disagree 4%
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### 18) I feel supported to develop my potential

Strongly agree 3%	Agree 26%	Neither agree nor disagree 19%	Disagree 33%	Strongly disagree 18%
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### 24) I get the training and development I need

Strongly agree 6%	Agree 40%	Neither agree nor disagree 24%	Disagree 21%	Strongly disagree 10%
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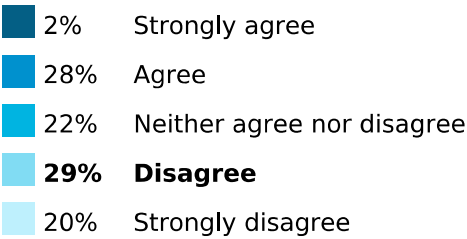
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# Theme: Resources

## Summary

72 participants completed this survey.

□



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## Resources question results

### 1) I have the resources I need to do a good job

Strongly agree 4%	Agree 21%	Neither agree nor disagree 19%	Disagree 35%	Strongly disagree 21%
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### 3) I have sufficient time to do my job well

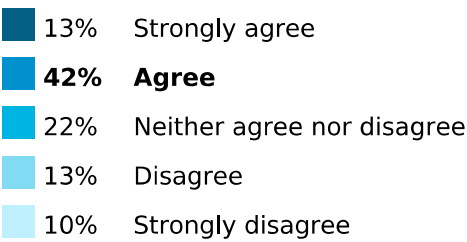
Strongly agree 0%	Agree 35%	Neither agree nor disagree 24%	Disagree 22%	Strongly disagree 18%
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# Theme: Team

## Summary

72 participants completed this survey.

□



## Team question results

### 8) I feel well supported by my line manager

Strongly agree 6%	Agree 32%	Neither agree nor disagree 24%	Disagree 26%	Strongly disagree 13%
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### 14) When things get difficult, I can rely on my colleagues

Strongly agree 14%	Agree 44%	Neither agree nor disagree 26%	Disagree 8%	Strongly disagree 6%
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### 16) I feel able to ask for help when I need it

Strongly agree 7%	Agree 47%	Neither agree nor disagree 21%	Disagree 10%	Strongly disagree 15%
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### 20) The people I work with are friendly

Strongly agree 26%	Agree 44%	Neither agree nor disagree 18%	Disagree 6%	Strongly disagree 6%
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 <div>  <div> <div>manx care</div> <div>Kiarail Vannin</div> </div> </div>	<div> <div>SUMMARY</div> <div>REPORT</div> </div>	Meeting Date:	4 July 2023
		Enclosure Number:	

Meeting:	Manx Care Board		
Report Title:	Ballasalla Group Practice Update		
Authors:	Annmarie Cubbon		
Accountable Director:	Oliver Radford		
Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/ Recommendation from that Committee
	n/a	n/a	n/a

### Summary of key points in report

The current position in relation to Ballasalla Medical Centre as at June 2023 is as follows:

#### Background & Current Position:

- The contract with Ballasalla Medical Centre LLC's ended as anticipated on 30<sup>th</sup> April 23. Manx Care took on the management of the practice from the 1<sup>st</sup> May, renaming it Ballasalla Group Practice
- Dr Martin Rankin commenced his role as Clinical Lead GP on Tuesday 2<sup>nd</sup> May 2023.
- We complimented the practice staffing with a number of additional locum GPs during May and June to ensure we had enough GP cover.
- The Practice Nurses and Clinical Pharmacist as well as the Practice Manager and admin team have remained working in the practice following the offer from Manx Care to provide permanent contracts to all staff.
- Two Pharmacists from Manx Care are providing 1 day each per week of clinical time.
- Weekly meetings between Manx Care Primary Care Team, the Office of Human Resources and the Practice Manager to oversee the transition have been stepped down to monthly – last meeting on the 22<sup>nd</sup> June did not flag up any significant issues although a desire to transition to a more resilient GP staffing solution (i.e. salaried GPs instead of locums) was agreed. The group aims to have a salaried GP model in place by the end of September pending recruitment.
- A leadership team has been established within the Practice using the Manx Care triumvirate model and have Dr Rankin as Clinical Lead, alongside the Practice Manager and the GP Contracting Manager. – this will be the day to day decision making body for the practice
- The Primary Care contracts team will continue to monitor the Practice in the same way as other contracted practices so that timely access to appointments and clinical quality can be monitored and reviewed monthly

#### Developments

- First Contact Practitioners (FCP) within Physiotherapy have commenced working in the practice seeing patients who are reporting musculoskeletal problems – these advanced Physiotherapists are able to formulate a physiotherapy plan to try to address any joint pain, as well as being able to prescribe painkillers and other drugs to promote mobility. They are also able to refer directly to hospital specialists such as orthopaedics or rheumatology. The FCPs are being supported by Dr Peter Griffiths who is working one day in the practice at the same time as the FCP.

- The Southern Wellbeing Partnership have launched a 'drop in' within the practice, offering advice and support to patients on a range of topics such as community support, social services, community mental health services and also provide signposting to third sector or community groups as well as other government services such as Social Security/Benefits and Housing.
- The functionality of the Patient Access App offered by Ballasalla Group Practice with a view to activating as much functionality as possible for the benefit of patients – this includes online appointment booking/amendment and cancellation, repeat prescription ordering and viewing summary care record including blood tests and other results
- Discussions have commenced with the Community Wellbeing Service to explore the deployment of Mental Health Professionals within the practice such as Cognitive Behavioural Therapists.
- Similar discussions have commenced with Noble's Hospital teams with a view to offering some specialist clinics in the practice such as Renal and Diabetology.

Consider for Action	<input type="checkbox"/>	Approval	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Information	<input checked="" type="checkbox"/>

## COMMITTEE CHAIR'S REPORT TO BOARD



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

<b>Committee:</b>	<b>Quality, Safety &amp; Engagement Committee</b>
<b>Meeting Date:</b>	<b>30 May 2023</b>
<b>Chair/Report Author:</b>	<b>Sarah Pinch</b>

#### KEY ITEMS DISCUSSED AT THE MEETING

Your Committee received updates on the following matters:

- The Board Assurance Framework, risks 1a and 1b
- Inspections
- Integrated Performance Report
- Report from the Operational Clinical Quality Group
- Report from the Operational Care Quality Group
- Mortality Reporting
- ENT Service Improvement Programme
- Serious Incident Report
- Social Care Action Plan
- Safeguarding
- Experience Engagement Annual Report 2022/23
- Complaints & Duty of Candour Annual Report 2022/23
- Quality & Safety Report Q4 2022/23

<b>TO ALERT</b> (Alert the Board to areas of non-compliance or matters that need addressing urgently or new risks)			
<b>Issue</b>	<b>Committee concern</b>	<b>Action required</b>	<b>Timescale</b>
Inadequate independent Advocacy Service	This is not a mandated service. There is an existing basic but inadequate service and a £300K top-up business case is on hold.	Commissioning team to follow up with DHSC	
Implementation of the Mental Capacity Act	DHSC are leading on implementation and roll out of a system wide action plan however Manx Care carries all the risk. The Bill recognises that funding will be required for training however DHSC's impact assessment has indicated that this will be cost neutral	TC to follow up again with DHSC	
<b>ASSURE</b> (Detail here any areas of assurance that the Committee has received)			
<b>Issue</b>	<b>Assurance Received</b>	<b>Action</b>	<b>Timescale</b>
Board Assurance Framework – Risk 1a and 1b	1a – Failure to Provide Safe Health Care – improving position. RAG rating for governance arrangements has moved from red to amber. Overall risk rating remains at 15. 1b – Failure to Provide Safe Social Care – good progress with policies & procedures and mandatory training for which risk is largely around funding. Overall risk rating remains at 12.	For noting.	
Inspections	OFSTED inspection now complete and report awaited. CQC action plan in place and good progress made.	For noting.	
IPR	A good month overall although performance has dropped in respect of C.Diff infections and Duty of Candour. Remediation is in place.	For noting	

Report from the Operational Clinical Quality Group	Two new SIs recorded in the last month. Mandatory training policy has been approved although refinement is needed.	For noting	
Report from the Operational Care Quality Group	Eight key risks have been downgraded. Inadequate independent advocacy is a continuing risk which is being escalated.	For noting	
Mortality reporting	Level 1 mortality reviews up to date and a Mortality Review Group is being established to progress Level 2 reviews, however funding will be required.	For noting	
ENT update	Monthly Service Improvement Plan meetings continue to have a positive impact in terms of clinical governance. ENT UK will be carrying out a re-inspection later in the year.	For noting	
Social Care Action Plan	Progress is being made and an updated action plan will be tabled at the next QSE meeting.	For noting	
Safeguarding Update	Provided assurance in respect of Mental Capacity training. Interface between health and adult social work in preparation for MASH and reinstatement of audits. Risk remains around rollout of the Mental Capacity Act which is being led by DHSC. This is being escalated.		
Serious Incident Report – April 2023	Two new SIs recorded in the past month. Events continue to be managed in timely manner.	For noting	
Experience Engagement Annual Report	Recommended for presentation at Manx Care's annual public event.	For noting	

Complaints & Duty of Candour Annual Report 2022/23	Recommended for presentation at Manx Care's annual public event.	For noting	
Quality & Safety Report Q4 2022/23	100% compliance for CAS alerts	For noting	

## COMMITTEE CHAIR'S REPORT TO BOARD

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

<b>Committee:</b>	<b>Quality, Safety &amp; Engagement Committee</b>
<b>Meeting Date:</b>	<b>27 June 2023</b>
<b>Chair/Report Author:</b>	<b>Tim Bishop</b>

#### KEY ITEMS DISCUSSED AT THE MEETING

Your Committee received updates on the following matters:

- The Board Assurance Framework, risks 1a and 1b
- Inspections – OFSTED
- CQC Action Plan
- Integrated Performance Report
- Report from the Operational Clinical Quality Group
- ENT Service Improvement Programme
- Serious Incident Report
- Social Care Action Plan
- Maternity – Ockenden and Home Birth position

<b>TO ALERT</b> (Alert the Board to areas of non-compliance or matters that need addressing urgently or new risks)			
<b>Issue</b>	<b>Committee concern</b>	<b>Action required</b>	<b>Timescale</b>
Violence and aggression towards staff (originally discussed at QSE on 25 April)	Currently captured only if harm results. The Committee recommends that Manx Care take a firmer stance with an undertaking to report matters to the Police when appropriate.	Agreed at private Board that verbal abuse and harassment be captured and Police involved if appropriate. To be put on record at the Board meeting in Public.	
Homebirth Position	Staffing levels are still insufficient for the service to be offered.	Manx Care to liaise with the AGC to again extend the suspension of home births for the foreseeable future until a safely staffed service can be resumed.	
CQC Operating Plan	To commence formal assurance reporting to QSE and the Board from 1 September 2023 to allow time to refine the Operating Plan and implement actions.	Approval by the Board	
<b>ASSURE</b> (Detail here any areas of assurance that the Committee has received)			
<b>Issue</b>	<b>Assurance Received</b>	<b>Action</b>	<b>Timescale</b>
Board Assurance Framework – Risk 1a and 1b	1a – Failure to Provide Safe Health Care – nothing to escalate - overall risk rating remains at 15. 1b – Failure to Provide Safe Social Care – Policies & Procedures remain a concern and gap analysis is underway across the Care Group. Training is a continuing risk largely due to funding constraints. Overall risk rating remains at 12.	For noting.	
Inspections	OFSTED - inspection now complete and report awaited. Draft report identifies many positives however the pace of improvement was noted as slow. More serious issues identified include service provision, resources and accommodation require financial support and careful planning. An action plan has been	For noting.	



	drafted and will be finalised on receipt of the final report.		
CQC Action Plan	An operating plan has been developed under the Action Plan and feedback received from DHSC.	For noting	
IPR	May was a good month for quality, especially nutrition and hydration. In increase in falls was recorded but not in harm.	For noting	
Report from the Operational Clinical Quality Group	Latest meeting had to be cancelled due to operational pressures however report indicates continued improvement in respect of Treatment Escalation Plans. Task & Finish Group has been stood down.	For noting	
SI Report	Management of incidents continues to be robust with a strong reporting culture and good learning. Manx Care is into its third year of continuous reduction in Serious Incidents.	For noting	
ENT update	Nothing to escalate – reporting to QSE will be reduced from monthly to quarterly. ENT UK will be returning for a re-inspection in the next few months.	For noting	
Social Care Action Plan	Workstreams have been issued to specific teams and a culture workshop was scheduled for 28 June 2023. The plan is to be monitored by the Social Care Senior Leadership Team.	For noting	
Maternity: - Ockenden - Homebirth Position	Due to the ongoing challenges within the Service priority continues to be given to areas linked to Ockenden.	For noting	

	<p>Although there has been some success with recruitment it is recommended that the Board liaise with the AGC to again extend the suspension of home births for the foreseeable future until a safely staffed service can be resumed.</p>		
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## COMMITTEE CHAIR'S REPORT TO BOARD



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

<b>Committee:</b>	<b>Integrated Care Partnership Committee – Wider Stakeholder meeting</b>
<b>Meeting Date:</b>	<b>30 May 2023</b>
<b>Chair/Report Author:</b>	<b>Oliver Radford</b>

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

Your Committee received updates on the following matters:

- Monthly reporting
- Palliative Care Deep Dive/Hospice Update
- Nursing, Residential and Home Care – Transformation Programme update

#### TO ALERT (Alert the Board to areas of non-compliance or matters that need addressing urgently or new risks)

Issue	Committee concern	Action required	Timescale

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

Issue	Assurance Received	Action	Timescale
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Monthly reporting	<p><b>Wellbeing Partnerships/LAC</b> – being transferred back to Health from Social Care. New opportunities being explored to feed into the Partnerships and stabilise the current position. A quarter's funding has been approved in respect of the Jurby &amp; Northern Community Initiatives</p> <p><b>Community Frailty</b> – first combined meeting between Hospital, CHART 2 and community has taken place. Frailty Clinic to be established in the North as part of the Primary Care Home pilot</p> <p><b>Palliative &amp; End of Life</b> – Palliative &amp; End of Life Working Group to be re-established and regular reporting will commence</p> <p><b>Intermediate Care</b> – two years' Transformation funding has been approved and it is aimed to have the service up and running by the end of 2023.</p> <p><b>Primary Care at Scale</b> – Transformation funding not yet approved. Dermatology prototype is underway and 3 FCP prototypes are at different stages of planning but have not yet been deployed into general practice.</p>	For noting	
Palliative Care/Hospice update	Hospice finances have been stabilised and day therapy is expected to resume at the end of June. It is hoped to open an additional five beds and two respite beds are to be opened by September.	For noting	

Nursing, Residential & Care Home project – Transformation Programme update	Project objective is to identify options for a sustainable solution for funding social Care which is equitable and offers appropriate availability.	For noting	
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## COMMITTEE CHAIR'S REPORT TO BOARD



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

<b>Committee:</b>	<b>Integrated Care Partnership Committee</b>
<b>Meeting Date:</b>	<b>27 June 2023</b>
<b>Chair/Report Author:</b>	<b>Tim Bishop</b>

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

Your Committee received updates on the following matters:

- Terms of Reference
- Monthly reporting
- Wellbeing Partnerships Deep Dive
- Ballasalla Group Practice

#### TO ALERT (Alert the Board to areas of non-compliance or matters that need addressing urgently or new risks)

Issue	Committee concern	Action required	Timescale
The GOD (Geriatrician on Demand) on-call system cannot be established until outgoing Geriatrician is replaced.	The importance of a GOD phone is acknowledged by the Committee and this initiative was mentioned at the Public Event last year.	Recruitment of replacement Geriatrician – at the time of the meeting the advert had just gone live.	4-6 months

ASSURE (Detail here any areas of assurance that the Committee has received)			
Issue	Assurance Received	Action	Timescale
Terms of Reference	Core membership to be expanded to include Project Managers and Hospice IOM representation. Frequency to be reduced to bi-monthly.		
Monthly reporting	<p><b>Community Frailty</b> – Current RAG status is green – there has been continued steady progress into the second quarter of 2023, establishing basis of the community frailty outreach from Noble’s into the Wellbeing Partnerships</p> <p><b>Palliative &amp; End of Life</b> – Joint project with Hospice has not yet commenced however work is ongoing in respect of treatment escalation planning. Further discussion will be taking place regarding pathways into Hospice and Hospice at Home service. Appointment of a Palliative Consultant jointly with Hospice is being considered. There are plans to address the issue of late referral to Hospice.</p> <p><b>Intermediate Care</b> – now funded by Transformation and the operational plan will continue, to include commencing with an Operational Group instead of a Project Group. Reablement is moving from Social Care to Intermediate Care.</p> <p><b>Primary Care at Scale</b> – the overall status is at risk due to funding constraints however work continues on the stabilisation programme, to include:</p> <ul style="list-style-type: none"> <li>• Virtual GP</li> </ul>	For noting	

	<ul style="list-style-type: none"> <li>• Community Pharmacy</li> <li>• Locality Hubs</li> <li>• Frailty</li> <li>• Salaried model</li> <li>• Service shift</li> <li>• CQC/Clinical Governance</li> </ul> <p>Dermatology prototype testing is moving work out of Secondary Care to Primary in a Hub model although there remains some reticence on the part of the GPs. MSK Physio, Pharmacy and Mental Health FCP prototypes have not yet been deployed into General Practice.</p> <p>Primary Care Homes programme continues to be under-resourced. A project plan for the North is being developed after which a request for Transformation funding will be submitted.</p>		
Wellbeing Partnerships Deep Dive	<p><b>Western Partnership</b> – the facility is now being fully utilised by a broad range of clinics and services and has developed a good relationship with Peel Group Practice. Community Frailty is fully embedded and working well.</p> <p><b>Southern Partnership</b> continues to develop despite turnover in its Lead position. The Partnership is very busy and receives more referrals than the other areas, largely due to the footfall in Thie Rosien.</p> <p><b>Northern Partnership</b> has achieved significant development despite being hampered by lack of a public counter and space constraints. There is increasing collaborative working with Ramsey Group Practice.</p> <p>Future developments:</p>	For noting	



	<ul style="list-style-type: none"> <li>• the delay in establishing an Eastern Partnership has led to inequity in provision and prevents promotion of the Wellbeing Partnerships to the fullest extent.</li> <li>• Resolution of estate issues in the North</li> <li>• Embedding of Mental Health Practitioners</li> <li>• Locality based Occupational Therapists</li> <li>• Support of Jurby and Northern Community Initiatives</li> </ul> <p>Aim – the right care, at the right time, in the right place</p>		
Ballasalla Group Practice	Management under Manx Care continues to go well. The Lead GP's contract, aligned to a 10PA Consultant contract is being treated as a pilot.	For noting	



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

<b>Committee:</b>	<b>DIGITAL AND INFORMATICS COMMITTEE</b>
<b>Meeting Date:</b>	<b>12 May 2023</b>
<b>Chair/Report Author:</b>	<b>Katie Kapernaros</b>

**KEY ITEMS DISCUSSED AT THE MEETING**

**Your Committee received comprehensive papers covering:**

1. Committee Effectiveness
2. Business Intelligence and Data Quality Group
3. Manx Care Record Advisory Board
4. Information Governance
5. IG Decisions
6. Plan B for delay to Manx Care Record
7. GTS Shared Performance
8. BCS In-flight Projects
9. Contracts Registry

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

<b>Issue</b>	<b>Committee concern</b>	<b>Action required</b>	<b>Timescale</b>

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

<b>Issue</b>	<b>Assurance Received</b>	<b>Action</b>	<b>Timescale</b>
Committee Effectiveness	Review underway – will be taken back to June meeting for approval.	For noting	
Business Intelligence & Data Quality Group	Steady progress is being made. Maternity data set now being validated.	For noting	

	Data Quality Group being established – first meeting scheduled for 3 July 2023.		
Manx Care Record Advisory Board	No significant progress made since last D&I meeting. Although Liverpool have secured £50M funding, they still do not have approval of their outline business case.	For noting	
Information Governance	DPIA training has been undertaken and mandatory training is being explored in more detail. Work in respect of IARs and ROPAs is nearly complete. The staffing position in the IG has improved. Regarding the DSPT, around 70% of the 47 assertions can now be met. SARs process being mapped to identify pinch-points. The team lacks resources to meet growing demand.	For noting	
IG Decision Paper	Outlined the increasing demand for IG services, associated costs and potential risks and laid out recommendations for the Board.	For noting	
Plan B for delay to Manx Care Record	There is no realistic Plan B for what is needed however and a request has gone to Treasury to establish how much funding may be available. The Committee's concerns around timeframes and implications of contract expiry have been escalated to DHSC.	For noting	
BCS In-flight projects	No concerns from a patient safety perspective	For noting	
GTS Share Service Performance	2P1s out of SLA in the period, both dependent on third party input for resolution.	For noting	



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

<b>Committee:</b>	<b>PEOPLE COMMITTEE</b>
<b>Meeting Date:</b>	<b>31 May 2023</b>
<b>Chair/Report Author:</b>	<b>Sarah Pinch</b>

**KEY ITEMS DISCUSSED AT THE MEETING**

The committee received papers on the following:

- People and Culture Committee
- People Dashboard and KPI's
- People, Culture and Engagement Strategy
- Social Care Action Plan
- 2022 Culture of Care Barometer and Action Plan

Due staff shortages and sickness absence the Workforce and Culture Team had been unable to send a representative to the meeting.

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

<b>Issue</b>	<b>Committee concern</b>	<b>Action required</b>	<b>Timescale</b>
Workforce and Culture	The Committee remained concerned that the lack of resource within the team was prohibiting the work that was required to improve culture throughout Manx Care.	Escalation to the Board.	04.07.23
2022 Culture of Care Barometer and Action Plan	A meeting had been held with local members of the BMA and the Chair of the BMA, Professor Philip Banfield, which had resulted in the publication of some extremely negative	Escalation to the Board.	04.07.23

	feedback about the culture within the medical community on Island. This feedback was damaging to staff and to patient confidence in the service.		
People Dashboard and KPI's	The absence rates due muscular skeletal conditions remained static. The Committee would like to see the introduction of 'staff only' clinics to provide help and advice to colleagues with a view to supporting staff with education and advice.	Escalation to the Board.	04.07.23
<b>ASSURE</b> (Detail here any areas of assurance that the Committee has received)			
<b>Issue</b>	<b>Assurance Received</b>	<b>Action</b>	<b>Timescale</b>
2022 Culture of Care Barometer and Action Plan and Social Care Action Plan	There would be an organisational plan devised which would encompass the actions from both plans.	For noting.	
People Dashboard and KPI's	The provision of childcare facilities for new recruits relocating to the Island was discussed as the current provision was limited in scope and expensive. A piece of work to determine the demand for childcare provision on the Nobles site had been undertaken in recent years.	An update from the Director of Infrastructure would be requested. For noting.	
People, Culture and Engagement Strategy	It was agreed that the document required clarity regarding the strategic objectives and how these would be measured.	For noting.	

# Integrated Performance Report

**May-23**

Version: Final 2.0



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# Introduction - 1

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## **Integrated Performance Report (IPR) development**

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

The development of the IPR is an iterative process which will continue over the course of 2023/24. The Performance Improvement & Management Service (PIMS) remain responsive to feedback received from colleagues, the Board and the public with regard to the evolution of the content and format of this report.




## **• Integration of Maternity Dashboard**

A number of the key performance indicators (KPIs) and supporting metrics currently reported separately in the Maternity Services Dashboard are being integrated into the IPR. As such, the Effective section of the report now contains reporting against an increased number of KPIs and performance metrics. Supporting narrative and trend analysis for the Maternity metrics will be included in future reports.

## **Notes regarding the format of the IPR**

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

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

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

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

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

## **• Alignment to CQC recognised domains**

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

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

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

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

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

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

To ensure that the holistic view of a Service Area's performance is not lost, future iterations of the report will also include a Performance Summary for each Service Area.

## **• Structured narrative**

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

Issue -> Remedial Action -> Recovery Trajectory

## **• Key Performance Indicators (KPIs)**

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

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

# Introduction - 2

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## Data Validation and Automation




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

The BI team have been working to re-develop, automate and validate the KPI reporting through the construct of datasets. This is a large task and involves spending time in and working with every service area within the department. The plan of works to develop an automated dataset for each area has continued into 2023/24.

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

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

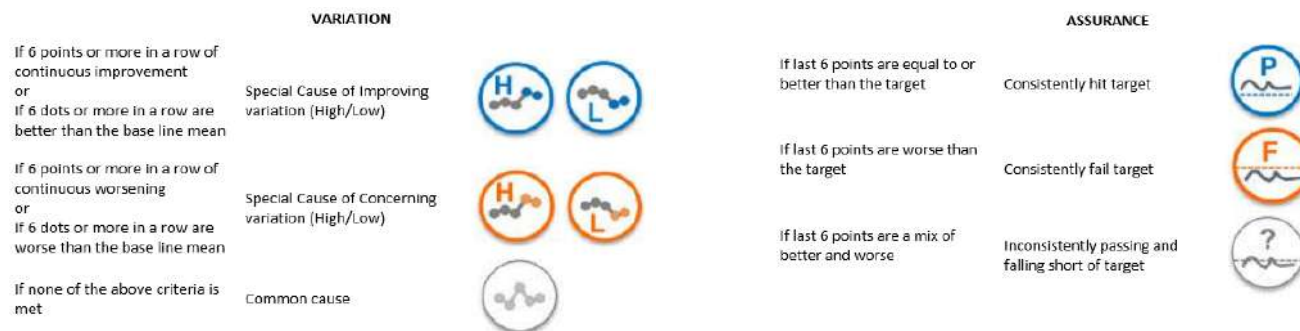
Each domain summary sheet includes a 'B.I. Status' indicator which indicates which KPIs / datasets are still collated manually (or the automated data is still being validated with the service area), those indicators that have been validated and automated and those indicators where the automation work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

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

## Statistical Process Control (SPC) Charts

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

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



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

## Benchmarking

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

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

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

Work to identify appropriate peer organisations and metrics to benchmark Manx Care's performance against is ongoing, and currently many of the benchmark figures within this report use Manx Care's 2022/23 performance as a baseline. Details of the benchmark methodologies applied for each KPI and metric can be found within the 'Assurance / Recovery Trajectory' section of the supporting performance narratives.

# Executive Summary

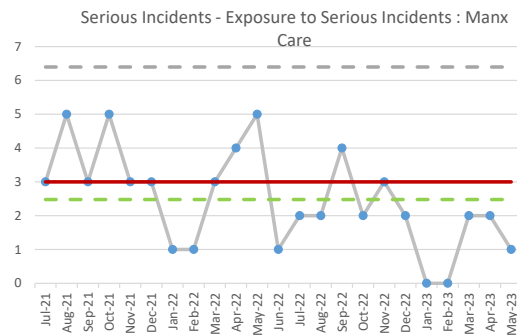
	Going Well	Cause for Concern
Safe	<ul style="list-style-type: none"> <li>Exposure to serious incidents remains lower than threshold with one incident reported in May.</li> <li>22-consecutive months without a Never Event.</li> <li>No cases of Healthcare Associated MRSA in May-23.</li> <li>1 Medication Error reported with harm in May (still within the target): MUC&amp;AS- *1 listed as moderate harm regarding IV Tazocin Reasonable assurance to prevent reoccurrence including procedural change.</li> <li>Numbers of Falls that resulted in Harm remain low and within the expected threshold.</li> <li>Positive achievement against Safety Thermometer for Adults, Maternity and Children.</li> <li>Compliance of hand hygiene was met this month.</li> </ul>	<ul style="list-style-type: none"> <li>There have been 8 cases of E.coli bacteraemia which were all community associated, 6 cases were due to urinary infections (without urinary catheters in place), there was 1 biliary case and 1 in utero case.</li> <li>There have been four cases of CDI for the second month in a row, two cases were community associated and two were hospital associated cases. All cases relate to high risk antibiotic usage. Other patient specific risk factors included poor nutrition, age, protein pump inhibitors.</li> <li>A slight dip this month for VTE risk assessment within 12 hours. However, performance of VTE prophylaxis has gone up to 95.9% and that's above the target of 95%.</li> <li>48-72 hr senior medical review of antibiotic prescription remains below threshold.</li> </ul>
Effective	<ul style="list-style-type: none"> <li>93% of Learning from Death reviews were completed within timescale which exceeds the target for the fourth month in a row.</li> <li>Adult Social Care re-referral rates remain within expected levels.</li> <li>The Crisis Team continues to meet the 1 hour response time threshold for Emergency Department referrals.</li> <li>Nutrition &amp; Hydration: 95.5% across all inpatient areas was completed at 7 days, and that's above target of 95% for the second month in a row in the reporting year.</li> <li>100% of Initial Child Protection Conferences were held within the timescales in May.</li> <li>100% of Looked After Children reviews were completed within timescales, and 100% of child protection review conferences were held on time.</li> <li>The number of re-referrals decreased in May and achieved the threshold, with 101 service users re-referred, against an average of 100 in 2022/23.</li> </ul>	<ul style="list-style-type: none"> <li>Access to surgical bed base continues to challenge theatre efficiency and utilisation.</li> <li>Consultant anaesthetic staffing and theatre staffing position remains a challenge and will do for some time.</li> <li>The completion of Wellbeing Partnership assessments in May remained below the required threshold.</li> <li>The number of Complex Needs Reviews are being completed within timescale in Children's Social Care increased compared to the last month, but remains below the required threshold.</li> </ul>
Caring	<ul style="list-style-type: none"> <li>Manx Care has consistently met gender appropriate accommodation standards in the year to date.</li> <li>MCALS is responding to a high proportion of queries within the same day (87%).</li> <li>Service user satisfaction remained high for the fifth consecutive month: 87% of service users rated their experience as 'Very Good' or 'Good' using the Friends &amp; Family Test in month.</li> <li>24 complaints logged, which is a slight reduction from previous month.</li> </ul>	<ul style="list-style-type: none"> <li>Overall Manx Care compliance of complaints acknowledged within 5 days in May is 92%. This is due to two complaints in IMHS (DAT) not being passed on to the CQS Team after the deadline had elapsed.</li> </ul>
Responsive	<ul style="list-style-type: none"> <li>Inpatient and Daycase waiting list numbers and waiting times remain at lower levels as a result of the Restoration &amp; Recovery activity for Orthopaedics, Ophthalmology and general surgical specialties.</li> <li>The 6 hour Average Total Time in Emergency Department standard continues to be achieved.</li> <li>A good performance was maintained in Ambulance service for Category 2 - 5 response times.</li> <li>Mental Health caseloads remain within expected levels.</li> <li>The ED did not reach the level 4 of the highest Operational Pressures Escalation Level (OPEL) in May, third month in a row.</li> </ul>	<ul style="list-style-type: none"> <li>Manx Care has seen a significant impact of Covid-19 on elective capacity, which has led to significant increases in waiting list sizes and wait times.</li> <li>Emergency care demand remains high and the Emergency Department (ED) footprint does not meet the needs of the service (e.g. no CDU). Staffing has also impacted on KPI delivery but recruitment to all grades of doctor within ED and nurses is ongoing.</li> <li>There were 5 12-Hour Trolley Waits, comparing to 6 in the previous month.</li> <li>Demand for the Ambulance service decreased in May, and Category 1 Ambulance response times (mean, at 90th percentile) slightly improved but still above threshold.</li> <li>Access to routine diagnostics within 6 weeks remains challenging due to increasing demand exceeding current capacity.</li> <li>There were 10 breaches of the 60 minute handover time in May. This represents a 23% decrease in breaches against the previous month.</li> <li>Cancer Two Week Wait performance remains outside of the expected threshold.</li> </ul>
Well Led (People)	<ul style="list-style-type: none"> <li>Manx Care staff continue to be very willing to embrace their responsibilities for GDPR and data governance. They are willing to report breaches, participate fully in conducting enquiries into the root causes and in incorporating any remedial actions into processes and procedures going forward.</li> <li>Additionally staff have been very supportive of a range of work required as we prepare for the submission of our first Data Security and Protection Toolkit (DSPT) assessment</li> </ul>	<ul style="list-style-type: none"> <li>There were 13 Data Breaches in May.</li> <li>The number of SAR and FOI requests whilst varying from month to month continues the general trend to increase. This presents Manx Care with challenges in meeting the demands within the legal timeframes, but we continue to review our processes and identify efficiencies to assist us in achieving our targets. At the end of May there were 51 Information Governance requests not responded to within the required timescales, but additional resource was sought and this will improve through June.</li> </ul>
Well Led (Finance)		<ul style="list-style-type: none"> <li>The initial full year forecast is an overspend of (£26.2m) although £4.9m of this is expected to be approved from the DHSC reserve fund reducing this to (£21.2m).</li> <li>Although employee costs are on budget within the month, costs are expected to increase and this has been reflected in the forecast.</li> </ul>

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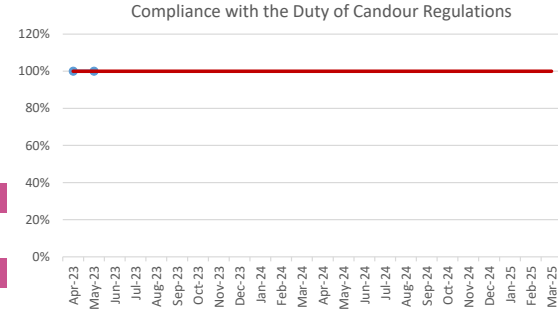
### Safe Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
SA001		Exposure to Serious Incidents	May-23		1	2	3	< 36 PA			SA013		Harm Free Care Score (Safety Thermometer) - Adult	May-23		97%	97%	-	95%		
SA002		Duty of Candour Letter sent within 10 days of the application	May-23		75%	78%	-	80%			SA014		Harm Free Care Score (Safety Thermometer) - Maternity	May-23		100%	100%	-	95%		
SA003		% Eligible patients having VTE risk assessment within 12 hours of decision to admit	May-23		85%	88%	-	95%			SA015		Harm Free Care Score (Safety Thermometer) - Children	May-23		100%	91%	-	95%		
SA004		% Adult Patients (within general hospital) with VTE prophylaxis prescribed	May-23		96%	94%	-	95%			SA016		Hand Hygiene Compliance	May-23		96%	97%	-	96%		
SA005		Never Events	May-23		0	0	0	0			SA017		48-72 hr review of antibiotic prescription complete	May-23		70%	75%	-	>= 98%		
SA006		Inpatient Health Service Falls (with Harm) per 1,000 occupied bed days reported on Datix	May-23		0.2	0.4	-	< 2			SA018		Compliance with the Duty of Candour Regulations	May-23		100%	100%	-	100%		
SA007		Clostridium Difficile - Total number of acquired infections	May-23		4	4	8	< 30 PA													
SA008		MRSA - Total number of acquired infections	May-23		0	0	0	0													
SA009		E-Coli - Total number of acquired infections	May-23		8	7	13	< 72 PA													
SA010		No. confirmed cases of Klebsiella spp	May-23		3	2	3	-													
SA011		No. confirmed cases of Pseudomonas aeruginosa	May-23		0	0	0	-													
SA012		Exposure to medication incidents resulting in harm	May-23		1	1	2	<= 6 (70 PA)													

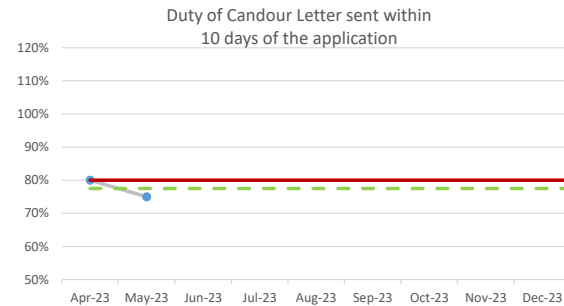
Safe	Serious Incidents	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis
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Reporting Date May-23	Performance 1	Op. plan # QC1
Threshold < 36 PA	YTD Mean 2	Benchmark 2
(Lower value represents better performance)		
+ Variation Description Special Cause of Improving variation (Low)		
+ Assurance Description Consistently hit target		



Reporting Date May-23	Performance 100.0%	Op. plan # QC112
Threshold 100.0%	YTD Mean 100.0%	Benchmark 100.0%
(Higher value represents better performance)		
+ Variation Description Common cause		
+ Assurance Description Consistently hit target		



Reporting Date May-23	Performance 75.0%	Op. plan # QC112
Threshold 80%	YTD Mean 77.5%	Benchmark 77.5%
(Higher value represents better performance)		
- Variation Description Common cause		
- Assurance Description Inconsistently passing and falling short of target		

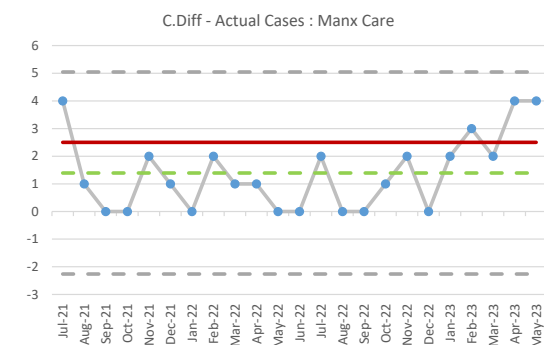
Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p><b>Serious Incidents:</b></p> <ul style="list-style-type: none"> <li>1 Serious Incident declared at SIRG by MUC&amp;AS in relation to a delayed diagnosis.</li> </ul> <p><b>Letter has been sent in accordance with Duty of Candour Regulations :</b></p> <ul style="list-style-type: none"> <li>There were 4 applications of the DoC in May, which is consistent with 4 applications in the previous month. It should be noted that April's figure has been amended in the Dashboard following review of evidence and initially increased to 80%, as this was a reporting error; this has since been retrospectively amended to 100% as the outstanding DoC has subsequently been sent to the 'person affected'. All persons affected in May were advised of the incident in writing in accordance with the Regulations. In terms of the second target we are measuring (sending the DoC letter to the affected person within 10 days), this is not a Regulatory requirement, but a Manx Care target. There was one instance of a letter not being sent within the 10 days during the period in Social Care; however the 'person affected / relevant person' was informed in person of the incident within the 10 day period and the letter posted out afterwards. Compliance therefore for May was 75% (3 out of 4 letters sent within 10 days) against a target of 80%.</li> </ul>	<p><b>Serious Incidents:</b></p> <ul style="list-style-type: none"> <li>Evidence of robust system around reporting and investigation of SIs within required policy standards and timescales.</li> </ul> <p><b>Letter has been sent in accordance with Duty of Candour Regulations :</b></p> <ul style="list-style-type: none"> <li>The CQS Team are to continue working closely with care groups to ensure compliance. Any matters of non-compliance will be escalated to the Head of CQS / Executive Director of Nursing where required.</li> </ul>	<p><b>Serious Incidents:</b></p> <ul style="list-style-type: none"> <li>High confidence that target will remain compliant.</li> </ul> <p><b>Letter has been sent in accordance with Duty of Candour Regulations :</b></p> <ul style="list-style-type: none"> <li>The 'persons affected / the relevant person' continue to be informed in writing of the application of the DoC and this is being overseen by the CQS Team to ensure compliance. Confidence is therefore high.</li> </ul> <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

Safe	Venous thromboembolism (VTE)	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis
<p>Patients having VTE risk assessment within 12 hours of decision to admit: Manx Care</p>		<p><b>Reporting Date</b> May-23</p> <p><b>Performance</b> 84.7%</p> <p><b>Op. plan #</b> QC113</p>		<p><b>Reporting Date</b> May-23</p> <p><b>Performance</b> 95.9%</p> <p><b>Op. plan #</b> QC114</p>	
<p><b>Threshold</b> 95.0%</p> <p><b>YTD Mean</b> 87.6%</p> <p><b>Benchmark</b> 89.2%</p> <p>(Higher value represents better performance)</p>		<p><b>Threshold</b> 95.0%</p> <p><b>YTD Mean</b> 87.6%</p> <p><b>Benchmark</b> 89.2%</p> <p>(Higher value represents better performance)</p>		<p><b>Threshold</b> 95.0%</p> <p><b>YTD Mean</b> 93.9%</p> <p><b>Benchmark</b> 96.2%</p> <p>(Higher value represents better performance)</p>	
<p>- <b>Variation Description</b> Common cause</p>		<p>- <b>Variation Description</b> Common cause</p>		<p>+ <b>Variation Description</b> Common cause</p>	
<p>- <b>Assurance Description</b> Inconsistently passing and falling short of target</p>		<p>- <b>Assurance Description</b> Inconsistently passing and falling short of target</p>		<p>+ <b>Assurance Description</b> Inconsistently passing and falling short of target</p>	
<p><b>Issues / Performance Summary</b></p> <p><b>VTE risk assessment within 12 hours:</b></p> <ul style="list-style-type: none"> <li>85% compliance overall with some variation by care group.</li> </ul> <p><b>VTE Prophylaxis:</b></p> <ul style="list-style-type: none"> <li>95.87% for May</li> </ul>		<p><b>Planned / Mitigation Actions</b></p> <p><b>VTE risk assessment within 12 hours:</b></p> <ul style="list-style-type: none"> <li>There was a dip across most areas this month with only Wards 7 and CCU assessing all patients. Mental Health has shown an improvement from 79% in April to 94% in May and Ward 4 a drop from 100% in April to 66% in May. However, it should be noted that Ward 4 only has small numbers of patients so any omission is significant.</li> </ul> <p><b>VTE Prophylaxis:</b></p> <ul style="list-style-type: none"> <li>With the exception of Wards 11 and Martin Ward all areas had 100% of patients who were prescribed prophylaxis where required</li> </ul>		<p><b>Assurance / Recovery Trajectory</b></p> <p><b>VTE risk assessment within 12 hours:</b></p> <ul style="list-style-type: none"> <li>This target required ongoing focus and showed some improvement in February and March. However, April and May has demonstrated a decline in performance which is being raised with the care groups at their governance meetings and subject to further scrutiny at OCQG.</li> </ul> <p><b>VTE Prophylaxis:</b></p> <ul style="list-style-type: none"> <li>This target requires ongoing focus but is on an upward trajectory overall since the beginning of monitoring and reporting.</li> </ul> <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>	

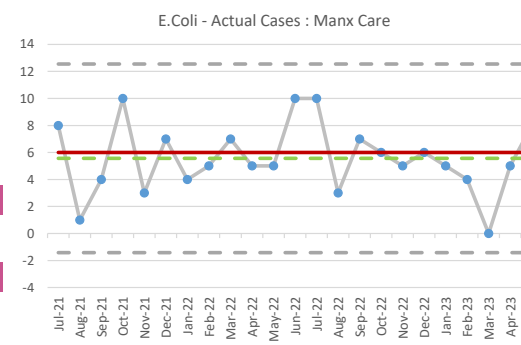
Safe	Falls; Medication Errors	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis
<div> <div> <p>Falls Inpatient (Harm only) per 1,000 bed days : Manx Care</p> </div> <div> <p><b>Reporting Date</b> May-23</p> <p><b>Performance</b> 0.2</p> <p><b>Op. plan #</b> QC4</p> <p><b>Threshold</b> &lt; 2</p> <p><b>YTD Mean</b> 0.4</p> <p><b>Benchmark</b> 0.3</p> <p>(Lower value represents better performance)</p> <p><b>+ Variation Description</b> Common cause</p> <p><b>+ Assurance Description</b> Consistently hit target</p> </div> </div> <div> <p>Exposure to medication incidents resulting in harm: Manx Care</p> <div> <p><b>Reporting Date</b> May-23</p> <p><b>Performance</b> 1</p> <p><b>Op. plan #</b></p> <p><b>Threshold</b> &lt;= 6 (70 PA)</p> <p><b>YTD Mean</b> 1</p> <p><b>Benchmark</b> 0</p> <p>(Lower value represents better performance)</p> <p><b>- Variation Description</b> Common cause</p> <p><b>+ Assurance Description</b> Consistently hit target</p> </div> </div>					
<div> <p><b>Issues / Performance Summary</b></p> <p><b>Falls (with Harm):</b></p> <ul style="list-style-type: none"> <li>The number of falls remains above the target of 6.63 per 1000 bed days for the sixth consecutive month. This is however in line with an increase in overall falls in the same period of time in the previous year. It should be noted that the majority of these falls were recorded as no harm.</li> </ul> <p><b>Medication Errors (with Harm):</b></p> <ul style="list-style-type: none"> <li>Total of one across Manx Care in May:</li> </ul> <p><b>MUC&amp;AS</b> – x 1 listed as moderate harm regarding IV Tazocin Reasonable assurance to prevent reoccurrence including procedural change.</p> </div> <div> <p><b>Planned / Mitigation Actions</b></p> <p><b>Falls (with Harm):</b></p> <ul style="list-style-type: none"> <li>All risk reduction actions are believed to be in place to minimise the risk of falls; however this requires further analysis by care groups.</li> </ul> <p><b>Medication Errors (with Harm):</b></p> <ul style="list-style-type: none"> <li>Exposure to harm from medication errors remains low. Continue high vigilance and monitoring o ensure continued low exposure.</li> </ul> </div> <div> <p><b>Assurance / Recovery Trajectory</b></p> <p><b>Falls (with Harm):</b></p> <ul style="list-style-type: none"> <li>Reasonable confidence that the number of falls continues to demonstrate good incident reporting rather than increasing levels of harm.</li> </ul> <p><b>Medication Errors (with Harm):</b></p> <ul style="list-style-type: none"> <li>Reasonable assurance that errors leading to harm will remain low.</li> </ul> <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p> </div>					



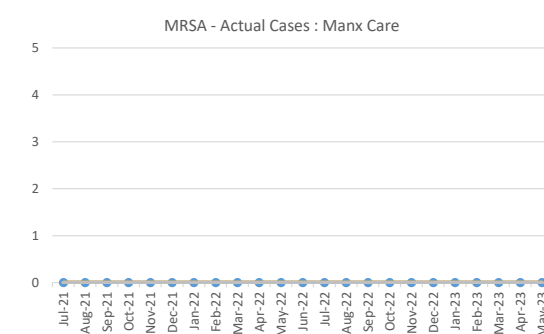
Safe	Infection Control	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis
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Reporting Date May-23	Performance 4	Op. plan # QC115
Threshold < 30 PA	YTD Mean 4	Benchmark 1
(Lower value represents better performance)		
-	Variation Description Common cause	
-	Assurance Description Inconsistently passing and falling short of target	



Reporting Date May-23	Performance 8	Op. plan # QC116
Threshold < 72 PA	YTD Mean 7	Benchmark 6
(Lower value represents better performance)		
-	Variation Description Common cause	
-	Assurance Description Inconsistently passing and falling short of target	



Reporting Date May-23	Performance 0	Op. plan # QC8
Threshold 0	YTD Mean 0	Benchmark 0
(Lower value represents better performance)		
+	Variation Description Common cause	
+	Assurance Description Consistently hit target	

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<b>C.Diff:</b> <ul style="list-style-type: none"> <li>CDI cases are higher than the target of two cases per month for the second month in a row. There have been four CDI cases. Two cases were community associated and two cases were hospital associated. All cases relate to high risk antibiotic usage. Other patient specific risk factors included poor nutrition, age, protein pump inhibitors.</li> </ul> <b>E.Coli:</b> <ul style="list-style-type: none"> <li>There have been eight cases which are all community associated. Six cases were due to urinary infections (without urinary catheters in place), there was one biliary case and one in utero case.</li> </ul> <b>MRSA:</b> <ul style="list-style-type: none"> <li>There have been no new cases since February 2021.</li> </ul> <b>Pseudomonas aeruginosa:</b> <ul style="list-style-type: none"> <li>There were no cases this month.</li> </ul>	<b>C.Diff:</b> <ul style="list-style-type: none"> <li>RCAs are undertaken in all CDI cases. Two RCAs have had to be rescheduled due to poor engagement. Antibiotics to be reviewed using the Start, Smart and Focus treatment algorithm.</li> </ul> <b>E.Coli:</b> <ul style="list-style-type: none"> <li>To continue to undertake surveillance and undertake RCAs where the cases are hospital associated.</li> </ul> <b>MRSA:</b> <ul style="list-style-type: none"> <li>To continue to undertake surveillance and promote Aseptic Non Touch Technique and hand hygiene.</li> </ul> <b>Pseudomonas aeruginosa:</b> <ul style="list-style-type: none"> <li>To continue to monitor and undertake surveillance.</li> </ul>	<b>C.Diff:</b> <ul style="list-style-type: none"> <li>There is no evidence that the hospital associated cases are associated. To continue to identify any new cases via the ICNet surveillance system and escalate to DIPC, Lead IPC Nurse, Lead Consultant and Consultant Microbiologist.</li> </ul> <b>E.Coli:</b> <ul style="list-style-type: none"> <li>There is no national target set. Surveillance continues to monitor if there is any commonality between cases.</li> </ul> <b>MRSA:</b> <ul style="list-style-type: none"> <li>There is reasonable confidence that the trajectory will remain positive.</li> </ul> <b>Pseudomonas aeruginosa:</b> <ul style="list-style-type: none"> <li>There is no national threshold set.</li> </ul> <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

Safe	Safety Thermometer	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis
<p>Harm Free Care Score (Safety Thermometer) - Adult: Manx Care</p>		<p><b>Reporting Date</b> May-23</p> <p><b>Performance</b> 97.4%</p> <p><b>Op. plan #</b> QC119</p>		<p>Harm Free Care Score (Safety Thermometer) - Maternity: Manx Care</p>	
<p><b>Threshold</b> 95.0%</p> <p><b>YTD Mean</b> 97.1%</p> <p><b>Benchmark</b> 98.0%</p> <p>(Higher value represents better performance)</p>		<p><b>Threshold</b> 95.0%</p> <p><b>YTD Mean</b> 97.1%</p> <p><b>Benchmark</b> 98.0%</p> <p>(Higher value represents better performance)</p>		<p><b>Reporting Date</b> May-23</p> <p><b>Performance</b> 100.0%</p> <p><b>Op. plan #</b> QC120</p>	
<p>+ <b>Variation Description</b> Common cause</p>		<p>+ <b>Variation Description</b> Common cause</p>		<p>+ <b>Variation Description</b> Common cause</p>	
<p>+ <b>Assurance Description</b> Consistently hit target</p>		<p>+ <b>Assurance Description</b> Consistently hit target</p>		<p>+ <b>Assurance Description</b> Consistently hit target</p>	
<p>Harm Free Care Score (Safety Thermometer) - Children: Manx Care</p>		<p><b>Reporting Date</b> May-23</p> <p><b>Performance</b> 99.8%</p> <p><b>Op. plan #</b> QC121</p>			
<p><b>Threshold</b> 95.0%</p> <p><b>YTD Mean</b> 91.1%</p> <p><b>Benchmark</b> 95.8%</p> <p>(Higher value represents better performance)</p>		<p><b>Threshold</b> 95.0%</p> <p><b>YTD Mean</b> 91.1%</p> <p><b>Benchmark</b> 95.8%</p> <p>(Higher value represents better performance)</p>			
<p>+ <b>Variation Description</b> Common cause</p>		<p>+ <b>Variation Description</b> Common cause</p>			
<p>+ <b>Assurance Description</b> Inconsistently passing and falling short of target</p>		<p>+ <b>Assurance Description</b> Inconsistently passing and falling short of target</p>			
Issues / Performance Summary		Planned / Mitigation Actions		Assurance / Recovery Trajectory	
<p><b>Adult:</b></p> <ul style="list-style-type: none"> <li>97.4% of patients were kept free from harm across Adult inpatient areas</li> </ul> <p><b>Maternity:</b></p> <ul style="list-style-type: none"> <li>100% compliance against the Maternity Safety Thermometer with very good feedback from new mothers.</li> </ul> <p><b>Children:</b></p> <ul style="list-style-type: none"> <li>100% compliance against the children's safety thermometer in May.</li> </ul>		<p><b>Adult:</b></p> <ul style="list-style-type: none"> <li>Continued and sustained high level of performance throughout the year for adult in patient general areas.</li> </ul> <p><b>Maternity:</b></p> <ul style="list-style-type: none"> <li>Continue with activities to maintain high levels of compliance.</li> </ul> <p><b>Children:</b></p> <ul style="list-style-type: none"> <li>Continue with activities to maintain compliance.</li> </ul>		<p><b>Adult:</b></p> <ul style="list-style-type: none"> <li>High level of confidence that high levels of compliance will continue.</li> </ul> <p><b>Maternity:</b></p> <ul style="list-style-type: none"> <li>High confidence that performance will continue to exceed the target.</li> </ul> <p><b>Children:</b></p> <ul style="list-style-type: none"> <li>High levels of confidence with sustained high levels of performance.</li> </ul> <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>	

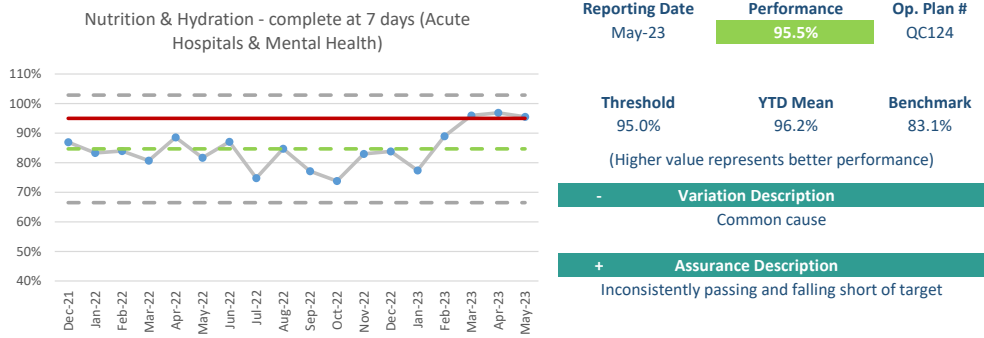
Safe	Hand Hygiene; Antibiotic Review	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis																																																																																								
<div>Hand Hygiene Compliance: Manx Care</div> <table><thead><tr><th>Month</th><th>Compliance (%)</th></tr></thead><tbody><tr><td>Sep-21</td><td>92.0</td></tr><tr><td>Oct-21</td><td>92.0</td></tr><tr><td>Nov-21</td><td>96.0</td></tr><tr><td>Dec-21</td><td>96.0</td></tr><tr><td>Jan-22</td><td>98.0</td></tr><tr><td>Feb-22</td><td>97.0</td></tr><tr><td>Mar-22</td><td>98.0</td></tr><tr><td>Apr-22</td><td>98.0</td></tr><tr><td>May-22</td><td>97.0</td></tr><tr><td>Jun-22</td><td>98.0</td></tr><tr><td>Jul-22</td><td>95.0</td></tr><tr><td>Aug-22</td><td>95.0</td></tr><tr><td>Sep-22</td><td>97.0</td></tr><tr><td>Oct-22</td><td>97.0</td></tr><tr><td>Nov-22</td><td>97.0</td></tr><tr><td>Dec-22</td><td>98.0</td></tr><tr><td>Jan-23</td><td>97.0</td></tr><tr><td>Feb-23</td><td>97.0</td></tr><tr><td>Mar-23</td><td>92.0</td></tr><tr><td>Apr-23</td><td>98.0</td></tr><tr><td>May-23</td><td>96.0</td></tr></tbody></table>		Month	Compliance (%)	Sep-21	92.0	Oct-21	92.0	Nov-21	96.0	Dec-21	96.0	Jan-22	98.0	Feb-22	97.0	Mar-22	98.0	Apr-22	98.0	May-22	97.0	Jun-22	98.0	Jul-22	95.0	Aug-22	95.0	Sep-22	97.0	Oct-22	97.0	Nov-22	97.0	Dec-22	98.0	Jan-23	97.0	Feb-23	97.0	Mar-23	92.0	Apr-23	98.0	May-23	96.0	<div>Reporting Date May-23</div> <div>Performance 96.0%</div> <div>Op. plan # QC112</div> <div>Threshold 96.0%</div> <div>YTD Mean 97.0%</div> <div>Benchmark 96.5%</div> <div>(Higher value represents better performance)</div> <div>- Variation Description Common cause</div> <div>+ Assurance Description Inconsistently passing and falling short of target</div>		<div>48-72 hr review of antibiotic prescription complete: Manx Care</div> <table><thead><tr><th>Month</th><th>Completion (%)</th></tr></thead><tbody><tr><td>Oct-21</td><td>5.0</td></tr><tr><td>Nov-21</td><td>15.0</td></tr><tr><td>Dec-21</td><td>35.0</td></tr><tr><td>Jan-22</td><td>50.0</td></tr><tr><td>Feb-22</td><td>45.0</td></tr><tr><td>Mar-22</td><td>45.0</td></tr><tr><td>Apr-22</td><td>25.0</td></tr><tr><td>May-22</td><td>55.0</td></tr><tr><td>Jun-22</td><td>65.0</td></tr><tr><td>Jul-22</td><td>70.0</td></tr><tr><td>Aug-22</td><td>75.0</td></tr><tr><td>Sep-22</td><td>65.0</td></tr><tr><td>Oct-22</td><td>70.0</td></tr><tr><td>Nov-22</td><td>75.0</td></tr><tr><td>Dec-22</td><td>70.0</td></tr><tr><td>Jan-23</td><td>75.0</td></tr><tr><td>Feb-23</td><td>60.0</td></tr><tr><td>Mar-23</td><td>80.0</td></tr><tr><td>Apr-23</td><td>80.0</td></tr><tr><td>May-23</td><td>70.0</td></tr></tbody></table>		Month	Completion (%)	Oct-21	5.0	Nov-21	15.0	Dec-21	35.0	Jan-22	50.0	Feb-22	45.0	Mar-22	45.0	Apr-22	25.0	May-22	55.0	Jun-22	65.0	Jul-22	70.0	Aug-22	75.0	Sep-22	65.0	Oct-22	70.0	Nov-22	75.0	Dec-22	70.0	Jan-23	75.0	Feb-23	60.0	Mar-23	80.0	Apr-23	80.0	May-23	70.0	<div>Reporting Date May-23</div> <div>Performance 70.0%</div> <div>Op. plan # QC123</div> <div>Threshold &gt;= 98%</div> <div>YTD Mean 75.0%</div> <div>Benchmark 67.4%</div> <div>(Higher value represents better performance)</div> <div>- Variation Description Special Cause of Improving variation (High)</div> <div>- Assurance Description Consistently fail target</div>	
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<div>Hand Hygiene:</div> <ul style="list-style-type: none"><li>Compliance was met this month. Hand hygiene for Bare Below the Elbow was 95 % and the Five Moments of Hand Hygiene was 96 %.</li></ul> <div>Review of Antibiotic Prescribing:</div> <ul style="list-style-type: none"><li>70% for May</li></ul>		<div>Hand Hygiene:</div> <ul style="list-style-type: none"><li>To continue to monitor hand hygiene compliance in the monthly audits and undertake training in areas where compliance is not met.</li></ul>		<div>Hand Hygiene:</div> <ul style="list-style-type: none"><li>There is reasonable confidence that hand hygiene audits will remain compliant.</li></ul> <div>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</div>																																																																																									

Effective Performance Summary																					
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
EF001		Planned Care - DNA Rate (Consultant Led outpatient appointments)	May-23		11%	12%	-	5% by Apr '24			EF019		CFSC - % Complex Needs Reviews held on time	May-23		68%	61%	-	85%		
EF002		Planned Care - Total Number of Cancelled Operations	May-23		344	290	580	-			EF021		CFSC - % Total Initial Child Protection Conferences held on time	May-23		100%	100%	-	90%		
EF003		Theatres - Number of Cancelled Operations on Day	May-23		40	38	76	-			EF022		CFSC - % Child Protection Reviews held on time	May-23		100%	100%	-	90%		
EF004		Theatres - Theatre Utilisation	May-23		76%	75%	-	85%			EF023		CFSC - % Looked After Children reviews held on time	May-23		100%	100%	-	90%		
EF005		Length of Stay (LOS) - No. patients with LOS greater than 21 days	May-23		121	117	-	-			EF027		Maternity Bookings	May-23		73	61				
EF006		Crude Mortality Rate	May-23		15	23	271	-			EF028		Ward Attenders	May-23		73	73				
EF007		Total Hospital Deaths	May-23		18	23	279	-			EF029		Gestation At Booking <10 Weeks	May-23		22%	30.75%				
EF024		Mortality - Hospitals LFD (Learning from Death reviews)	May-23		93%	93%	-	80%			EF030		Caesarean Deliveries (not Robson Classified)	May-23		43%	40.89%				
EF008		ASC -West Wellbeing Contribution to reduction in ED attendance	May-23		6%	6%	-	-5%			EF031		Induction of Labour	May-23		36%	32.80%		< 30%		
EF009		ASC - West Wellbeing Reduction in admission to hospital from locality	May-23		-2%	-6%	-	-10%			EF032		3rd/4th Degree Tear Overall Rate	May-23		0%	0.00%		< 3.5%		
EF010		IPCC - % Dental contractors on target to meet UDA's	May-23		10%	-	-	96%			EF033		Obstetric Haemorrhage >1.5L	May-23		0%	0.00%		< 2.6%		
EF011		MH - Average Length of Stay (LOS) in MH Acute Inpatient Service	May-23		33.0	31.5	-	-			EF034		Unplanned Term Admissions To NNU	May-23		-	-				
EF012		MH - Length of Stay (LOS) - No. patients with LOS greater than 21 days	May-23		9	8	-	-			EF035		Stillbirth Number / Rate	May-23		0%	0				
EF013		MH - % service users discharged from MH inpatient to have follow up appointment	Mar-23		100%	100%	-	90%			EF036		Unplanned Admission To ITU – Level 3 Care	May-23		-	-				
EF014		MH - % Re-referrals within 6 months	May-23		19%	21%	-	20%			EF037		% Smoking At Booking	May-23		11%	0.1277				
EF015		ASC - % of Re-referrals	May-23		4%	4%	-	<15%			EF038		% Of Women Smoking At Time Of Delivery	May-23		6%	0.096		< 18%		
EF016		ASC - % of all Adult Community Care Assessments completed in Agreed Timescales	May-23		39%	39%	-	80%			EF039		First Feed Breast Milk (Initiation Rate)	May-23		63%	0.69295		> 80%		
EF017		ASC - % of individuals (or carers) receiving a copy of their Adult Community Care Assessment	May-23		48%	35%	-	100%			EF040		Breast Feeding Rate At Transfer Home	May-23		-	-				
EF018		ASC - % of all Residential Beds Occupied	May-23		61%	72%	-	85%			EF041		Neonatal Mortality rate/1000	May-23		0%	0				
EF025		Nutrition and Hydration - complete at 7 days (Acute Hospitals and Mental Health)	May-23		96%	96%	-	95%													
EF026		MH - Crisis Team one hour response to referral from ED	May-23		94%	94%	-	75%													

Effective	Planned Care	Executive Lead	Oliver Radford	Lead	J.Watson; M.Cox; L.Thompson
<b>Planned Care - Total No. Cancelled Operations</b> 		<b>Reporting Date</b> May-23 <b>Performance</b> 344 <b>Op. Plan #</b> QC157  <b>Threshold</b> - <b>YTD Mean</b> 290 <b>Benchmark</b> 311 (Lower value represents better performance) <b>-</b> <b>Variation Description</b> Common cause <b>Assurance Description</b>		<b>Reporting Date</b> May-23 <b>Performance</b> 121 <b>Op. Plan #</b> QC10  <b>Threshold</b> - <b>YTD Mean</b> 117 <b>Benchmark</b> 101 (Lower value represents better performance) <b>-</b> <b>Variation Description</b> Common cause <b>Assurance Description</b>	
<b>Planned Care - Cancelled Operations by source</b> 		<b>Reporting Date</b> May-23 <b>Performance</b> - <b>Op. Plan #</b> QC157  <b>Threshold</b> - <b>YTD Mean</b> - <b>Benchmark</b> - (Lower value represents better performance) <b>+</b> <b>Variation Description</b> <b>Assurance Description</b>		<b>Reporting Date</b> May-23 <b>Performance</b> Noble's : 5.5 days RDCH : 130.4 days <b>Op. Plan #</b> CQ156  <b>Threshold</b> - <b>YTD Mean</b> Noble's : 5.2 days RDCH : 84.1 days <b>Benchmark</b> - <b>Variation Description</b> <b>Assurance Description</b>	
<b>Issues / Performance Summary</b> <b>Length of Stay:</b> <ul style="list-style-type: none"> <li>The spike in average LOS for RDCH is due to a single patient with a very high length of stay being discharged in May.</li> <li>Staffing pressures, closures of ward 12, re-enablement delays and lack of availability of residential and nursing care beds have all contributed to longer lengths of stay.</li> <li>The acuity of patients being admitted has increased for surgical patients driving longer lengths of stay in hospital.</li> <li>Access to surgical bed base continues to be a challenge - continuing high levels of medical patients being admitted means that medical patients are having to be accommodated on surgical wards with a direct impact on number of elective surgical procedures that can be undertaken.</li> <li>Regularly have 30-50 medical outliers in surgical beds – which creates pressures on medical staffing establishments to review and care for the additional patients as not staffed with medics for these additional patients; staffed according to the number of medical wards.</li> <li>Ongoing problems successfully recruiting locum doctor cover for vacant posts and planned leave means that there has been a reduction in endoscopy and outpatient clinic capacity.</li> </ul>		<b>Planned / Mitigation Actions</b> <b>Length of Stay:</b> <ul style="list-style-type: none"> <li>Daily activity to ensure surgical patients discharged as soon as clinically appropriate to do so.</li> <li>Spot purchasing of community beds</li> <li>Implementation of enhanced recovery pathways under the Restoration &amp; Recovery (R&amp;R) programme.</li> <li>Increasing throughput through Day Procedures Suite by using it to start the perioperative surgical journey for the first patient on each operating list to facilitate starting the operating list on time plus reducing number of inpatient procedure where appropriate.</li> <li>Ward 12 is being used as an escalation ward when required – however there are challenges ensuring safe nursing staffing levels to allow the ward to open. Ward 12 is being staffed by Synaptik nursing teams as part of R &amp; R for specific weeks – in these instances Synaptik nursing staff are able to accommodate a limited number of suitable surgical patients as part of escalation plan.</li> </ul>		<b>Assurance / Recovery Trajectory</b> <b>Length of Stay:</b> <ul style="list-style-type: none"> <li>Significant improvements in the reduction of length of stays for both R&amp;R and BAU activity (e.g. orthopaedic hip &amp; knee ALOS from 4.5 days down to 1.3 days) will start to deliver overall decreases in length of stay at both Noble's Hospital and Ramsey &amp; District Cottage Hospital.</li> <li>Reduced LOS on the R&amp;R pathway have allowed all patients to be accommodated on the 15 bed private patient ward (PPU).</li> <li>Active programme of advertising and recruiting to vacant doctors posts is underway to minimise and reduce locum doctor requirement.</li> </ul> <p>Note - Benchmarks are the Manx Care monthly average for 2022/23.</p>	

Effective	Theatres	Executive Lead	Oliver Radford	Lead	James Watson
<p>Theatres - % Theatre Utilisation</p>		<p>Reporting Date May-23</p> <p>Performance <b>76.2%</b></p> <p>Op. Plan # QC16</p>	<p>Theatres - No. of Cancelled Operations on Day</p>		<p>Reporting Date May-23</p> <p>Performance <b>40</b></p> <p>Op. Plan # QC15</p>
<p>Threshold 85.0%</p> <p>YTD Mean 74.7%</p> <p>Benchmark 74.5%</p> <p>(Higher value represents better performance)</p>		<p>Threshold -</p> <p>YTD Mean 38</p> <p>Benchmark 40</p> <p>(Lower value represents better performance)</p>			
<p>+ Variation Description Common cause</p>		<p>- Variation Description Common cause</p>			
<p>- Assurance Description Consistently fail target</p>		<p>- Assurance Description</p>			
<p>Theatres - Delivered (vs Cancelled Sessions)</p>		<p>Reporting Date May-23</p> <p>Performance 86</p> <p>Op. Plan #</p>	<p>Theatres - Cancelled Operations on Day by source</p>		<p>Reporting Date May-23</p> <p>Performance -</p> <p>Op. Plan # QC15</p>
<p>Threshold -</p> <p>YTD Mean 78</p> <p>Benchmark 75</p> <p>(Higher value represents better performance)</p>		<p>Threshold -</p> <p>YTD Mean -</p> <p>Benchmark -</p> <p>(Lower value represents better performance)</p>			
<p>Variation Description</p>		<p>Variation Description</p>			
<p>Assurance Description</p>		<p>Assurance Description</p>			
<p>Legend: Delivered (blue line), Cancelled (orange line)</p>		<p>Legend: Clinical (blue line), Non Clinical (orange line), Linear (Clinical) (dotted blue line), Linear (Non Clinical) (dotted orange line)</p>			
Issues / Performance Summary		Planned / Mitigation Actions		Assurance / Recovery Trajectory	
<ul style="list-style-type: none"> <li>Access to surgical bed base continues to challenge theatre efficiency and utilisation which is resultant in late start to operating lists whilst beds are sourced for elective inpatients, on the day cancellation of patients or entire elective list cancellations. Ultimately these issues are increasing the surgical speciality waiting lists.</li> <li>Consultant anaesthetic staffing and theatre staffing position remains a challenge and will do so for some time. This will represent a significant cost pressure for the care group for the remainder of this financial year.</li> <li>Maternity Theatre staffing - maternity is severely short staffed resulting in theatre teams supporting C Section lists 24/7 to mitigate the risk to mother and baby. In order to facilitate this additional activity theatre BAU activity has been reduced.</li> </ul>		<ul style="list-style-type: none"> <li>Increasing throughput through Day Procedures Suite by using it to start the perioperative surgical journey for the first patient on each operating list to facilitate starting the operating list on time – surgical teams informed to Allocate first patient on the To Come In (TCI) list. BAU is being supported with Synaptik nursing teams on ward 12 where beds are ring fenced to designated specialties.</li> <li>Planning is progressing with regard to an admissions lounge where all surgical patients will be admitted, prepared for theatre and returned to a surgical ward post operatively. This will provide time for Bed Flow &amp; Capacity team to source a bed without delaying the start to operating sessions, reduce the need to cancel and increase theatre efficiency &amp; utilisation.</li> <li>Synaptik continues to support the Restoration &amp; Recovery (R&amp;R) waiting list initiatives for ophthalmic, orthopaedic and general surgical specialties through the provision of theatre teams, surgeons &amp; anaesthetists to undertake the surgical activity. Recruitment remains in progress for substantive and Agency staff to sustain the BAU activity in 4 theatres. The vacancy position has improved slightly with successful appointments being made.</li> <li>Theatre staff continue to support Maternity to mitigate the risk to mother and baby until the situation improves.</li> <li>Enhanced recovery pathway for orthopaedic patients delivering significantly reduced Length of Stay (LOS) – from approx. 4.5 days to 1.3 days.</li> <li>Synaptik supported Ophthalmology cataracts all run through ambulatory care pathway facilitated by use of topical anaesthesia no use of the Noble's bed base.</li> </ul>		<ul style="list-style-type: none"> <li>Manx Care commenced a Theatre Improvement Programme in April 2021 with an initial visit in September 2021, where it was noted that there was evidence of good practice and adherence to the AfPP standards, but also areas where improvements could be made. The Association returned in September 2022, when it was found that all recommendations were met and they were pleased to recommend accreditation of Manx Care's theatres for two years.</li> <li>The implementation of a surgical admissions lounge which is in the project stages.</li> <li>Synaptic support is anticipated to continue until March 2024 under Phase 2 of the R&amp;R programme.</li> <li>Business case development is in progress to increase the funded establishment to staff 7 theatres which is inclusive of maternity theatre.</li> <li>Proposal to staff the maternity theatre entirely from the main theatre staffing establishment to mitigate risk as above.</li> <li>Reinforced 48 Hour call out pathway with the rebooking of short notice cancellations into slots where patient has cancelled.</li> <li>Exploration of Red to Green Criteria led discharge and assertive in-reach.</li> </ul> <p>Note - Benchmarks are the Manx Care monthly average for 2022/23.</p>	

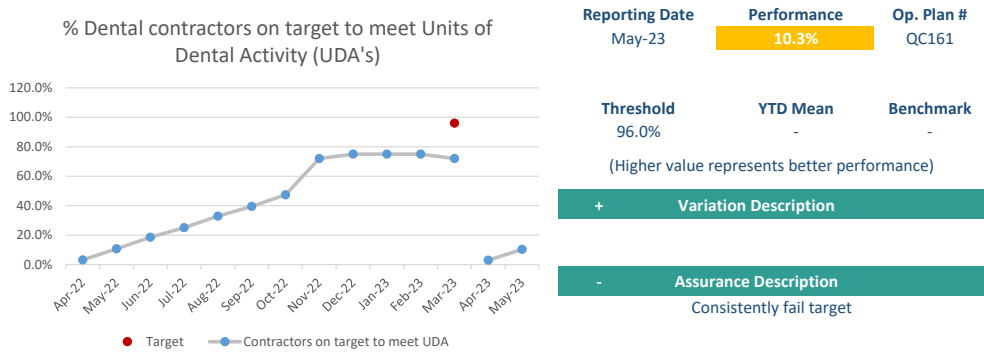
Effective	Mortality	Executive Lead	Sree Andole	Lead	David Hedley; Alison Hool
<p>Hospitals LFD (Learning from Death reviews)</p>		<p>Reporting Date May-23</p> <p>Performance 93.0%</p> <p>Op. Plan # QC126</p>		<p>Mortality by age band: 1/4/2021 to 31/05/2023</p>	
		<p>Threshold 80.0%</p> <p>YTD Mean 93.0%</p> <p>Benchmark 40.3%</p> <p>(Higher value represents better performance)</p>		<p>Reporting Date -</p> <p>Performance 644 in Total</p> <p>Op. Plan #</p>	
		<p>- Variation Description Common cause</p>		<p>Threshold -</p> <p>YTD Mean -</p> <p>Benchmark -</p>	
		<p>+ Assurance Description Inconsistently passing and falling short of target</p>		<p>+ Variation Description</p>	
				<p>- Assurance Description</p>	
Issues / Performance Summary		Planned / Mitigation Actions		Assurance / Recovery Trajectory	
<p><b>Hospitals LFD (Learning from Death) Reviews:</b></p> <ul style="list-style-type: none"> <li>93% completed level 1 learning from death reviews completed in May which exceeds the target.</li> </ul>		<p><b>Hospitals LFD (Learning from Death) Reviews:</b></p> <ul style="list-style-type: none"> <li>Continued focus on completion and work underway to review establish a robust process around Level 2 reviews via the Medical Examiner roles in Manx Care.</li> </ul>		<p><b>Hospitals LFD (Learning from Death) Reviews:</b></p> <ul style="list-style-type: none"> <li>Reasonable assurance that high levels of compliance with level 1 reviews will continue.</li> </ul> <p>Note - Benchmarks are the Manx Care monthly average for 2022/23.</p>	



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<b>Nutrition &amp; Hydration:</b> <ul style="list-style-type: none"> <li>95.5% for May</li> </ul>	<b>Nutrition &amp; Hydration:</b> <ul style="list-style-type: none"> <li>Wards 8 and 11 both dipped below the target this month. The care group has been contacted to ascertain the reason behind this.</li> </ul>	<b>Nutrition &amp; Hydration:</b> <ul style="list-style-type: none"> <li>Requires continued high levels of attention on a daily basis from ADONS and senior nurses; however target has been achieved for third consecutive month.</li> </ul> <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

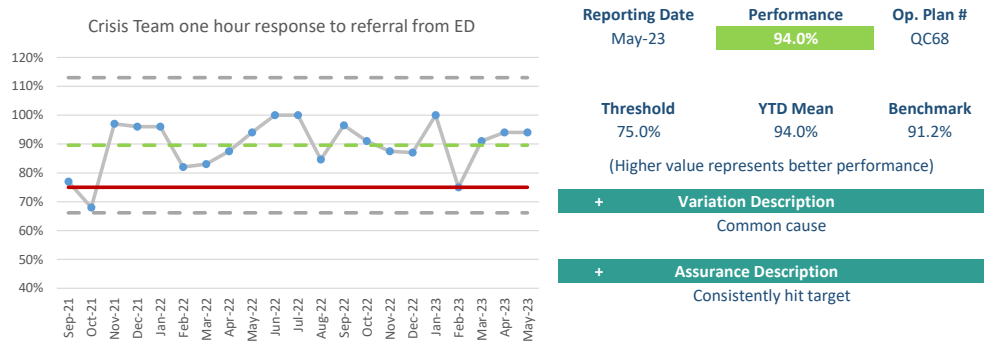


Effective	Wellbeing Services	Executive Lead	David Hamilton	Lead	Michele Mountjoy																																																														
<div>West Wellbeing service contribution to reduction in ED attendance</div> <table><thead><tr><th>Month</th><th>Contribution (%)</th></tr></thead><tbody><tr><td>Apr-22</td><td>-5.0</td></tr><tr><td>May-22</td><td>22.0</td></tr><tr><td>Jun-22</td><td>10.0</td></tr><tr><td>Jul-22</td><td>5.0</td></tr><tr><td>Aug-22</td><td>-5.0</td></tr><tr><td>Sep-22</td><td>-25.0</td></tr><tr><td>Oct-22</td><td>8.0</td></tr><tr><td>Nov-22</td><td>-5.0</td></tr><tr><td>Dec-22</td><td>8.0</td></tr><tr><td>Jan-23</td><td>-12.0</td></tr><tr><td>Feb-23</td><td>8.0</td></tr><tr><td>Mar-23</td><td>25.0</td></tr><tr><td>Apr-23</td><td>8.0</td></tr><tr><td>May-23</td><td>5.0</td></tr></tbody></table>		Month	Contribution (%)	Apr-22	-5.0	May-22	22.0	Jun-22	10.0	Jul-22	5.0	Aug-22	-5.0	Sep-22	-25.0	Oct-22	8.0	Nov-22	-5.0	Dec-22	8.0	Jan-23	-12.0	Feb-23	8.0	Mar-23	25.0	Apr-23	8.0	May-23	5.0	<div>Reporting Date May-23</div> <div>Performance 5.8%</div> <div>Op. Plan # QC63</div> <div>Threshold -5.0%</div> <div>YTD Mean 6.2%</div> <div>Benchmark -</div> <div>(Lower value represents better performance)</div> <div>+ Variation Description Common cause</div> <div>- Assurance Description Inconsistently passing and falling short of target</div>		<div>West Wellbeing service reduction in admission to hospital from locality</div> <table><thead><tr><th>Month</th><th>Reduction (%)</th></tr></thead><tbody><tr><td>Apr-22</td><td>-10.0</td></tr><tr><td>May-22</td><td>50.0</td></tr><tr><td>Jun-22</td><td>15.0</td></tr><tr><td>Jul-22</td><td>10.0</td></tr><tr><td>Aug-22</td><td>10.0</td></tr><tr><td>Sep-22</td><td>-50.0</td></tr><tr><td>Oct-22</td><td>15.0</td></tr><tr><td>Nov-22</td><td>-10.0</td></tr><tr><td>Dec-22</td><td>15.0</td></tr><tr><td>Jan-23</td><td>15.0</td></tr><tr><td>Feb-23</td><td>-10.0</td></tr><tr><td>Mar-23</td><td>90.0</td></tr><tr><td>Apr-23</td><td>-10.0</td></tr><tr><td>May-23</td><td>-10.0</td></tr></tbody></table>		Month	Reduction (%)	Apr-22	-10.0	May-22	50.0	Jun-22	15.0	Jul-22	10.0	Aug-22	10.0	Sep-22	-50.0	Oct-22	15.0	Nov-22	-10.0	Dec-22	15.0	Jan-23	15.0	Feb-23	-10.0	Mar-23	90.0	Apr-23	-10.0	May-23	-10.0	<div>Reporting Date May-23</div> <div>Performance -1.8%</div> <div>Op. Plan # QC64</div> <div>Threshold -10.0%</div> <div>YTD Mean -6.4%</div> <div>Benchmark -</div> <div>(Lower value represents better performance)</div> <div>- Variation Description Common cause</div> <div>- Assurance Description Inconsistently passing and falling short of target</div>	
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<div>Wellbeing Services:</div> <ul style="list-style-type: none"><li>The goal of integrated care is to reduce reliance on ED in the long term. Attendance will naturally fluctuate throughout the year due to seasonal variation.</li><li>Significant Covid impact where ED attendances artificially lower for that period, as people were discouraged from attending ED. Also an increase in admissions across the Isle of Man, as patients' conditions during that period were not being addressed in as timely a manner and have become more acute.</li><li>Patients may be attending A&amp;E due to capacity in community services, e.g. dementia patient unable to access Community Occupational Therapy services, falling and attending A&amp;E.</li><li>Concern re: metric with data collected on short term basis (6 months), and difficulty in evidencing the direct contribution of the service on ED and Hospital attendance as there are many factors contributing to the demand for those services that are outside the scope and control of the Wellbeing service.</li></ul>		<div>Wellbeing Services:</div> <ul style="list-style-type: none"><li>The service is raising awareness regarding the impact the lack of capacity in community services has on ED.</li><li>New frailty service identifying patients at an earlier stage.</li><li>Targeting of nursing homes specifically for falls.</li></ul>		<div>Wellbeing Services:</div> <ul style="list-style-type: none"><li>The service will look to refer more patients to third sector services, e.g. respite services as appropriate.</li><li>Technical specification of this metric has been reviewed. Will move to a 12 month timescale to ensure a more appropriate indication of the service's performance, and to better evidence the direct impact of the Wellbeing service on ED and hospital demand.</li><li>Impact of frailty service is being reviewed.</li></ul> <div>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</div>																																																															



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<div><div>Dental Contractors:</div><div><ul style="list-style-type: none"><li>1 contractor is considering options available to them for 2023 -2024 in relation to their dental contract. ☒</li></ul></div></div>	<div><div>Dental Contractors:</div><div><ul style="list-style-type: none"><li>Quarterly reviews will be held to review contract delivery and discussions will be had with contractors in relation to contract reduction in year if they are not on track to fulfil their contract in full.</li></ul></div></div>	<div><div>Dental Contractors:</div><div><ul style="list-style-type: none"><li>Contractors who are not on target to deliver their contract may have their contract reduced in year; any under-achievements above 96% will be paid back in full to Manx Care at year and a discussion will then be had with contractors in relation to reviewing their UDA target for the following financial year.</li></ul></div></div> <div><div>Note -</div><div>Benchmarks are the Manx Care monthly averages for 2022/23.</div></div>

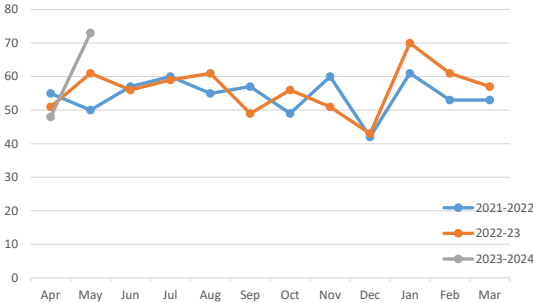
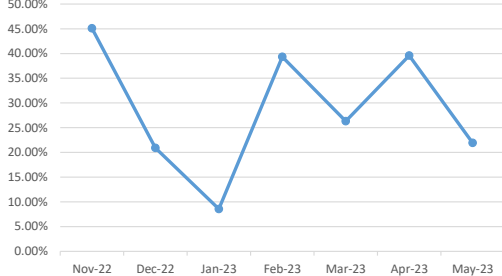
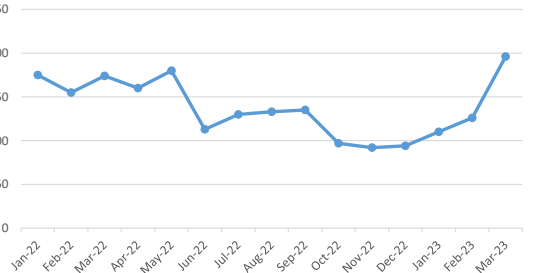
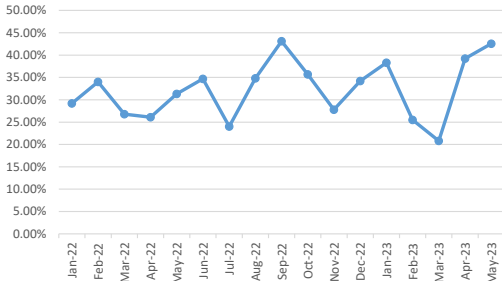
Effective	Mental Health (1 of 2)	Executive Lead	David Hamilton	Lead	Ross Bailey
<p>MH - Average Length of Stay (ALOS) in MH Acute Inpatient Service</p>		<p><b>Reporting Date</b> May-23</p> <p><b>Performance</b> 33.0</p> <p><b>Op. Plan #</b> QC158</p>	<p>MH - % service users discharged from MH inpatient that have follow up appointment within 3 days</p>		<p><b>Reporting Date</b> Mar-23</p> <p><b>Performance</b> 100.0%</p> <p><b>Op. Plan #</b> QC72</p>
<p><b>Threshold</b> -</p> <p><b>YTD Mean</b> 31.5</p> <p><b>Benchmark</b> 45.8</p> <p>(Lower value represents better performance)</p> <p><b>Variation Description</b> Common cause</p> <p><b>Assurance Description</b></p>		<p><b>Threshold</b> 90.0%</p> <p><b>YTD Mean</b> 100.0%</p> <p><b>Benchmark</b> 90.9%</p> <p>(Higher value represents better performance)</p> <p><b>Variation Description</b> Common cause</p> <p><b>Assurance Description</b> Consistently hit target</p>			
<p>MH - Length of Stay (LOS) - No. patients with LOS greater than 21 days</p>		<p><b>Reporting Date</b> May-23</p> <p><b>Performance</b> 9</p> <p><b>Op. Plan #</b> QC89</p>	<p>MH - % Re-referrals within 6 months</p>		<p><b>Reporting Date</b> May-23</p> <p><b>Performance</b> 18.7%</p> <p><b>Op. Plan #</b> QC74</p>
<p><b>Threshold</b> -</p> <p><b>YTD Mean</b> 8</p> <p><b>Benchmark</b> 7</p> <p>(Lower value represents better performance)</p> <p><b>Variation Description</b> Common cause</p> <p><b>Assurance Description</b></p>		<p><b>Threshold</b> 20.0%</p> <p><b>YTD Mean</b> 20.6%</p> <p><b>Benchmark</b> 17.4%</p> <p>(Lower value represents better performance)</p> <p><b>Variation Description</b> Common cause</p> <p><b>Assurance Description</b> Inconsistently passing and falling short of target</p>			
Issues / Performance Summary		Planned / Mitigation Actions		Assurance / Recovery Trajectory	
<p><b>Average Length of Stay (ALOS):</b></p> <ul style="list-style-type: none"> <li>ALOS has increased slightly in May. The average length of stay on Glen Suite is 33 days, and Harbour Suite 25.</li> </ul> <p><b>3 Day follow up:</b></p> <ul style="list-style-type: none"> <li>In May the performance threshold of 90% was achieved.</li> </ul> <p><b>Re-referrals:</b></p> <ul style="list-style-type: none"> <li>It is not currently possible to report with any confidence on Referrals; Re-Referrals or Referral Discharges.</li> </ul>		<p><b>Length of Stay greater than 21 days:</b></p> <ul style="list-style-type: none"> <li>We had requested that this indicator was changed to reflect the NHS England KPI this being 60 days for adults and 90 days for elderly (65+) adult. When applying this specific MH measure the local ALOS is well within the standard. The existing 21 day ALOS KPI is specific to general hospital settings not psychiatric inpatient care.</li> </ul> <p><b>3 Day follow up:</b></p> <ul style="list-style-type: none"> <li>IMHS are working with Live Systems team and the BI team to gather this information electronically. RiO has a "bug" which makes mandatory fields, non-mandatory, making data quality checks difficult. Awaiting confirmation from the Live Systems team, via the supplier to confirm a "fix" date we can make a decision to progress with or with the data quality checks.</li> </ul> <p><b>Re-referrals:</b></p> <ul style="list-style-type: none"> <li>Currently this referral data is unreliable. The information for this indicator has not been validated, the BI team are working with IMHS to gather the number of new users referred to the service, which will exclude referrals made within the service. This will bring referral methodology in line with the changes made to caseload reporting in July 2022.</li> </ul>		<p><b>Average Length of Stay (ALOS):</b></p> <ul style="list-style-type: none"> <li>The service regularly monitor patients who are admitted and actively look to progress the most appropriate treatment/care plan on an individual basis. The mean ALOS combines both Glen and Harbour Suite. The ALOS on the Glen suite is consistently higher, given the challenges in securing dementia beds, we suggest we should report on each ward individually. Glen - Median 27.5 days ALOS 38 - UK Indicator 90 days Harbour - Median 10 days ALSO 25 - UK Indicator 60 days</li> </ul> <p><b>3 Day follow up:</b></p> <p>Local performance consistently outperforms NHS England which reported 73% for Q3</p> <p><b>Note -</b> Benchmarks are the Manx Care monthly averages for 2022/23.</p>	



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<b>Crisis Team:</b> <ul style="list-style-type: none"> <li>Reported as 94%. The CRHTT consistently exceed the 75% target.</li> </ul>	<b>Crisis Team:</b> <ul style="list-style-type: none"> <li>The mean across the entire reporting period (sept 2021 - Current) is 91.2%.</li> </ul>	<b>Crisis Team:</b> <ul style="list-style-type: none"> <li>Confidence in target being met. Will continue to monitor.</li> </ul> <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

Effective	Adult Social Work	Executive Lead	David Hamilton	Lead	Michele Mountjoy
<p>ASC - % of Re-referrals</p> <p>Reporting Date May-23 Performance 3.8% Op. Plan # QC41</p> <p>Threshold &lt;15% YTD Mean 3.9% Benchmark 9.0% (Lower value represents better performance)</p> <p>+ Variation Description Special Cause of Improving variation (Low)</p> <p>+ Assurance Description Consistently hit target</p>			<p>ASC - % of all Adult Community Care Assessments completed in Agreed Timescales</p> <p>Reporting Date May-23 Performance 39.4% Op. Plan # QC44</p> <p>Threshold 80.0% YTD Mean 39.3% Benchmark 64.6% (Higher value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>- Assurance Description Consistently fail target</p>		
<p>ASC - No. of Referrals</p> <p>Reporting Date May-23 Performance 78 Op. Plan # QC40</p> <p>Threshold - YTD Mean 77 Benchmark -</p> <p>Variation Description</p> <p>Assurance Description</p>			<p>ASC - % of individuals (or carers) receiving a copy of their Adult Community Care Assessment</p> <p>Reporting Date May-23 Performance 48.5% Op. Plan # QC45</p> <p>Threshold 100.0% YTD Mean 35.1% Benchmark 11.4% (Higher value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>- Assurance Description Consistently fail target</p>		
Issues / Performance Summary		Planned / Mitigation Actions		Assurance / Recovery Trajectory	
<p>The number of new referrals received in May was 78.</p> <p><b>Re-Referrals:</b></p> <ul style="list-style-type: none"> <li>We have significantly reduced our re-referral rate to 1.3% in the last quarter, which is excellent news compared to quarter 3, but it was increased to 3.8% in May.</li> </ul> <p><b>Assessments completed within Timescales:</b></p> <ul style="list-style-type: none"> <li>The completion of Wellbeing Partnership assessments in May remained below the required threshold.</li> </ul> <p><b>Individuals receiving copy of Assessment:</b></p> <ul style="list-style-type: none"> <li>The reported number of individuals receiving copies of their Wellbeing Partnership assessments in May increased but remained significantly below the required threshold.</li> </ul>		<ul style="list-style-type: none"> <li>Processes are being continually reviewed to make them more streamlined.</li> </ul> <p><b>Assessments completed within Timescales:</b></p> <ul style="list-style-type: none"> <li>The Adult Social Work teams have had some relief to staffing pressures, with the Learning Disabilities Team particularly having made some recent improvements. With the improved staffing position, this is expected to further improve in June. Complexity of some assessments is still a factor, with specialist assessment required before an assessment can be completed, e.g. Parkinson's, SALT assessments.</li> </ul> <p><b>Individuals receiving copy of Assessment:</b></p> <ul style="list-style-type: none"> <li>The Interim Principal Social Worker organised a learning session with the team who achieved 'zero' in the sharing of assessments in April to support and help the team's understanding of the importance of this KPI. The team were completing and sharing assessments, however they were not completing this information in RiO for accurate data capture.</li> <li>Following the learning session, the Interim Principal Social Worker has worked with Team Managers to implement an action plan to address what appears to be poor performance in respect of certain indicators. This work appears to be delivering improvement in performance as achievement has increased significantly in May.</li> </ul>		<ul style="list-style-type: none"> <li>Making Safeguarding personal (MSP) continues to be a positive area.</li> <li>Better recording of involvement with family and friends is being seen.</li> <li>Triage is working well in terms of collaborative decision making and MDT working.</li> </ul> <p><b>Assessments completed within Timescales:</b></p> <ul style="list-style-type: none"> <li>Overall completion of assessments in Adult Social Work, using the Wellbeing Partnership Assessment model, is expected to continually improve following progress in recruiting both agency and substantive social workers to the teams.</li> <li>The previously reported data capture issue has now been resolved.</li> </ul> <p><b>Individuals receiving copy of Assessment:</b></p> <ul style="list-style-type: none"> <li>With the planned learning session and resulting action plan around assessment sharing, a significant improvement to this metric is expected to be observed by the June 2023 IPR. As a number of staff are new to the teams, embedding of this learning is expected to take several weeks to see an upwards trajectory.</li> </ul> <p><b>Note -</b> Benchmarks are the Manx Care monthly averages for 2022/23.</p>	

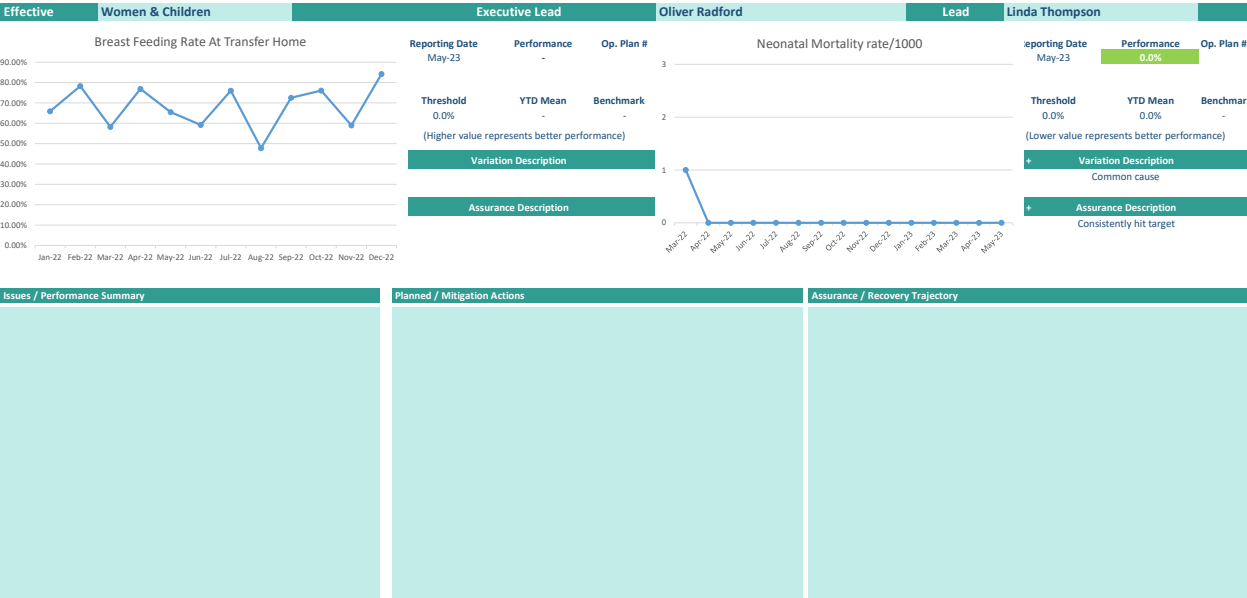
Effective	Social Work (Children & Families)	Executive Lead	David Hamilton	Lead	Julie Gibney
<p><b>% Complex Needs Reviews held on time</b></p> <p>Reporting Date May-23 <b>Performance 68.1%</b> Op. Plan # QC49</p> <p>Threshold 85.0% YTD Mean 61.1% Benchmark 50.6%</p> <p>(Higher value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>- Assurance Description Consistently fail target</p>			<p><b>% Total Child Protection Review Conferences held on time</b></p> <p>Reporting Date May-23 <b>Performance 100.0%</b> Op. Plan # QC52</p> <p>Threshold 90.0% YTD Mean 90.0% Benchmark 66.5%</p> <p>(Higher value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>+ Assurance Description Inconsistently passing and falling short of target</p>		
<p><b>% Total Initial Child Protection Conferences held on time</b></p> <p>Reporting Date May-23 <b>Performance 100.0%</b> Op. Plan # QC51</p> <p>Threshold 90.0% YTD Mean 100.0% Benchmark 81.3%</p> <p>(Higher value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>+ Assurance Description Inconsistently passing and falling short of target</p>			<p><b>% Looked After Children reviews held on time</b></p> <p>Reporting Date May-23 <b>Performance 100.0%</b> Op. Plan # QC53</p> <p>Threshold 90.0% YTD Mean 100.0% Benchmark 92.5%</p> <p>(Higher value represents better performance)</p> <p>+ Variation Description Common cause</p> <p>+ Assurance Description Inconsistently passing and falling short of target</p>		
<p><b>Issues / Performance Summary</b></p> <p><b>Complex Needs Reviews held on time:</b></p> <ul style="list-style-type: none"> <li>The number of reviews undertaken within timescale in May increased to 68.1% but remains below the required threshold.</li> <li>There have been significant pressures in the IRT/Out of Hours Team due to reduced management capacity and vacancy factor. This has led to increased caseloads, priority has been given to unknown risks coming in via duty rather than risks understood and managed as part of the Complex Needs process.</li> <li>IRT remain holding long-term CWCN cases for the foreseeable future, whilst balancing immediate response required for new cases.</li> </ul> <p><b>Initial Child Protection Conferences held on time:</b></p> <ul style="list-style-type: none"> <li>100% of initial child protection conferences were held within the timescales in May.</li> </ul> <p><b>Child Protection Review Conferences held on time:</b></p> <ul style="list-style-type: none"> <li>100% of conferences were completed within the timescales in May.</li> </ul> <p><b>Looked After Children reviews held on time:</b></p> <ul style="list-style-type: none"> <li>100% of reviews were held within the timescales in May.</li> </ul>			<p><b>Planned / Mitigation Actions</b></p> <p><b>Complex Needs Reviews held on time:</b></p> <ul style="list-style-type: none"> <li>Recruitment has taken place in the Initial Response Team to support the Child With Complex Needs process. A new Team Manager started in post in March 2023, together with admin support recruited in January 2023. Both roles are permanent rather than agency. IRT are managing a heavy duty workload at present, this recruitment is a positive step forward in relieving the immediate pressure on the 'front door' of the service allowing focus to move to CWCN.</li> <li>The new Group Manager for IRT is focusing on this area to ensure that these Complex Reviews are taking place when they should.</li> </ul>		
			<p><b>Assurance / Recovery Trajectory</b></p> <p><b>Complex Needs Process:</b></p> <ul style="list-style-type: none"> <li>The number of CWCN reviews held on time had dropped significantly due to the staffing issues in the two main areas of the service that hold these cases, but is showing positive signs of recovery.</li> <li>The IRT has seen significant staff shortages over a period of months that has impacted on these reviews. There has been some staff turnover in this area in recent weeks. It is expected that this area will see further improvement in performance from the June/July IPR. These cases are scrutinised in performance meetings and the Group Manager for this service continues to have have robust oversight to ensure timeliness and monitor the improvements.</li> <li>The team that holds the majority of these cases is the Children With Disabilities team and similarly has had significant staffing issues, with only 1 staff member for several months this is now resolved and the manager has oversight of these meetings and will be striving to improve performance in this area.</li> </ul> <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>		

Effective	Women & Children	Executive Lead	Oliver Radford	Lead	Linda Thompson	
<div>Maternity Bookings</div>  <div>Reporting Date May-23</div> <div>Performance 73</div> <div>Op. Plan #</div> <div>Threshold -</div> <div>YTD Mean 60.5</div> <div>Benchmark -</div> <div>Variation Description</div> <div>Assurance Description</div>		<div>Gestation At Booking &lt;10 Weeks</div>  <div>Reporting Date May-23</div> <div>Performance 21.9%</div> <div>Op. Plan #</div> <div>Threshold -</div> <div>YTD Mean 30.8%</div> <div>Benchmark -</div> <div>Variation Description</div> <div>Assurance Description</div>		<div>Ward Attenders</div>  <div>Reporting Date May-23</div> <div>Performance 73</div> <div>Op. Plan #</div> <div>Threshold -</div> <div>YTD Mean 73</div> <div>Benchmark -</div> <div>Variation Description</div> <div>Assurance Description</div>		<div>Caesarean Deliveries (not Robson Classified)</div>  <div>Reporting Date May-23</div> <div>Performance 42.6%</div> <div>Op. Plan #</div> <div>Threshold -</div> <div>YTD Mean 40.9%</div> <div>Benchmark -</div> <div>Variation Description</div> <div>Assurance Description</div>
Issues / Performance Summary		Planned / Mitigation Actions		Assurance / Recovery Trajectory		
<p><b>Total caesarean deliveries:</b> Average 40%. Caesarean section rates across UK have been steadily increasing in recent years and maternity services.</p> <p><b>Gestation&lt;10 weeks at booking:</b> it is recommended that women book for care in pregnancy before 10 weeks gestation in order to access screening tests. Our data shows that this is not currently being achieved for all women. We have identified that there is often a delay in receiving the referral letters from GP practices, to address this we are looking to introduce a 'self-referral pathway'.</p>						

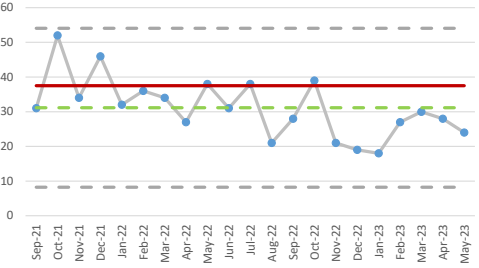
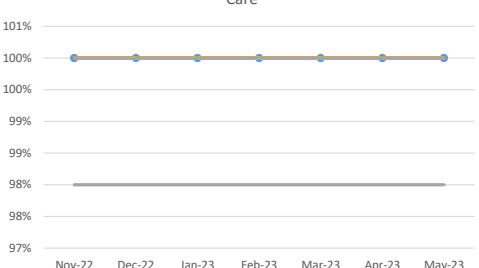
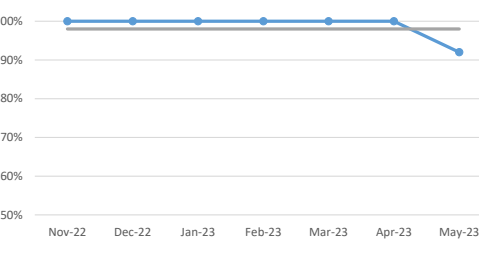
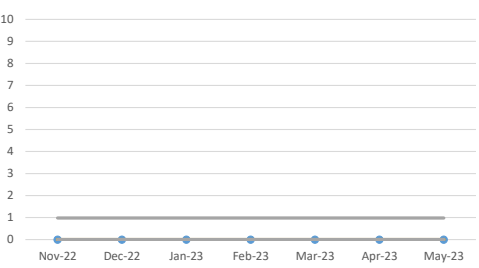
Effective	Women & Children	Executive Lead	Oliver Radford	Lead	Linda Thompson
<p><b>Obstetric Haemorrhage &gt;1.5L</b></p> <p>Reporting Date: May-23    Performance: 0%    Op. Plan #</p> <p>Threshold: &lt; 2.6%    YTD Mean: 0.00%    Benchmark: -</p> <p>+ Variation Description: Common cause</p> <p>+ Assurance Description: Consistently hit target</p>			<p><b>Unplanned Term Admissions To NNU</b></p> <p>Reporting Date: May-23    Performance: -    Op. Plan #</p> <p>Threshold: -    YTD Mean: -    Benchmark: -</p> <p>+ Variation Description</p> <p>+ Assurance Description</p>		
<p><b>Stillbirth Number / Rate</b></p> <p>Reporting Date: May-23    Performance: 0%    Op. Plan #</p> <p>Threshold: -    YTD Mean: 0    Benchmark: -</p> <p>+ Variation Description: Common cause</p> <p>+ Assurance Description</p>			<p><b>% Smoking At Booking</b></p> <p>Reporting Date: May-23    Performance: 11.0%    Op. Plan #</p> <p>Threshold: -    YTD Mean: 12.8%    Benchmark: -</p> <p>+ Variation Description: Common cause</p> <p>+ Assurance Description</p>		
<b>Issues / Performance Summary</b> <p><b>Obstetric haemorrhage &gt;1.5 litre:</b> this is monitored via the maternity dashboard in order to identify cases of major haemorrhage and prompt a review of care and to identify and learning.</p> <p><b>Smoking at booking and delivery:</b> all women are asked regarding their smoking status and receive carbon monoxide testing at the booking appointment. Women who smoke are offered smoking cessation support.</p>		<b>Planned / Mitigation Actions</b>		<b>Assurance / Recovery Trajectory</b>	



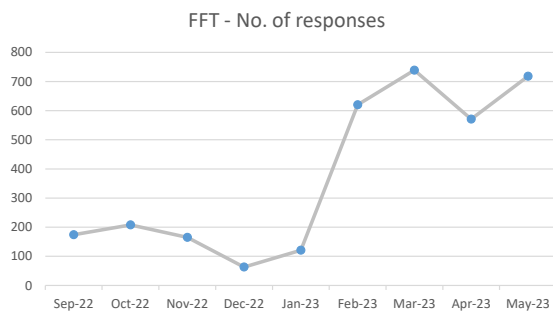
Effective	Women & Children	Executive Lead	Oliver Radford	Lead	Linda Thompson																																														
<div><div>Induction of Labour</div><div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>Op. Plan #</th></tr></thead><tbody><tr><td>May-23</td><td>36.2%</td><td>-</td></tr></tbody></table><table><thead><tr><th>Threshold</th><th>YTD Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>&lt; 30%</td><td>32.8%</td><td>-</td></tr></tbody></table><p>(Lower value represents better performance)</p><div>- Variation Description Common cause</div><div>- Assurance Description Inconsistently passing and falling short of target</div></div></div> <div><div>First Feed Breast Milk (Initiation Rate)</div><div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>Op. Plan #</th></tr></thead><tbody><tr><td>May-23</td><td>62.5%</td><td>-</td></tr></tbody></table><table><thead><tr><th>Threshold</th><th>YTD Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>&gt; 80%</td><td>69.3%</td><td>-</td></tr></tbody></table><p>(Higher value represents better performance)</p><div>- Variation Description Common cause</div><div>- Assurance Description Inconsistently passing and falling short of target</div></div></div>		Reporting Date	Performance	Op. Plan #	May-23	36.2%	-	Threshold	YTD Mean	Benchmark	< 30%	32.8%	-	Reporting Date	Performance	Op. Plan #	May-23	62.5%	-	Threshold	YTD Mean	Benchmark	> 80%	69.3%	-	<div><div>3rd/4th Degree Tear Overall Rate</div><div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>Op. Plan #</th></tr></thead><tbody><tr><td>May-23</td><td>0.0%</td><td>-</td></tr></tbody></table><table><thead><tr><th>Threshold</th><th>YTD Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>&lt; 3.5%</td><td>0.0%</td><td>-</td></tr></tbody></table><p>(Lower value represents better performance)</p><div>+ Variation Description Common cause</div><div>+ Assurance Description Inconsistently passing and falling short of target</div></div></div> <div><div>% Of Women Smoking At Time Of Delivery</div><div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>Op. Plan #</th></tr></thead><tbody><tr><td>May-23</td><td>5.6%</td><td>-</td></tr></tbody></table><table><thead><tr><th>Threshold</th><th>YTD Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>&lt; 18%</td><td>9.6%</td><td>-</td></tr></tbody></table><p>(Lower value represents better performance)</p><div>+ Variation Description Common cause</div><div>+ Assurance Description Consistently hit target</div></div></div>		Reporting Date	Performance	Op. Plan #	May-23	0.0%	-	Threshold	YTD Mean	Benchmark	< 3.5%	0.0%	-	Reporting Date	Performance	Op. Plan #	May-23	5.6%	-	Threshold	YTD Mean	Benchmark	< 18%	9.6%	-
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<div>Issues / Performance Summary</div> <div>Induction of labour: Manx Care rates for induction of labour are often greater than the national standard of 30%. This may be because we have a higher proportion of pregnant women who are &gt;40 years of age and for this group it is recommended that induction of labour is performed at term.</div> <div>Third and fourth degree tear rates: these are low and below the national standard of &gt;3.5%.</div> <div>Smoking at booking and delivery: all women are asked regarding their smoking status and receive carbon monoxide testing at the booking appointment. Women who smoke are offered smoking cessation support.</div>		<div>Planned / Mitigation Actions</div>		<div>Assurance / Recovery Trajectory</div>																																															



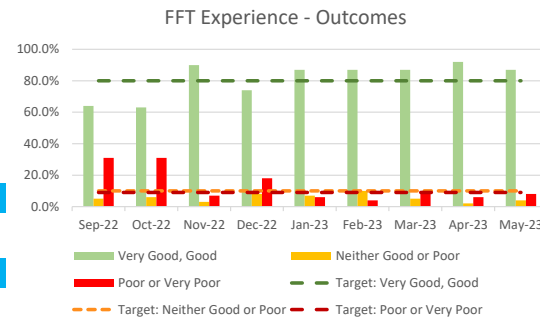
Caring Performance Summary																					
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
CA001		Mixed Sex Accomodation - No. of Breaches	May-23		0	0	0	0			CA012		FFT - How was your experience? No. of responses	May-23	-	718	645	1,289	-		
CA002		Complaints - Total number of complaints received	May-23		24	26	52	<= 450 PA			CA013		FFT - Experience was Very Good or Good	May-23		87%	90%	-	80%		
CA007		Complaint acknowledged within 5 working days	May-23		92%	96%	-	98%			CA014		FFT - Experience was neither Good or Poor	May-23		4%	3%	-	10%		
CA008		Written response to complaint within 20 days	May-23		100%	100%	-	98%			CA015		FFT - Experience was Poor or Very Poor	May-23		8%	7%	-	<10%		
CA010		No. complaints exceeding 6 months	May-23		0	0	0	98%			CA016		Manx Care Advice and Liaison Service contacts	May-23	-	636	613	1,225	-		
CA011		No. complaints referred to HSCOB	May-23	-	0	0	0	-			CA017		Manx Care Advice and Liaison Service same day response	May-23		87.0%	88.0%	-	80%		

Caring	Complaints	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis
<div>Complaints - Number of complaints: Manx care</div> 		<div>Reporting Date May-23</div> <div>Performance 24</div> <div>Op. plan # L7</div> <div>Threshold &lt;= 450 PA</div> <div>YTD Mean 26</div> <div>Benchmark 28</div> <div>(Lower value represents better performance)</div> <div>+ Variation Description Common cause</div> <div>+ Assurance Description Consistently hit target</div>	<div>Complaint - Written response within 20 days: Manx Care</div> 	<div>Reporting Date May-23</div> <div>Performance 100.0%</div> <div>Op. plan # L8</div> <div>Threshold 98.0%</div> <div>YTD Mean 100.0%</div> <div>Benchmark -</div> <div>(Higher value represents better performance)</div> <div>+ Variation Description Common cause</div> <div>+ Assurance Description Consistently hit target</div>	
<div>Complaint acknowledged within 5 working days: Manx Care</div> 		<div>Reporting Date May-23</div> <div>Performance 92.0%</div> <div>Op. plan # L8</div> <div>Threshold 98%</div> <div>YTD Mean 96.0%</div> <div>Benchmark -</div> <div>(Higher value represents better performance)</div> <div>- Variation Description Common cause</div> <div>- Assurance Description Inconsistently passing and falling short of target</div>	<div>Complaint - No. complaints exceeding 6 months: Manx Care</div> 	<div>Reporting Date May-23</div> <div>Performance 0</div> <div>Op. plan # L8</div> <div>Threshold 98.0%</div> <div>YTD Mean 0</div> <div>Benchmark -</div> <div>(Lower value represents better performance)</div> <div>+ Variation Description Common cause</div> <div>+ Assurance Description Consistently hit target</div>	
<div>Issues / Performance Summary</div> <div>Number of Complaints:</div> <ul style="list-style-type: none"><li>Total Number of complaints received in May by Manx Care is 24, compared to 28 in April. Average YTD 26 per month compared to 28 for 22/23.</li></ul> <div>Acknowledged within 5 Days:</div> <ul style="list-style-type: none"><li>Overall Manx Care compliance in May is 92%. This is due to two complaints in IMHS (DAT) not being passed on to the CQS Team until after the deadline had elapsed.</li></ul> <div>Written Response within 20 days:</div> <ul style="list-style-type: none"><li>Compliance in May is 100%.</li></ul> <div>No. Complaints Exceeding 6 Months:</div> <ul style="list-style-type: none"><li>None.</li></ul> <div>No. complaints referred to HSCOB:</div> <ul style="list-style-type: none"><li>None.</li></ul>		<div>Planned / Mitigation Actions</div> <div>Number of Complaints:</div> <ul style="list-style-type: none"><li>Continue with processes.</li></ul> <div>Acknowledged within 5 Days:</div> <ul style="list-style-type: none"><li>The IMHS operational manager's group has been advised to send any complaints immediately to the CQS Team in order that they can be logged and acknowledged within the timeframe required by regulations.</li></ul> <div>Written Response within 20 days:</div> <ul style="list-style-type: none"><li>None required.</li></ul> <div>No. Complaints Exceeding 6 Months:</div> <ul style="list-style-type: none"><li>N/A.</li></ul> <div>No. complaints referred to HSCOB:</div> <ul style="list-style-type: none"><li>Heads of CQS Team meeting with HSCOB members on 23.06.23.</li></ul>			<div>Assurance / Recovery Trajectory</div> <div>Number of Complaints:</div> <ul style="list-style-type: none"><li>Monthly average last year 28; no great variation YTD.</li></ul> <div>Acknowledged within 5 Days:</div> <ul style="list-style-type: none"><li>Confident performance will hit target going forward as this is the first time 100% has not been achieved since new Regulations were introduced on 31.10.22.</li></ul> <div>Written Response within 20 days:</div> <ul style="list-style-type: none"><li>Reasonable degree of confidence in target being met.</li></ul> <div>No. Complaints Exceeding 6 Months:</div> <ul style="list-style-type: none"><li>Reasonable degree of confidence.</li></ul> <div>Note -</div> <div>Benchmarks are the Manx Care monthly averages for 2022/23.</div>

Caring	Friends & Family Test	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis
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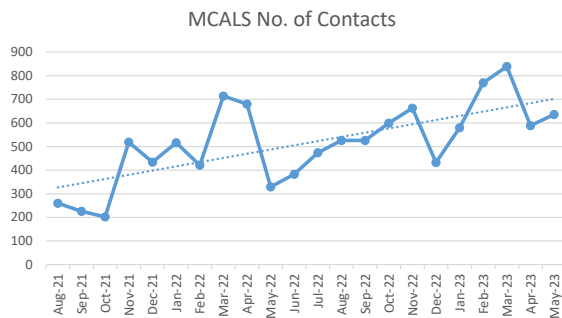
Reporting Date May-23	Performance 718	Op. plan # QC127
Threshold -	YTD Mean 645	Benchmark -
Variation Description		
Assurance Description		



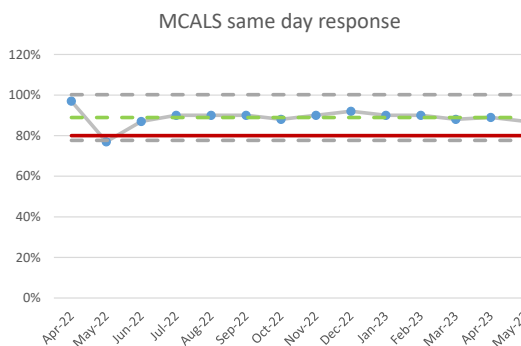
Reporting Date May-23	Performance 87.0%	Op. plan # QC128-129-130
Threshold 80.0%	YTD Mean 89.5%	Benchmark -
(Higher value represents better performance)		
+ Variation Description Common cause		
+ Assurance Description Inconsistently passing and falling short of target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p><b>FFT Total number of responses:</b></p> <ul style="list-style-type: none"> <li>• results for May are based on 718 responses; the second highest since FFT was introduced and an increase of 26% when compared to April.</li> <li>• <b>FFT – Experience was very good or good:</b> Target achieved (80%) for the fifth consecutive month, with May's performance at 87%.</li> <li>• <b>FFT – Experience was neither good or poor:</b> Target achieved (10% or less) for the ninth consecutive month, with May's performance at 4%.</li> <li>• <b>FFT – Experience was poor or very poor:</b> Target achieved (10% or less) for the fifth consecutive month, with May's performance at 8%.</li> </ul>	<p><b>FFT Total number of responses:</b></p> <ul style="list-style-type: none"> <li>• Continue to promote/encourage feedback.</li> <li>• <b>FFT – Experience was very good or good:</b> Target is 80%.</li> <li>• <b>FFT – Experience was neither good or poor:</b> Continue to promote/encourage feedback.</li> <li>• <b>FFT – Experience was poor or very poor:</b> Continue to promote/encourage feedback.</li> </ul>	<p><b>FFT Total number of responses:</b></p> <ul style="list-style-type: none"> <li>• Confident that submissions will continue to be of a level where valid analysis can be undertaken.</li> <li>• <b>FFT – Experience was very good or good</b></li> <li>• <b>FFT – Experience was neither good or poor:</b> Consistently scoring below target which is a positive indicator.</li> <li>• <b>FFT – Experience was poor or very poor:</b> Consistently scoring below target; monthly dashboards and quarterly review meetings with all care group triumvirates are held to report feedback. Poor feedback is reported in the themes and trends as well as the anonymous commentary and care groups develop action plans within their governance groups to target poor feedback. Trends are monitored monthly via dashboards for care groups and drilled down further to team level to highlight positive and negative themes.</li> </ul> <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

Caring	MCALS	Executive Lead	Paul Moore	Lead	Paul Hurst; Sue Davis
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Reporting Date May-23	Performance 636	Op. plan # QC131
Threshold -	YTD Mean 613	Benchmark 567
Variation Description		
Assurance Description		



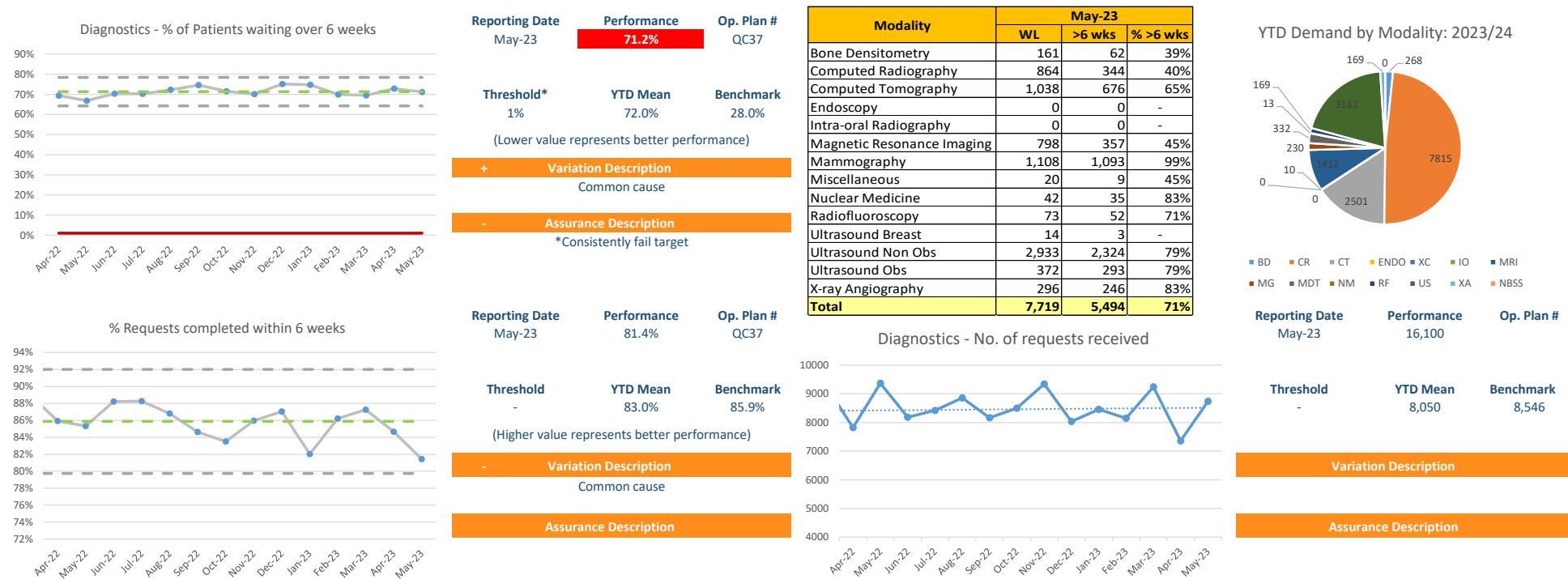
Reporting Date May-23	Performance 87.0%	Op. plan # QC132
Threshold 80.0%	YTD Mean 88.0%	Benchmark -
(Higher value represents better performance)		
Variation Description		
Common cause		
Assurance Description		
Consistently hit target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p><b>Number of Contacts:</b></p> <ul style="list-style-type: none"> <li>636 contacts received in May 2023, and increase of 47 contacts, this month also included 3 May Bank holidays where the office was closed. There have been 2 successful recruitments for volunteers who are awaiting their DBS check results.</li> </ul> <p><b>Same Day Response:</b></p> <ul style="list-style-type: none"> <li>In May, MCALS has resolved all contacts within 24 hours 87% of the time. Key Line of Enquiry Target is 80% of contacts receive a response within 24 hours.</li> </ul>	<p><b>Number of Contacts:</b></p> <ul style="list-style-type: none"> <li>MCALS continues to provide excellent support in ensuring that where possible service user issues are addressed.</li> </ul> <p><b>Same Day Response:</b></p> <ul style="list-style-type: none"> <li>MCALS continues to provide excellent support in ensuring that where possible service user issues are addressed.</li> </ul>	<p><b>Number of Contacts:</b></p> <p>Continued good performance in dealing with service user contacts.</p> <p><b>Same Day Response:</b></p> <ul style="list-style-type: none"> <li>Continued good performance in dealing with service user contacts.</li> </ul> <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

Responsive Performance Summary																					
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
RE001		RTT - No. patients waiting for first Consultant Led Outpatient appointment	May-23		15,718	15,609	-	< 15413			RE017		CWT - % patients referral for suspected cancer to first outpatient attendance within 2 weeks	May-23		40%	49%	-	93%		
RE002		RTT - No. patients waiting for Daycase procedure	May-23		2,372	2,318	-	< 2286			RE018		CWT - % patients decision to treat to first definitive treatment within 31 days	May-23		78%	80%	-	96%		
RE003		RTT - No. patients waiting for Inpatient procedure	May-23		551	552	-	< 535			RE019		CWT - % patients urgent referral for suspected cancer to first treatment within 62 days (RTT)	May-23		40%	34%	-	85%		
RE004		RTT - % Urgent GP referrals seen for first appointment within 6 weeks	May-23		55%	58%	-	85%			RE020		CWT - % Two Week Wait (Breast Symptomatic)	May-23		0%	17%	-	93%		
RE005		Diagnostics - % requests completed within 6 weeks	May-23	-	81%	83%	83%	-			RE021		CWT - % 31 Day Subsequent Treatment (Surgical)	May-23		-	-	-	94%		
RE006		Diagnostics - % Patients waiting over 6 weeks	May-23		71%	72%	-	1%			RE022		CWT - % 31 Day Subsequent Treatment (Drugs)	May-23		100%	100%	-	98%		
RE007		ED - % 4 Hour Performance	May-23		74%	72%	72%	95%			RE023		CWT - % 31 Day Subsequent Treatment (Radiotherapy)	May-23		-	75%	-	94%		
RE008		ED - % 4 Hour Performance (Non Admitted)	May-23	-	82%	81%	81%	-			RE025		CWT - % 28 Days to diagnosis or ruling out of cancer	May-23		64%	66%	-	75%		
RE009		ED - % 4 Hour Performance (Admitted)	May-23	-	29%	27%	27%	-			RE026		IPCC - % patients seen by Community Adult Therapy Services within timescales	May-23		42%	51%	-	80%		
RE010		ED - Average Total Time in Emergency Department	May-23		227	237	-	360 mins			RE027		IPCC - No. patients waiting for a dentist	May-23	-	3,666	3,588	-	-		
RE011		ED - Average number of minutes between Arrival and Triage (Noble's)	May-23		24	25	-	15 mins			RE031		IPCC - % of patients registered with a GP	May-23		5.5%	5.5%	-	5.0%		
RE012		ED - Wait time to see first Doctor in ED	May-23		175	176	-	180 mins			RE028		MH - No. service users on Current Caseload	May-23		5,093	5,092	-	4500 - 5500		
RE013		ED - 12 Hour Trolley Waits	May-23		5	6	11	0			RE029		MH - Number of Discharges	May-23		528	502	-	650-667		
RE014		Ambulance - Category 1 Response Time at 90th Percentile	May-23		17	19	-	15 mins			RE030		W&C - % New Birth Visits within timescale	May-23	-	85.7%	0.9085714	-	-		
RE015		Ambulance - Category 1 Mean Response Time	May-23		8	10	-	7 mins			RE032		Births per annum	May-23	-	103	79	-	-		
RE016		Ambulance - % patients with CVA/Stroke symptoms arriving at hospital within 60 mins of call	May-23		50%	49%	-	100%													

Responsive	Referral to Treatment (RTT)	Executive Lead	Oliver Radford	Lead	J.Watson; M.Cox; L.Thompson
<p>RTT - No. patients waiting for 1st Consultant Led Outpatient Appointment</p>		<p><b>Reporting Date</b> May-23</p> <p><b>Performance</b> 15,718</p> <p><b>Op. Plan #</b> QC11</p>		<p>RTT - No. patients waiting for Inpatient procedures</p>	
<p><b>Threshold</b> &lt; 15413</p> <p><b>YTD Mean</b> 15,609</p> <p><b>Benchmark</b> 15,500</p> <p>(Lower value represents better performance)</p>		<p><b>Reporting Date</b> May-23</p> <p><b>Performance</b> 551</p> <p><b>Op. Plan #</b> QC11</p>		<p><b>Threshold</b> &lt; 535</p> <p><b>YTD Mean</b> 552</p> <p><b>Benchmark</b> 553</p> <p>(Lower value represents better performance)</p>	
<p><b>Avg Wait Time (Referral to 1st Cons Led OP Appt.)</b> 46.7 weeks</p>		<p><b>Avg Wait Time (Decision to Treat to Treatment - IP)</b> 42 weeks</p>		<p><b>No. patients waiting 52 weeks or more for 1st OP</b> 5,016</p>	
<p><b>No. patients waiting 52+ weeks from Decision to Treat</b> 149</p>		<p><b>RTT - No. patients waiting for Daycase procedures</b></p>		<p><b>% Urgent GP referrals seen for 1st appointment within 6 weeks</b></p>	
<p><b>Reporting Date</b> May-23</p> <p><b>Performance</b> 2,372</p> <p><b>Op. Plan #</b> QC11</p>		<p><b>Reporting Date</b> May-23</p> <p><b>Performance</b> 55.0%</p> <p><b>Op. Plan #</b> QC13</p>		<p><b>Threshold</b> &lt; 2286</p> <p><b>YTD Mean</b> 2,318</p> <p><b>Benchmark</b> 2,264</p> <p>(Lower value represents better performance)</p>	
<p><b>Avg Wait Time (Decision to Treat to Treatment - DC)</b> 43 weeks</p>		<p><b>Avg Wait Time (Decision to Treat to Treatment - DC)</b> 43 weeks</p>		<p><b>Variation Description</b> Common cause</p>	
<p><b>No. patients waiting 52+ weeks from Decision to Treat</b> 635</p>		<p><b>Assurance Description</b> Consistently fail target</p>		<p><b>No. patients waiting 52+ weeks from Decision to Treat</b> 635</p>	
Issues / Performance Summary		Planned / Mitigation Actions		Assurance / Recovery Trajectory	
<ul style="list-style-type: none"> <li>Reduction in outpatient clinic capacity due to: <ul style="list-style-type: none"> <li>R&amp;R Programme paused over TT period.</li> <li>Staff vacancies, annual leave and other absences.</li> <li>Difficulties in recruiting locum cover</li> <li>Ensuring prioritisation of doctor resource for 24/7 on call cover, inpatient, theatre and endoscopy activity.</li> </ul> </li> <li>Following the ease on Covid restrictions, GP practices have been seeing more patients face to face which has led to an overall increase in referrals.</li> <li>Many outpatient pathways require considerable diagnostic intervention to enable their progression.</li> </ul>		<ul style="list-style-type: none"> <li>R&amp;R delivery (Nov'21 to May'23) of over 850 outpatient appointments; 458 Endoscopic, 1,803 Ophthalmic, 638 Orthopaedic procedures, 133 procedures for other surgical specialties and 182 mental health referrals.</li> <li>Dedicated waiting list validation team established and programme of waiting list validation commenced in October '22. To date over 15,000 referrals have been through technical validation and over 5,750 letters have been sent to patients checking if they still require to be on the waiting list. Based on the outcomes of the validation to date, there has been a 4% reduction in the outpatient waiting list. No patient is removed from the waiting list without a clinical decision being made.</li> <li>ENT recovery plan commenced in November, including weekend outpatient clinics.</li> <li>Addition diagnostic capacity has been commissioned for approximately 1,300 scans (Echocardiograms, Cardiac Computed Tomography and Ultrasound) to improve outpatient pathway progression.</li> <li>Ward 12 has provided additional bed capacity to Urology, Gynaecology and ENT elective inpatients as required.</li> <li>Restoration &amp; Recovery (R&amp;R) Phase 3 Business Case has been developed which includes modelling of demand, capacity and sustainability of outpatient services and waiting lists across 10 specialties. This is being expanded to cover all specialties.</li> </ul>		<ul style="list-style-type: none"> <li>General Surgery R&amp;R activity commenced in November '22.</li> <li>Recovery of ENT waiting times from November with the start of weekend clinics.</li> <li>Enhanced Waiting List Management programme established to implement procedural and operational improvements to embed Access policy and improve waiting list management. This includes: <ul style="list-style-type: none"> <li>Waiting List Validation; started in October '22.</li> <li>Patient Tracking List (PTL) meetings (non Cancer);</li> <li>Referral &amp; Booking (initial focus on partial booking and patient initiated follow ups)</li> <li>Referral To Treatment (RTT) Rules and System implementation;</li> <li>Reducing patient Did Not Attend (DNA) rates;</li> <li>Harm Review</li> </ul> </li> </ul> <p><b>Note -</b> Benchmark for '% Urgent GP referrals seen for 1st Outpatient' is the Manx Care monthly average for 2022/23. The benchmarks for the OP, IP and DC waiting lists are currently the waiting list sizes in Apr '23. In future reporting the benchmark will be a comparison to UK waiting list sizes using the numbers waiting per 1,000 population.</p>	





Modality

May-23

	WL	>6 wks	% >6 wks
Bone Densitometry	161	62	39%
Computed Radiography	864	344	40%
Computed Tomography	1,038	676	65%
Endoscopy	0	0	-
Intra-oral Radiography	0	0	-
Magnetic Resonance Imaging	798	357	45%
Mammography	1,108	1,093	99%
Miscellaneous	20	9	45%
Nuclear Medicine	42	35	83%
Radiofluoroscropy	73	52	71%
Ultrasound Breast	14	3	-
Ultrasound Non Obs	2,933	2,324	79%
Ultrasound Obs	372	293	79%
X-ray Angiography	296	246	83%
Total	7,719	5,494	71%

Diagnostics - No. of requests received

YTD Demand by Modality: 2023/24

Reporting Date  
May-23

Performance  
16,100

Op. Plan #

Threshold

-

YTD Mean

8,050

Benchmark

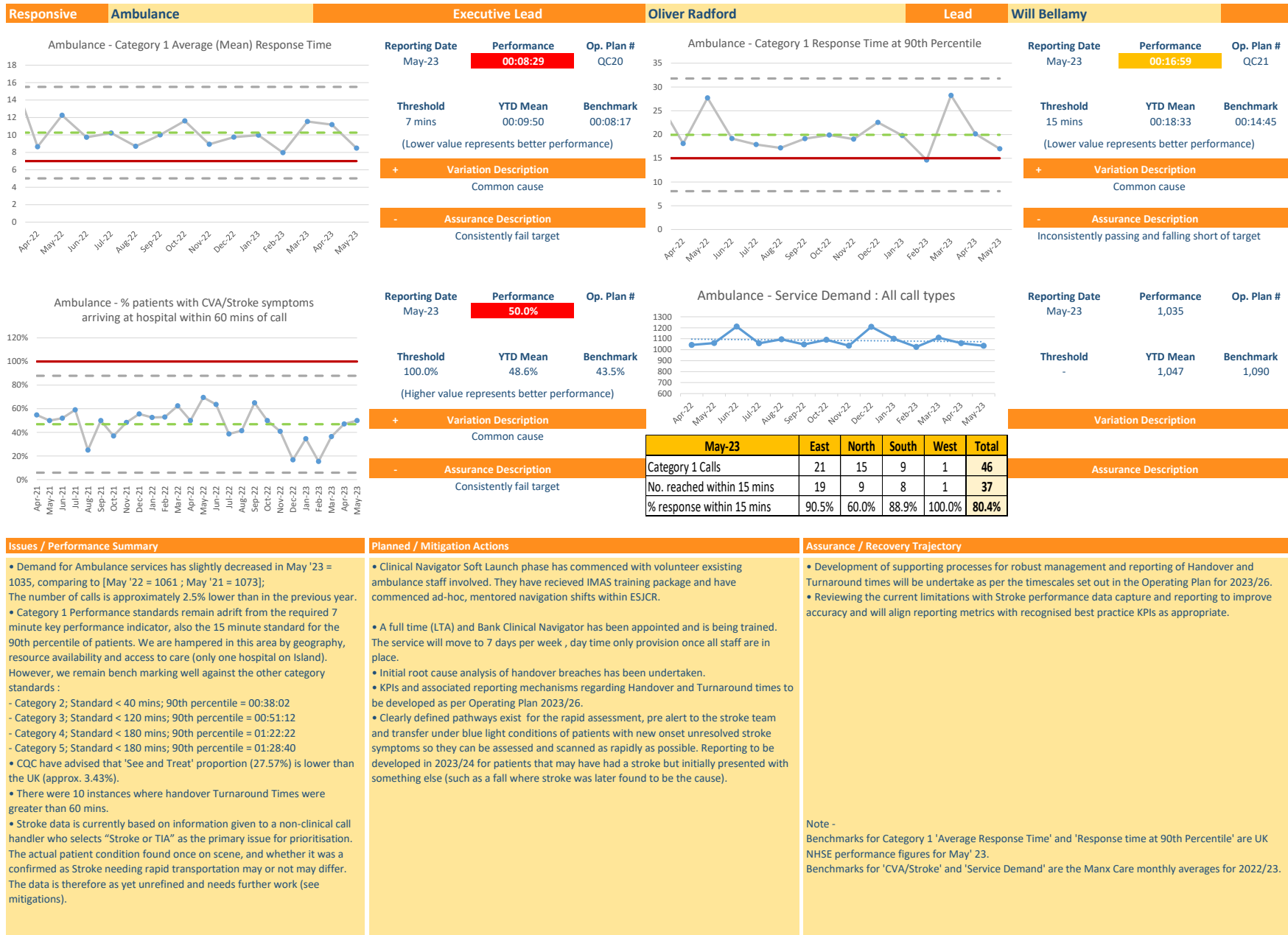
8,546

Variation Description

Assurance Description

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<ul style="list-style-type: none"> <li>Overall demand continues to exceed capacity, with demand for services continuing to increase. Demand was 20% higher than capacity in May.</li> <li>Emergency Department (ED) 25%, Outpatient Department (OPD) 35% and General Practitioner (GP) 22% are the primary source of referrals. and there has been no significant change on the distribution compared to last month.</li> <li>Inpatient referrals(849) remain high. This equates to 12% of all requests.</li> <li>359 of exam swere reported within 2 hours (4% improvement on last month), 17% have taken 96 hours or longer which is similarto last month.</li> <li>Of the 7272 exams, just under 45% were turned around on the same day (similar to last month) and, a further 32% in 1- 28 days (similar to last month).</li> <li>Cohort of exams (1,646) are currently on hold for a variety of reasons (including COVID).</li> </ul>	<ul style="list-style-type: none"> <li>Projects ongoing to increase capacity to reduce waiting times further.</li> <li>Engagement continues with third parties under the Restoration &amp; Recovery (R&amp;R) programme Phase 1 with regard to delivery of an insourced option to address high Cardiac CT, MRI and Ultrasound waiting times.</li> <li>Waiting list validation process implemented in October, validating all aspects of the diagnostic waiting list - technical, administrative and clinical validation.</li> </ul>	<ul style="list-style-type: none"> <li>Requirements for sustainable increased Radiology capacity being scoped as part of the demand &amp; capacity element of the Phase 3 Restoration &amp; Recovery (R&amp;R) business case.</li> </ul> <p>* Manx Care aspires to deliver a maximum six-week wait for all routine diagnostic tests; however, the baseline position identified that waiting times for routine diagnostics were significantly longer than six weeks. Therefore, Manx Care has committed to initially reduce the overall waiting list to a maximum of 26 weeks for the key modalities, with the development of credible, costed plans for reduction to a maximum of six weeks by the end of 2023/24.</p> <p>Reporting of achievement against the 26 week threshold will be included in future reports.</p> <p>Note - Benchmark for '% Patients Waiting over 6 Weeks' is the UK NHSE performance figures for Apr 23. Benchmarks for '% Requests &lt; 6 Weeks' and 'No. of requests received' are the Manx Care monthly average for 2022/23.</p>

Responsive	Emergency Department	Executive Lead	Oliver Radford	Lead	Mark Cox																																																		
<div>ED - % 4 Hour performance : Manx Care</div> <div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>Op. Plan #</th></tr></thead><tbody><tr><td>May-23</td><td>73.9%</td><td>QC23</td></tr></tbody></table><table><thead><tr><th>Threshold</th><th>YTD Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>95.0%</td><td>72.4%</td><td>74.0%</td></tr></tbody></table><p>(Higher value represents better performance)</p><div>+ Variation Description Common cause</div><div>- Assurance Description Consistently fail target</div></div>		Reporting Date	Performance	Op. Plan #	May-23	73.9%	QC23	Threshold	YTD Mean	Benchmark	95.0%	72.4%	74.0%	<div>A&amp;E - Admission Rate : Noble's Hospital</div> <div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>Op. Plan #</th></tr></thead><tbody><tr><td>May-23</td><td>20.8%</td><td>QC24</td></tr></tbody></table><table><thead><tr><th>Threshold</th><th>YTD Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>-</td><td>21.0%</td><td>27.7%</td></tr></tbody></table><div>Variation Description Common cause</div><div>Assurance Description</div></div>		Reporting Date	Performance	Op. Plan #	May-23	20.8%	QC24	Threshold	YTD Mean	Benchmark	-	21.0%	27.7%	<div>ED - Total Attendances : Manx Care</div> <div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>Op. Plan #</th></tr></thead><tbody><tr><td>May-23</td><td>4,037</td><td></td></tr></tbody></table><table><thead><tr><th>Threshold</th><th>YTD Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>-</td><td>3,829</td><td>3,671</td></tr></tbody></table><div>Variation Description</div><div>Assurance Description</div></div>		Reporting Date	Performance	Op. Plan #	May-23	4,037		Threshold	YTD Mean	Benchmark	-	3,829	3,671	<div>ED - Average Total Time in ED : Noble's Hospital</div> <div><table><thead><tr><th>Reporting Date</th><th>Performance</th><th>Op. Plan #</th></tr></thead><tbody><tr><td>May-23</td><td>227</td><td>QC150</td></tr></tbody></table><table><thead><tr><th>Threshold</th><th>YTD Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>360 mins</td><td>237</td><td>268</td></tr></tbody></table><p>(Lower value represents better performance)</p><div>+ Variation Description Common cause</div><div>+ Assurance Description Consistently hit target</div></div>		Reporting Date	Performance	Op. Plan #	May-23	227	QC150	Threshold	YTD Mean	Benchmark	360 mins	237	268
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<div>Issues / Performance Summary</div> <div><ul style="list-style-type: none"><li>May's performance of 73.9% remained below the 95% threshold and was slightly lower than the UK's performance of 74%.<ul style="list-style-type: none"><li>Admitted Performance: 29%;</li><li>Non Admitted Performance: 82.1%;</li></ul></li><li>The ED did not reach the level 4 of the highest Operational Pressures Escalation Level (OPEL), in May, for the third month.</li><li>The number of 12 Hour Trolley Waits was 5 (0.1% of attendances; UK 1.4%)</li></ul><p>Performance due to:</p><ul style="list-style-type: none"><li>Lack of ED observation space (Clinical Decision Unit space)</li><li>Lack of physical space to see patients</li><li>Lack of Ambulatory Emergency Care capability and capacity.</li><li>Limited Same Day Emergency Care (SDEC) capability.</li><li>Delays in transfer of patients to in-patient wards due to a lack of available beds.</li><li>Staffing availability (particularly nursing) and sickness.</li><li>Elderly case mix.</li><li>Lack of organisational Pathways for example back pain , optician, DVT, dental.</li><li>Certain patient groups are managed actively in the department beyond 4 hours if it is in their clinical interest. This includes elderly patients at night, intoxicated patients, back pain requiring mobilisation etc.<ul style="list-style-type: none"><li>Work streams around time of discharge – Non EM work stream.</li></ul></li><li>Other work streams around exit block - Non EM work stream</li></ul><p>In May, the average admission rate from Noble's ED of 20.8% was lower than that of the UK (27.7%).</p></div>		<div>Planned / Mitigation Actions</div> <div><ul style="list-style-type: none"><li>New staff are being recruited to positions in ED, both doctors and nurses.</li><li>A business case for safer medical staffing is being completed.</li><li>Further embedding of Ambulatory Emergency Care and MACU to divert patients away from the main ED department for practitioner led and ambulatory treatment that would normally require inpatient admission such as IV therapy or deep vein thrombosis treatment.</li><li>Work on accuracy of time stamps for triage and treatment at briefings.</li><li>Development of Rapid Assessment by senior clinical staff</li><li>Review of GIRFT Programme National Specialty Report (Emergency Medicine) and potential for alignment with current processes and metrics.</li></ul></div>		<div>Assurance / Recovery Trajectory</div> <div><ul style="list-style-type: none"><li>Average total time in department remains within the required 360 minute standard.</li><li>Expectation that performance will remain in line with the UK, but it should be noted that as expected the position has remained challenging over the period due to the additional seasonal pressures.</li><li>Application for Healthcare Transformation Funding to pump prime Intermediate Care for year 1 of operation (£1.2m) which develops diversionary pathways away from ED and invest in community services.</li><li>Result of increase to Nursing Staffing availability and reducing sickness levels.</li><li>ED recruitment still underway for 6 Band 6 nurses , 2 band 7 nurses , 2x Band 5 nurses, 2 Speciality Doctors ,2 consultants and 3 F3 positions. In addition to this 10 TSRs for agency nurses have been approved to bridge the gap for new recruits beginning in the dept.</li><li>Secured funding to make improvements to the infrastructure. In the planning stages at present.</li></ul><p>Note - Benchmarks for '4 Hour' and 'Admission Rate' are UK NHSE performance figures for May' 23. Benchmarks for 'Total Attendances' and 'Average time in ED' are the Manx Care monthly averages for 2022/23.</p></div>																																																			



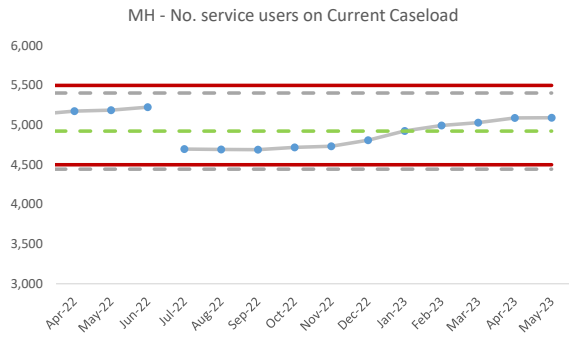
Responsive	Cancer Wait Times (1 of 2)	Executive Lead	Oliver Radford	Lead	Lisa Airey																																																																																																																															
<div>CWT - Two Week Wait (2WW) performance</div> <div></div>		<div>Reporting Date May-23</div> <div>Performance <b>40.0%</b> (144 of 360)</div> <div>Op. Plan # QC29</div> <div>Threshold 93.0%</div> <div>YTD Mean 49.5%</div> <div>Benchmark 77.70%</div> <div>(Higher value represents better performance)</div> <div>- Variation Description Common cause</div> <div>- Assurance Description Consistently fail target</div>	<div>CWT - Two Week Wait (Breast Symptomatic) performance</div> <div></div>		<div>Reporting Date May-23</div> <div>Performance <b>0.0%</b> (0 of 20)</div> <div>Op. Plan # QC30</div> <div>Threshold 93.0%</div> <div>YTD Mean 16.7%</div> <div>Benchmark 72.20%</div> <div>(Higher value represents better performance)</div> <div>- Variation Description Common cause</div> <div>- Assurance Description Consistently fail target</div>																																																																																																																															
<div>CWT - 2WW referrals received for all suspected cancers</div> <div></div>		<div>Reporting Date May-23</div> <div>Performance 455</div> <div>Op. Plan # QC29</div> <div>Threshold -</div> <div>YTD Mean 412</div> <div>Benchmark 395</div> <div>- Variation Description</div> <div>Assurance Description</div>	<table><tr><th rowspan="2">Tumour Group</th><th colspan="7">2WW Referrals</th><th rowspan="2">Total 2022/23 (Apr 22- March 23)</th><th rowspan="2">Forecast Demand Growth</th></tr><tr><th>May-23</th><th>Apr - May 2023</th><th>Apr - May 2022</th><th>Year on Year Increase</th><th>Monthly Avg. 2023/24</th><th>Monthly Avg. 2022/23</th><th>*Trajectory 2023/24</th></tr><tr><td>Breast</td><td>80</td><td>139</td><td>116</td><td>19.8%</td><td>70</td><td>58</td><td>834</td><td>635</td><td>31.3%</td></tr><tr><td>Colorectal</td><td>79</td><td>150</td><td>87</td><td>72.4%</td><td>75</td><td>73</td><td>900</td><td>880</td><td>2.3%</td></tr><tr><td>Dermatology</td><td>117</td><td>187</td><td>109</td><td>71.6%</td><td>93</td><td>81</td><td>1,117</td><td>966</td><td>15.6%</td></tr><tr><td>Gynaecology</td><td>44</td><td>80</td><td>49</td><td>63.3%</td><td>40</td><td>38</td><td>480</td><td>455</td><td>5.5%</td></tr><tr><td>Haematology</td><td>4</td><td>4</td><td>7</td><td>-42.9%</td><td>2</td><td>6</td><td>24</td><td>72</td><td>-66.7%</td></tr><tr><td>Head &amp; Neck</td><td>37</td><td>73</td><td>50</td><td>46.0%</td><td>36</td><td>34</td><td>433</td><td>402</td><td>7.7%</td></tr><tr><td>Lung</td><td>9</td><td>23</td><td>16</td><td>43.8%</td><td>11</td><td>9</td><td>133</td><td>113</td><td>17.7%</td></tr><tr><td>Other</td><td>3</td><td>7</td><td>0</td><td>-</td><td>3</td><td>1</td><td>37</td><td>29</td><td>27.6%</td></tr><tr><td>Upper GI</td><td>28</td><td>55</td><td>45</td><td>22.2%</td><td>27</td><td>33</td><td>325</td><td>395</td><td>-17.7%</td></tr><tr><td>Urology</td><td>37</td><td>58</td><td>58</td><td>0.0%</td><td>29</td><td>35</td><td>348</td><td>420</td><td>-17.1%</td></tr><tr><td>Sub-Total</td><td>438</td><td>776</td><td>537</td><td>-43.6%</td><td>97</td><td>35</td><td>4,631</td><td>4,367</td><td>6.0%</td></tr></table> <div>*Forecast is straight line 12ths only - based on actuals plus avg. referrals per month received Apr 22 - Mar 23.</div> <div>**Monthly referral figures for Breast Symptomatic are shown separately as the methodology for recording and reporting them changed in Oct 21, meaning that a YTD year on year comparison would not be appropriate.</div> <div>Previously breast symptomatic were 'upgraded' but these are now reported on the Somerset Cancer Registry in line with the 'exhibited breast symptoms – cancer not suspected' category in line with UK reporting.</div>			Tumour Group	2WW Referrals							Total 2022/23 (Apr 22- March 23)	Forecast Demand Growth	May-23	Apr - May 2023	Apr - May 2022	Year on Year Increase	Monthly Avg. 2023/24	Monthly Avg. 2022/23	*Trajectory 2023/24	Breast	80	139	116	19.8%	70	58	834	635	31.3%	Colorectal	79	150	87	72.4%	75	73	900	880	2.3%	Dermatology	117	187	109	71.6%	93	81	1,117	966	15.6%	Gynaecology	44	80	49	63.3%	40	38	480	455	5.5%	Haematology	4	4	7	-42.9%	2	6	24	72	-66.7%	Head & Neck	37	73	50	46.0%	36	34	433	402	7.7%	Lung	9	23	16	43.8%	11	9	133	113	17.7%	Other	3	7	0	-	3	1	37	29	27.6%	Upper GI	28	55	45	22.2%	27	33	325	395	-17.7%	Urology	37	58	58	0.0%	29	35	348	420	-17.1%	Sub-Total	438	776	537	-43.6%	97	35	4,631	4,367	6.0%
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<div>Issues / Performance Summary</div> <div>2 Week Wait (2WW) Performance:</div> <div><ul style="list-style-type: none"><li>2WW overall performance remains below the 93% threshold. This is due to to:</li><li>- Continued high number of referrals on a 2WW pathway – 460 received during May</li><li>- Impact of Bank Holidays – some clinics could not be rearranged in time to avoid breach</li><li>- Lack of specialist staff impacted on Outpatient and Endoscopy capacity for Colorectal/Upper GI referrals</li><li>- Clinical cancellation due to specialist staff unable to return to the Island</li><li>- Volatility of percentages due to small numbers</li></ul><li>The 93% standard allows 6.7% for patient choice – in previous months there has been a slightly higher percentage of patient choice breaches. For May'23:</li><li>Reason for Breach - Hospital: 63.4%</li><li>Reason for Breach - Patient Choice: 6.7%</li><div>UK Cancer Waiting Times Guidance is moving to focus on the Faster diagnosis standard rather than the 2WW as this gives a better understanding of the organisational performance.</div><div>2WW Breast Symptomatic:</div><div><ul style="list-style-type: none"><li>2WW Breast symptomatic performance was 0% in May:</li><li>o Continued high number of referrals on a Breast 2WW pathway and Symptomatic Breast pathway – these are booked into the same clinics</li><li>o Impact of Bank Holidays – some clinics could not be rearranged in time to avoid breach</li><li>o Clinical cancellation due to specialist staff unable to return to the Island</li></ul></div></div>		<div>Planned / Mitigation Actions</div> <div>2 Week Wait (2WW) Performance:</div> <div><ul style="list-style-type: none"><li>Reviewing increased referrals weekly at PTL and flagging issues with relevant teams re capacity. PTL has also discussed planning for expected peaks in referrals</li><li>Locum requests have been approved but currently having difficulties with recruitment with specialist staff to support Colorectal outpatient/Endoscopy capacity. Issues also noted at PTL around Pre-Assessment Clinic (PAC) capacity which is impacting on those who are sent straight to Endoscopy as first appointment.</li><li>Redesign of Gynaecology clinic timetable – this is currently being implemented for PMB referrals</li><li>Outpatient capacity can be impacted by limited nursing support or limited clinic space – it is not always possible to fit in replacement clinics for time lost for bank holidays</li><li>Review of 2WW referral proformas to be completed in line with guidance from Cheshire &amp; Merseyside Cancer Alliance – this may help to stabilise the number of 2WW referrals received</li></ul><div>2WW Breast Symptomatic:</div><div><ul style="list-style-type: none"><li>Recruitment of specialist staff completed</li><li>Reviewing increased referrals weekly at PTL and flagging issues with relevant teams re capacity. PTL has also discussed planning for expected peaks in referrals</li></ul></div></div>		<div>Assurance / Recovery Trajectory</div> <div><ul style="list-style-type: none"><li>Reporting data now taken directly from the Somerset Cancer Registry and automated.</li><li>KPIs and performance management governance brought in line with the National Cancer Waiting Times Monitoring Dataset Guidance.</li><li>Weekly PTL meetings have been enhanced; cancer specific PTL updates held with clinical teams to improve communications re: actions needed to advance patients to next step in their pathways. This is being rolled out across tumour sites</li><li>Expected improvement in performance following further recruitment.</li><li>Cancer service transformation workshops have been held to identify service improvements such as a rapid access diagnostic service. Supporting business cases continue to be developed which identify the resource and cost requirements of implementing such services. These are to be aligned with Cheshire &amp; Merseyside Cancer Alliance clinical pathways to ensure good practice</li><li>Manx Care is already undertaking a number of remedial actions to address the demand related pressures in the short term, and is undertaking further analysis of the demand and capacity of these services which will inform the longer term restoration &amp; recovery and transformational work-streams for cancer services.</li></ul><div>Note - Benchmarks for '2WW Performance' and 'Breast Symptomatic' are UK NHSE performance figures for Apr' 23. Benchmark for '2WW referrals received' is the Manx Care monthly average for 2022/23.</div></div>																																																																																																																																

Responsive	Cancer Wait Times (2 of 2)	Executive Lead	Oliver Radford	Lead	Lisa Airey																						
<div>CWT - 62 Day Referral to Treatment</div> <table><thead><tr><th>Reporting Date</th><th>Performance</th><th>Op. Plan #</th></tr></thead><tbody><tr><td>May-23</td><td>40.0% (10 of 25)</td><td>QC34</td></tr></tbody></table> <table><thead><tr><th>Threshold</th><th>YTD Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>85.0%</td><td>34.3%</td><td>61.00%</td></tr></tbody></table> <p>(Higher value represents better performance)</p> <div>+ Variation Description Common cause</div> <div>- Assurance Description Consistently fail target</div>		Reporting Date	Performance	Op. Plan #	May-23	40.0% (10 of 25)	QC34	Threshold	YTD Mean	Benchmark	85.0%	34.3%	61.00%	<div>CWT - 31 Day Diagnosis to Treatment</div> <table><thead><tr><th>Reporting Date</th><th>Performance</th><th>Op. Plan #</th></tr></thead><tbody><tr><td>May-23</td><td>78.1% (32 of 41)</td><td>QC35</td></tr></tbody></table> <table><thead><tr><th>Threshold</th><th>YTD Mean</th><th>Benchmark</th></tr></thead><tbody><tr><td>96.0%</td><td>80.1%</td><td>90.50%</td></tr></tbody></table> <p>(Higher value represents better performance)</p> <div>- Variation Description Common cause</div> <div>- Assurance Description Consistently fail target</div>		Reporting Date	Performance	Op. Plan #	May-23	78.1% (32 of 41)	QC35	Threshold	YTD Mean	Benchmark	96.0%	80.1%	90.50%
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<div>Issues / Performance Summary</div> <ul style="list-style-type: none"><li>• Performance for these pathways has been impacted by the delays to the first appointment.</li><li>• Impact on capacity of the Oncology Day Unit where tertiary providers are advising complex treatments for patients that may take up to 6 hours to administer at a time.</li><li>• Volatility of percentages due to small numbers at Tumour Group level.</li></ul>		<div>Planned / Mitigation Actions</div> <ul style="list-style-type: none"><li>• A number of the 62 day Referral to Treatment (RTT) breaches are due to the wait times at the UK specialist centres providing treatment, and as such are outside of Manx Care's control. Work is ongoing to improve breach allocation to identify this cohort, and to address the causes of such breaches with the specialist providers.</li><li>• The detailed breach information obtained via the Patient Tracking List (PTL) meetings is being analysed by the clinical teams using a tumour site by tumour site break down to identify the root causes of breaches to get a detailed understanding of the performance against these indicators.</li><li>• Significant investment in Oncology workforce including Associate Director of Nursing for Cancer Services, strengthening the Chemotherapy and Infusion Unit nurse establishment, increasing establishment within Acute Oncology including development of a Systematic Anti Cancer Therapy CNS role.</li><li>• Securing of Macmillan funding for a Gynae Cancer Clinical Nurse Specialist and Care Coordinator post, and replacement of key CNS posts within Haemato-Oncology and Lung Cancer.</li><li>• A remedial action plan with corresponding timescales will be produced as part of the site by site review being undertaken by the clinical teams.</li><li>• Data recording issues for second and subsequent treatments are being addressed via a review of how the team works and the processes involved to ensure more timely and accurate data capture.</li></ul>		<div>Assurance / Recovery Trajectory</div> <ul style="list-style-type: none"><li>• Reporting data now taken directly from the Somerset Cancer Registry and automated.</li><li>• KPIs and performance management governance brought in line with the National Cancer Waiting Times Monitoring Dataset Guidance.</li><li>• Site by Site Remedial action plan to be implemented.</li></ul> <p>For 31 Day, re-design of how team works will lead to improved data capture, but may have resource implications that would require sustained investment.</p> <ul style="list-style-type: none"><li>• Action plan for improved data capture for 31 Day to be implemented in conjunction with wider remedial / transformational plans.</li></ul> <div>Note - Benchmarks are UK NHSE performance figures for Apr '23.</div>																							

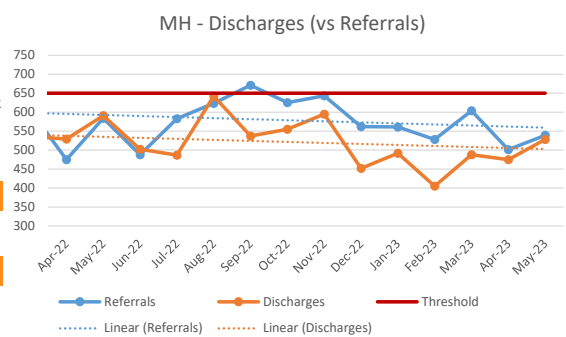
Responsive		Integrated Primary & Community Care (1 of 2)		Executive Lead		Oliver Radford		Lead		Annamarie Cubbon																																																							
<div><div>% patients seen by Community Adult Therapy Services within timescales</div><div><table><thead><tr><th>Month</th><th>% seen</th></tr></thead><tbody><tr><td>Jul-22</td><td>38%</td></tr><tr><td>Aug-22</td><td>46%</td></tr><tr><td>Sep-22</td><td>43%</td></tr><tr><td>Oct-22</td><td>59%</td></tr><tr><td>Nov-22</td><td>57%</td></tr><tr><td>Dec-22</td><td>75%</td></tr><tr><td>Jan-23</td><td>65%</td></tr><tr><td>Feb-23</td><td>54%</td></tr><tr><td>Mar-23</td><td>55%</td></tr><tr><td>Apr-23</td><td>61%</td></tr><tr><td>May-23</td><td>42%</td></tr></tbody></table></div></div>				Month	% seen	Jul-22	38%	Aug-22	46%	Sep-22	43%	Oct-22	59%	Nov-22	57%	Dec-22	75%	Jan-23	65%	Feb-23	54%	Mar-23	55%	Apr-23	61%	May-23	42%	<div><div>Reporting Date May-23</div><div>Performance 42.1%</div><div>Op. Plan # QC62</div></div> <div><div>Threshold 80.0%</div><div>YTD Mean 51.5%</div><div>Benchmark 54.4%</div><div>(Higher value represents better performance)</div></div> <div><div>-</div><div>Variation Description Common cause</div></div> <div><div>-</div><div>Assurance Description Consistently fail target</div></div>		<div><div>No. patients waiting for a Dentist (GDP)</div><div><table><thead><tr><th>Month</th><th>No. patients</th></tr></thead><tbody><tr><td>Apr-22</td><td>2000</td></tr><tr><td>May-22</td><td>1800</td></tr><tr><td>Jun-22</td><td>1800</td></tr><tr><td>Jul-22</td><td>1750</td></tr><tr><td>Aug-22</td><td>2000</td></tr><tr><td>Sep-22</td><td>2100</td></tr><tr><td>Oct-22</td><td>2500</td></tr><tr><td>Nov-22</td><td>2550</td></tr><tr><td>Dec-22</td><td>2600</td></tr><tr><td>Jan-23</td><td>2800</td></tr><tr><td>Feb-23</td><td>3000</td></tr><tr><td>Mar-23</td><td>2600</td></tr><tr><td>Apr-23</td><td>3500</td></tr><tr><td>May-23</td><td>3700</td></tr></tbody></table></div></div>				Month	No. patients	Apr-22	2000	May-22	1800	Jun-22	1800	Jul-22	1750	Aug-22	2000	Sep-22	2100	Oct-22	2500	Nov-22	2550	Dec-22	2600	Jan-23	2800	Feb-23	3000	Mar-23	2600	Apr-23	3500	May-23	3700	<div><div>Reporting Date May-23</div><div>Performance 3,666</div><div>Op. Plan # QC160</div></div> <div><div>Threshold -</div><div>YTD Mean 3,588</div><div>Benchmark 3,509</div><div>(Lower value represents better performance)</div></div> <div><div>-</div><div>Variation Description</div></div> <div><div>-</div><div>Assurance Description</div></div>	
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<div>Issues / Performance Summary</div> <div>Community Adult Therapy:<ul style="list-style-type: none"><li>50% of Urgent 1 (3 working day) and ;54% of Urgent 2 (5 working day) patients were seen within the required timescales in May.</li><li>The complexity of patients being seen remains high, with therapists needing to spend longer with each patient and consequently being able to see fewer patients each week.</li><li>Reduction of inpatient beds in Hospice from (10 to 3) has impacted the team as they are now getting referrals for palliative and end of life patients, which of course may be intensely time-consuming.</li></ul></div> <div>Dental:<ul style="list-style-type: none"><li>In May 2023 187 patients were added to the dental allocation list. At the end of May 2023 the total number of patients awaiting allocation to a NHS dentist was 3,666.</li></ul></div>				<div>Planned / Mitigation Actions</div> <div>Community Adult Therapy:<ul style="list-style-type: none"><li>Recording and reporting of Urgent referrals split into 2 categories from July '22; 'Urgent 1 - Seen within 3 working days' and 'Urgent 2 - Seen within 5 working days'.</li><li>Following successful focus on response times for the Urgent categories, scope has been widened to the other urgencies.</li></ul></div> <div>Dental:<ul style="list-style-type: none"><li>To work with dental providers to see if there is the potential to cleanse their patient list to see if there is further capacity – one practice has recently cleansed their list but is not currently in a position to accept new patients.</li><li>To review the KPI's within the current dental contract and discuss updated KPI of cleansing/maintaining current patients lists within practices. Cleansing of the lists may create capacity within this service.</li><li>To look at the budget for dental services to see if there is further capacity with the budget to increase units of dental activity – at present there is no such capacity to increase units of dental activity.</li><li>To cleanse the dental allocation list to contact all those waiting longer than 6-12 months to see whether patients still require an NHS dentist, whether they have made alternative arrangements for their dental care or whether they have left the island – this is an ongoing task.</li></ul></div>				<div>Assurance / Recovery Trajectory</div> <div>Dental:<ul style="list-style-type: none"><li>To update and review figures once dental allocation list cleansed – cleansing is ongoing an update will be provided once complete.</li><li>The dashboard for the dental allocation list has been completed.</li></ul></div> <div>Note - Benchmarks for '% patients seen by CAT' and 'Longest time waiting for GDP' are the Manx Care monthly averages for 2022/23. Benchmark for 'No. patients waiting for dentist' is the number waiting in Apr '23.</div>																																																									

Responsive	Integrated Primary & Community Care (2 of 2)	Executive Lead	Oliver Radford	Lead	Annmarie Cubbon																																																																										
<div><div><div>% of patients registered with a GP</div><div><table><caption>% of patients registered with a GP (Estimated Data)</caption><thead><tr><th>Month</th><th>% of patients</th></tr></thead><tbody><tr><td>Jul-21</td><td>6.0</td></tr><tr><td>Aug-21</td><td>6.0</td></tr><tr><td>Sep-21</td><td>6.0</td></tr><tr><td>Oct-21</td><td>5.8</td></tr><tr><td>Nov-21</td><td>5.8</td></tr><tr><td>Dec-21</td><td>5.5</td></tr><tr><td>Jan-22</td><td>4.8</td></tr><tr><td>Feb-22</td><td>5.0</td></tr><tr><td>Mar-22</td><td>5.0</td></tr><tr><td>Apr-22</td><td>5.0</td></tr><tr><td>May-22</td><td>5.0</td></tr><tr><td>Jun-22</td><td>5.0</td></tr><tr><td>Jul-22</td><td>5.0</td></tr><tr><td>Aug-22</td><td>5.0</td></tr><tr><td>Sep-22</td><td>5.0</td></tr><tr><td>Oct-22</td><td>5.0</td></tr><tr><td>Nov-22</td><td>5.0</td></tr><tr><td>Dec-22</td><td>5.0</td></tr><tr><td>Jan-23</td><td>5.0</td></tr><tr><td>Feb-23</td><td>5.0</td></tr><tr><td>Mar-23</td><td>5.0</td></tr><tr><td>Apr-23</td><td>5.0</td></tr><tr><td>May-23</td><td>5.0</td></tr></tbody></table></div></div></div>		Month	% of patients	Jul-21	6.0	Aug-21	6.0	Sep-21	6.0	Oct-21	5.8	Nov-21	5.8	Dec-21	5.5	Jan-22	4.8	Feb-22	5.0	Mar-22	5.0	Apr-22	5.0	May-22	5.0	Jun-22	5.0	Jul-22	5.0	Aug-22	5.0	Sep-22	5.0	Oct-22	5.0	Nov-22	5.0	Dec-22	5.0	Jan-23	5.0	Feb-23	5.0	Mar-23	5.0	Apr-23	5.0	May-23	5.0	<div><div><div>Reporting Date May-23</div><div>Performance 5.5%</div><div>Op. Plan # QC99</div></div><div><div>Threshold 5.0%</div><div>YTD Mean 5.5%</div><div>Benchmark 5.2%</div></div><div>(Lower value represents better performance)</div><div><div>-</div><div>Variation Description Common cause</div></div><div><div>-</div><div>Assurance Description Consistently fail target</div></div></div>		<div><div>Average of Days to next GP appointment - May'23</div><div><table><caption>Average of Days to next GP appointment - May'23 (Estimated Data)</caption><thead><tr><th>Area</th><th>Average of Days</th></tr></thead><tbody><tr><td>Ballasalla</td><td>7.0</td></tr><tr><td>Castletown</td><td>6.0</td></tr><tr><td>Finch</td><td>9.0</td></tr><tr><td>Hallwood</td><td>4.0</td></tr><tr><td>Kensington</td><td>8.0</td></tr><tr><td>Laxey</td><td>1.0</td></tr><tr><td>Palatine</td><td>6.0</td></tr><tr><td>Peel</td><td>1.0</td></tr><tr><td>Ramsey</td><td>13.0</td></tr><tr><td>Snadrell</td><td>2.0</td></tr><tr><td>Southern</td><td>2.0</td></tr></tbody></table></div></div>		Area	Average of Days	Ballasalla	7.0	Castletown	6.0	Finch	9.0	Hallwood	4.0	Kensington	8.0	Laxey	1.0	Palatine	6.0	Peel	1.0	Ramsey	13.0	Snadrell	2.0	Southern	2.0	<div><div><div>Reporting Date May-23</div><div>Performance -</div><div>Op. Plan # -</div></div><div><div>Threshold -</div><div>YTD Mean 5.7</div><div>Benchmark -</div></div><div>(Lower value represents better performance)</div><div><div>-</div><div>Variation Description Common cause</div></div><div><div>-</div><div>Assurance Description</div></div></div>	
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<div><div>% of patients registered with a GP:</div><div><ul style="list-style-type: none"><li>Remains slightly above the 5% tolerance.</li></ul></div></div>		<div><div>% of patients registered with a GP:</div><div><ul style="list-style-type: none"><li>List cleansing is fully operational, with monthly / quarterly and annual checking. An additional validation is conducted with practices by the Primary Care GP registrations team to ensure that practices patient lists match the GP registration system.</li><li>The GP Contracts manager has also discussed with practices in making contact with any patients on their list who haven't been into the practice in the last 3-5 years to establish if they are still on the Island, in order to reduce the lists further.</li></ul></div></div>		<div><div>% of patients registered with a GP:</div><div><ul style="list-style-type: none"><li>The 2021 Census identified that there was a resident population of 84,069, and there has been movement on and off the Island since that date. Whilst we can continue to list cleanse and work with the practices to remove 'Ghost patients' to bring it back under 5% we are working to a 2021 Census figure and have also received a number of Ukrainian guests who have registered since the Census.</li><li>We will continue to review the % on a monthly basis, working to the list cleansing timetable and with practices accordingly.</li></ul></div><div><div>Note -</div><div>Benchmarks are the Manx Care monthly averages for 2022/23.</div></div></div>																																																																											

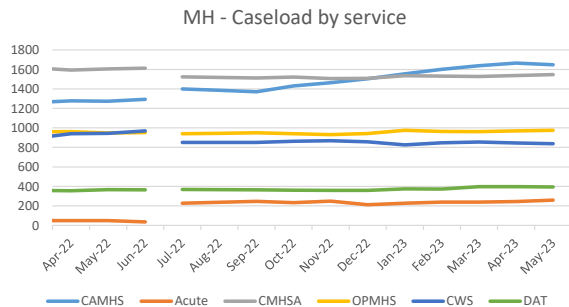
Responsive	Mental Health	Executive Lead	Teresa Cope	Lead	Ross Bailey
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Reporting Date May-23	Performance 5,093	Op. Plan # QC73
Threshold 4500 - 5500	YTD Mean 5,092	Benchmark -
(Value within range represents better performance)		
+ Variation Description Common cause		
+ Assurance Description Consistently hit target		



Reporting Date May-23	Performance 528	Op. Plan # QC159
Threshold 650-667	YTD Mean 502	Benchmark 523
(Value within range represents better performance)		
- Variation Description		
- Assurance Description Consistently fail target		



























Reporting Date May-23	Performance -	Op. Plan # -
Threshold -	Mean -	Benchmark -
+ Variation Description Common cause		
+ Assurance Description		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p><b>Current Caseload:</b></p> <ul style="list-style-type: none"> <li>Caseload remains within the expected range. This range is benchmarked upon historic demand.</li> </ul> <p><b>Discharges:</b></p> <p>It is not currently possible to report with any confidence on Referrals; Re-Referrals or Referral and Discharges.</p>	<p><b>Discharges:</b></p> <ul style="list-style-type: none"> <li>Currently this data is unreliable. The information for this indicator has not been validated, the BI team are working with IMHS and Live Systems team to report reliably on referral data, in relation to discharges it will exclude discharges within the service. This will bring discharge methodology in line with changes made to caseload reporting in July 2022. It is suggested if our BI &amp; Live Systems Colleagues are not able to resolve this, specialist assistance by the RiO Supplier may be required.</li> </ul>	<p><b>Current Caseload:</b></p> <ul style="list-style-type: none"> <li>Current caseload is significantly higher locally than you would expect within the English NHS, this is particularly evident within CAMHS whose caseload is some 4 times higher than you would expect per 100 thousand per population equivalent in England.</li> </ul> <p><b>Discharges:</b></p> <ul style="list-style-type: none"> <li>The numbers provided are higher than the same period in 2020-21 and within an acceptable limit of 2021-22 figures - however the value of noting this is questionable given the issues in reporting referrals; re-referrals and discharges.</li> </ul> <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>



Responsive	Women & Children	Executive Lead	Oliver Radford	Lead	Linda Thompson
<div><div><div>% New Birth Visits within timescale</div><div><div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></di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## Well Led (People) Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
WP001		Workforce - % Hours lost to staff sickness absence	May-23		5.2%	5.6%	-	4.0%		
WP002		Workforce - Number of staff on long term sickness	May-23	-	82	74	-	-		
WP003		Workforce - % Staff not on permanent contract	-	-	-	-	-	-		
WP004		Workforce - Number of staff leavers	May-23	-	22	22	44	-		
WP005		Workforce - Number of staff on disciplinary measures	May-23	-	7	6	12	-		
WP006		Workforce - Number of suspended staff	May-23	-	1	1	2	-		
WP007		Governance - Number of Data Breaches	May-23		13	11	21	0		
WP008		Governance - Number of Data Subject Access Requests (DSAR)	May-23	-	52	52	104	-		
WP009		Governance - Number of Access to Health Record Requests (AHR)	May-23	-	1	1	2	-		
WP010		Governance - Number of Freedom of Information (FOI) Requests	May-23	-	17	13	25	-		
WP011		Governance - Number of Enforcement Notices from the ICO	May-23	-	0	0	0	-		
WP012		Governance - Number of SAR, AHR and FOI's not completed within their target	May-23		103	74	147	0		

Well Led	Sickness Absence & Discipline	Executive Lead	Anne Corkill	Lead	Hannah Leighton																																																											
<div><div>% Hours lost to staff sickness absence</div><div><table><thead><tr><th>Month</th><th>% Hours lost</th></tr></thead><tbody><tr><td>Apr-22</td><td>10%</td></tr><tr><td>May-22</td><td>8%</td></tr><tr><td>Jun-22</td><td>10%</td></tr><tr><td>Jul-22</td><td>8%</td></tr><tr><td>Aug-22</td><td>7%</td></tr><tr><td>Sep-22</td><td>7%</td></tr><tr><td>Oct-22</td><td>7%</td></tr><tr><td>Nov-22</td><td>7%</td></tr><tr><td>Dec-22</td><td>8%</td></tr><tr><td>Jan-23</td><td>8%</td></tr><tr><td>Feb-23</td><td>7%</td></tr><tr><td>Mar-23</td><td>8%</td></tr><tr><td>Apr-23</td><td>6%</td></tr><tr><td>May-23</td><td>5%</td></tr></tbody></table></div></div>		Month	% Hours lost	Apr-22	10%	May-22	8%	Jun-22	10%	Jul-22	8%	Aug-22	7%	Sep-22	7%	Oct-22	7%	Nov-22	7%	Dec-22	8%	Jan-23	8%	Feb-23	7%	Mar-23	8%	Apr-23	6%	May-23	5%	<div><div>Reporting Date May-23</div><div>Performance 5.2%</div><div>Op. plan # P1</div></div> <div><div>Threshold 4.0%</div><div>YTD Mean 5.6%</div><div>Benchmark 7.7%</div></div> <div>(Lower value represents better performance)</div> <div><div>+ Variation Description Common cause</div><div>- Assurance Description Consistently fail target</div></div>	<div><div>Number of staff on disciplinary measures : Manx Care</div><div><table><thead><tr><th>Month</th><th>Number of staff</th></tr></thead><tbody><tr><td>Apr-22</td><td>3</td></tr><tr><td>May-22</td><td>5</td></tr><tr><td>Jun-22</td><td>7</td></tr><tr><td>Jul-22</td><td>8</td></tr><tr><td>Aug-22</td><td>9</td></tr><tr><td>Sep-22</td><td>9</td></tr><tr><td>Oct-22</td><td>6</td></tr><tr><td>Nov-22</td><td>6</td></tr><tr><td>Dec-22</td><td>3</td></tr><tr><td>Jan-23</td><td>5</td></tr><tr><td>Feb-23</td><td>6</td></tr><tr><td>Mar-23</td><td>5</td></tr><tr><td>Apr-23</td><td>5</td></tr><tr><td>May-23</td><td>7</td></tr></tbody></table></div></div>	Month	Number of staff	Apr-22	3	May-22	5	Jun-22	7	Jul-22	8	Aug-22	9	Sep-22	9	Oct-22	6	Nov-22	6	Dec-22	3	Jan-23	5	Feb-23	6	Mar-23	5	Apr-23	5	May-23	7	<div><div>Reporting Date May-23</div><div>Performance 7</div><div>Op. plan # P5</div></div> <div><div>Threshold -</div><div>YTD Mean 6</div><div>Benchmark -</div></div> <div>(Lower value represents better performance)</div> <div><div>- Variation Description Common cause</div><div>- Assurance Description</div></div>
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<div><div>Number of staff on long term sickness : Manx Care</div><div><table><thead><tr><th>Month</th><th>Number of staff</th></tr></thead><tbody><tr><td>Apr-22</td><td>95</td></tr><tr><td>May-22</td><td>92</td></tr><tr><td>Jun-22</td><td>95</td></tr><tr><td>Jul-22</td><td>98</td></tr><tr><td>Aug-22</td><td>85</td></tr><tr><td>Sep-22</td><td>85</td></tr><tr><td>Oct-22</td><td>78</td></tr><tr><td>Nov-22</td><td>68</td></tr><tr><td>Dec-22</td><td>85</td></tr><tr><td>Jan-23</td><td>78</td></tr><tr><td>Feb-23</td><td>82</td></tr><tr><td>Mar-23</td><td>85</td></tr><tr><td>Apr-23</td><td>65</td></tr><tr><td>May-23</td><td>82</td></tr></tbody></table></div></div>		Month	Number of staff	Apr-22	95	May-22	92	Jun-22	95	Jul-22	98	Aug-22	85	Sep-22	85	Oct-22	78	Nov-22	68	Dec-22	85	Jan-23	78	Feb-23	82	Mar-23	85	Apr-23	65	May-23	82	<div><div>Reporting Date May-23</div><div>Performance 82</div><div>Op. plan # P4</div></div> <div><div>Threshold -</div><div>YTD Mean 74</div><div>Benchmark -</div></div> <div>(Lower value represents better performance)</div> <div><div>- Variation Description Common cause</div><div>- Assurance Description</div></div>	<div><div>Number of suspended staff : Manx Care</div><div><table><thead><tr><th>Month</th><th>Number of staff</th></tr></thead><tbody><tr><td>Apr-22</td><td>0</td></tr><tr><td>May-22</td><td>1</td></tr><tr><td>Jun-22</td><td>1</td></tr><tr><td>Jul-22</td><td>1</td></tr><tr><td>Aug-22</td><td>1</td></tr><tr><td>Sep-22</td><td>1</td></tr><tr><td>Oct-22</td><td>1</td></tr><tr><td>Nov-22</td><td>0</td></tr><tr><td>Dec-22</td><td>0</td></tr><tr><td>Jan-23</td><td>0</td></tr><tr><td>Feb-23</td><td>1</td></tr><tr><td>Mar-23</td><td>1</td></tr><tr><td>Apr-23</td><td>1</td></tr><tr><td>May-23</td><td>1</td></tr></tbody></table></div></div>	Month	Number of staff	Apr-22	0	May-22	1	Jun-22	1	Jul-22	1	Aug-22	1	Sep-22	1	Oct-22	1	Nov-22	0	Dec-22	0	Jan-23	0	Feb-23	1	Mar-23	1	Apr-23	1	May-23	1	<div><div>Reporting Date May-23</div><div>Performance 1</div><div>Op. plan # P6</div></div> <div><div>Threshold -</div><div>YTD Mean 1</div><div>Benchmark -</div></div> <div>(Lower value represents better performance)</div> <div><div>- Variation Description Common cause</div><div>- Assurance Description</div></div>
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<div>Issues / Performance Summary</div> <div><div>• Worktime lost in May '23 by sickness category:</div><div>Stress, Anxiety &amp; Depression - 1.2%</div><div>Cough, Cold &amp; Flu - 0.4%</div><div>Musculoskeletal - 1%</div><div>Covid-19 - 0.3%</div><div>Other sickness - 2.3%</div></div> <div><div>• Worktime lost in May'23 by Area:</div><div>Integrated Social Care Services - 6.3%</div><div>Medicine, Urgent Care &amp; Ambulance Services - 5.5%</div><div>Integrated Mental Health Services -</div><div>Infrastructure - 5.4%</div><div>Integrated Primary &amp; Community Care Services - 4.6%</div><div>Integrated Cancer &amp; Diagnostic Services - 4%</div><div>Women, Children &amp; Families - 3.9%</div><div>Surgery, Theatres, Critical Care &amp; Anaesthetics - 5.4%</div></div> <td colspan="2"><div>Planned / Mitigation Actions</div><div><div>• Ongoing support for proactive management of absence provide by OHR to managers. This helps ensure appropriate staff support is given and staff are directed to welfare and occupational health support if appropriate.</div><div>• The decision to suspend staff which may occasionally be necessary is normally taken in consultation with HR to ensure the measures are appropriate and proportionate.</div></div></td> <td colspan="2"><div>Assurance / Recovery Trajectory</div><div><div>• Absence rates, including bradford factor reports and trends data are monitored at a care group level. Effective absence management relies on a proactive approach by managers as well as they use of appropriate information and support provided by OHR. Absence is also impacted by staff engagement and wider initiatives relating to wellbeing and culture ulture should have a positive impact.</div></div></td>		<div>Planned / Mitigation Actions</div> <div><div>• Ongoing support for proactive management of absence provide by OHR to managers. This helps ensure appropriate staff support is given and staff are directed to welfare and occupational health support if appropriate.</div><div>• The decision to suspend staff which may occasionally be necessary is normally taken in consultation with HR to ensure the measures are appropriate and proportionate.</div></div>		<div>Assurance / Recovery Trajectory</div> <div><div>• Absence rates, including bradford factor reports and trends data are monitored at a care group level. Effective absence management relies on a proactive approach by managers as well as they use of appropriate information and support provided by OHR. Absence is also impacted by staff engagement and wider initiatives relating to wellbeing and culture ulture should have a positive impact.</div></div>																																																												

Well Led	Governance	Executive Lead	Simon Collins	Lead	Jennifer Maynard
<p>Governance - Number of Data Breaches : Manx Care</p> <p>Governance - Information requests by type : Manx Care</p>		<p>Reporting Date May-23</p> <p>Performance <b>13</b></p> <p>Op. plan # L1</p> <p>Threshold 0</p> <p>YTD Mean 11</p> <p>Benchmark -</p> <p>- Variation Description Common cause</p> <p>- Assurance Description Consistently fail target</p>		<p>Governance - DSAR, AHR and FOI's not completed within timescale : Manx Care</p> <p>Reporting Date May-23</p> <p>Performance <b>103</b></p> <p>Op. plan # L6</p> <p>Threshold 0</p> <p>YTD Mean 74</p> <p>Benchmark -</p> <p>(Lower value represents better performance)</p> <p>- Variation Description Common cause</p> <p>- Assurance Description Consistently fail target</p>	
<p>Reporting Date May-23</p> <p>Performance -</p> <p>Op. plan # L2-3-4</p> <p>Threshold -</p> <p>YTD Mean -</p> <p>Benchmark -</p> <p>Variation Description</p> <p>Assurance Description</p>					
<p><b>Issues / Performance Summary</b></p> <p><b>Total: 13 breaches</b></p> <p><b>8 x data subjects have been informed:</b></p> <p>Not informed: 1 x verbal conversation (closed by the ICO), data subject not identifiable; 1 x low risk containment of incident of breach complete; 2 x waiting for the investigation report; 1 x social worker conducting an assessment.</p> <p><b>13 breaches related to:</b></p> <p>2 x Email 10 x confidentiality 1 x written communication</p>		<p><b>Planned / Mitigation Actions</b></p> <ul style="list-style-type: none"> <li>Manx Care continues to report all incidents reported to the Manx Care DPO as breaches to the ICO.</li> <li>Where a data breach occurs Manx Care contacts affected data subjects unless there is a clinical reason not to do so.</li> <li>Any incident reported to the Manx Care DPO as a breach is fully investigated and the Information Governance team work closely with the relevant service area and the Risk and Quality Assurance Manager to ensure any improvements and remedial actions are incorporated into Standard Operating Procedures and adherence to procedures is monitored.</li> </ul>		<p><b>Assurance / Recovery Trajectory</b></p> <ul style="list-style-type: none"> <li>Manx Care staff are actively encouraged to report any data breach, or suspected breach, to the Manx Care DPO. Staff reporting breaches to the Manx Care DPO is a positive reflection of the awareness amongst staff of the responsibility for good information governance. Willingness by staff to report ensures that Manx Care is continuously reviewing and strengthening the way the organisation manages and secures data subjects' information.</li> <li>Manx Care is currently finalising its first Data Security Protection Toolkit (DSPT) submission, which represents a significant step for Manx Care. This will be the first of what will be an annual assessment which will allow Manx Care to measure its performance and provide assurance that we are practicing good data security and that personal information is handled correctly.</li> <li>The increasing number of DSAR and FOI requests being received by Manx Care is presenting the Information Governance team with a significant challenge in responding to these requests within the legal timeframes. Longer term this pressure is likely to remain high and the IG team are actively exploring ways to increase efficiency and resourcing. These actions will result in a significant improvement in the position for June '23.</li> </ul>	

Well Led (Finance) Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
WF001		% Progress towards Cost Improvement Target (CIP)	Apr-23		-	-	-	100% (equiv. 1%)		
WF002		Total income (£)	Apr-23	-	-1,289,366.95	-£1,238,717	-	-		
WF003		Total staff costs (£)	Apr-23	-	16,872,849.17	£16,177,273	-	-		
WF004		Total other costs (£)	Apr-23	-	12,333,621	£11,886,589	-	-		
WF005		Agency staff costs (proportion %)	Apr-23	-	7.77%	9.1%	-	-		

Well Led	Finance	Executive Lead	Jackie Lawless	Lead	Samantha Allibone																																																										
<div><div>% Progress towards Cost Improvement Target (CIP)</div><div><table border="1"><caption>% Progress towards Cost Improvement Target (CIP)</caption><thead><tr><th>Month</th><th>Value (%)</th></tr></thead><tbody><tr><td>Apr-22</td><td>20</td></tr><tr><td>May-22</td><td>25</td></tr><tr><td>Jun-22</td><td>50</td></tr><tr><td>Jul-22</td><td>55</td></tr><tr><td>Aug-22</td><td>60</td></tr><tr><td>Sep-22</td><td>60</td></tr><tr><td>Oct-22</td><td>80</td></tr><tr><td>Nov-22</td><td>85</td></tr><tr><td>Dec-22</td><td>110</td></tr><tr><td>Jan-23</td><td>120</td></tr><tr><td>Feb-23</td><td>130</td></tr><tr><td>Mar-23</td><td>170</td></tr></tbody></table></div></div>		Month	Value (%)	Apr-22	20	May-22	25	Jun-22	50	Jul-22	55	Aug-22	60	Sep-22	60	Oct-22	80	Nov-22	85	Dec-22	110	Jan-23	120	Feb-23	130	Mar-23	170	<div><div>Reporting Date Apr-23</div><div>Performance -</div><div>Op. plan # F1</div></div> <div><div>Threshold 100% (equiv. 1%)</div><div>YTD Mean -</div><div>Benchmark -</div></div> <div>(Higher value represents better performance)</div> <div>Variation Description</div> <div>Assurance Description</div>		<div><div>Total staff costs (£)</div><div><table border="1"><caption>Total staff costs (£)</caption><thead><tr><th>Month</th><th>Value (£)</th></tr></thead><tbody><tr><td>Apr-22</td><td>15000000</td></tr><tr><td>May-22</td><td>16000000</td></tr><tr><td>Jun-22</td><td>16000000</td></tr><tr><td>Jul-22</td><td>16000000</td></tr><tr><td>Aug-22</td><td>16000000</td></tr><tr><td>Sep-22</td><td>15500000</td></tr><tr><td>Oct-22</td><td>16000000</td></tr><tr><td>Nov-22</td><td>16000000</td></tr><tr><td>Dec-22</td><td>20000000</td></tr><tr><td>Jan-23</td><td>16000000</td></tr><tr><td>Feb-23</td><td>14000000</td></tr><tr><td>Mar-23</td><td>15000000</td></tr><tr><td>Apr-23</td><td>17000000</td></tr></tbody></table></div></div>		Month	Value (£)	Apr-22	15000000	May-22	16000000	Jun-22	16000000	Jul-22	16000000	Aug-22	16000000	Sep-22	15500000	Oct-22	16000000	Nov-22	16000000	Dec-22	20000000	Jan-23	16000000	Feb-23	14000000	Mar-23	15000000	Apr-23	17000000	<div><div>Reporting Date Apr-23</div><div>Performance £16,872,849.17</div><div>Op. plan # F4</div></div> <div><div>Threshold -</div><div>YTD Mean £16,177,272.85</div><div>Benchmark -</div></div> <div>(Lower value represents better performance)</div> <div>Variation Description Common cause</div> <div>Assurance Description</div>			
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<div>Issues / Performance Summary</div> <div><div>% Progress towards Cost Improvement Target (CIP):</div><div><ul style="list-style-type: none"><li>The CIP target allocated to Manx Care as part of the budget process is 1.5% (£4.5m).</li><li>Spend is expected to increase by £23.5m compared to the prior year, whilst funding has increased by £20m.</li></ul></div></div> <div><div>Total income (£):</div><div><ul style="list-style-type: none"><li>The result for April is an overspend of (£293k) but it should be noted that the first month of the financial year is generally lower than the normal run rate although some provisions have been included where known costs are expected.</li></ul></div></div> <div><div>Total staff costs (£):</div><div><ul style="list-style-type: none"><li>Full Year Employee Costs are forecast to be (£3.0m) over budget.</li><li>The prior year overspend (including DHSC Reserve Claims and Pay Award Claims) was £22.8m. Additional funding of £20m has been awarded for 23/24. If costs remained static, that would mean an overspend position of £2.8m this year. However, based on current projections, costs are expected to increase by £23m (7%) this year meaning the overspend increases slightly.</li><li>Increases in Operations Services (43%) and Nursing (30%) are due mainly to service developments and additional funding for nursing staff.</li></ul></div></div>		<div>Planned / Mitigation Actions</div> <div><div>% Progress towards Cost Improvement Target (CIP):</div><div><ul style="list-style-type: none"><li>As part of the calculations for the current forecast it is assumed that the CIP set out in the mandate is fully achieved this year (£4.5m) but no further savings are included. As CIP plans develop and crystallise, the forecast will be adjusted to reflect actual spend reductions achieved.</li></ul></div></div> <div><div>Total income (£):</div><div><ul style="list-style-type: none"><li>The initial full year forecast is an overspend of (£26.2m) although £4.9m of this is expected to be approved from the DHSC reserve fund reducing this to (£21.2m).</li></ul></div></div> <div><div>Total staff costs (proportion %):</div><div><ul style="list-style-type: none"><li>Costs in some Care Groups are rising more slowly which reflect the impact of recruitment and other cost saving initiatives. Most notable are Medicine (3%) , Surgery (4%) and Tertiary Care (1%).</li></ul></div></div>		<div>Assurance / Recovery Trajectory</div> <div><div>% Progress towards Cost Improvement Target (CIP):</div><div><ul style="list-style-type: none"><li>Due to the expected outturn additional mitigations are being explored as part of a financial planning exercise which will see the Care Groups prepare plans on ways to address the financial gap. All Care Groups have been given an efficiency target within their budgets and initial reports are expected by mid June which will include any financial implications as well as the impact on performance &amp; quality. If applicable these additional mitigations will form part of an expanded CIP.</li></ul></div></div> <div><div>Total income (£):</div><div><ul style="list-style-type: none"><li>Of this overspend £7.1m relates to a cost pressure for the 23/24 pay award above 2%. The budget allocated to Manx Care includes funding for 2% but the financial assumption for the forecast (and in line with the planning guidance received from Treasury) is that the pay award should be included at 6%. For reporting purposes a provision of 2% is included in the Care Groups actuals &amp; forecast with the remaining 4% accounted for centrally.</li></ul></div></div>																																																											

 <div>  <div> <div>manx care</div> <div>Kiarail Vannin</div> </div> </div>	<b>Meeting Date:</b>	30.05.23
	<b>Enclosure Number:</b>	

<b>Meeting:</b>	<b>Quality, Safety and Engagement Committee</b>		
<b>Report Title:</b>	<b>Complaints and Duty of Candour Annual Report 2022/2023</b>		
<b>Authors:</b>	Paul Hurst		
<b>Accountable Director:</b>	Paul Moore, Executive Director of Nursing		
	<b>Committee</b>	<b>Date Reviewed</b>	<b>Key Points/ Recommendation from that Committee</b>
<b>Other meetings presented to or previously agreed at:</b>	<ul style="list-style-type: none"> <li>Operational Clinical Quality Group</li> </ul>	09.05.23	Minor amendments/approved
	<ul style="list-style-type: none"> <li>Operational Care Quality Group</li> </ul>	15.05.23	Approved

### Summary of key points in report

The following new Complaints Regulations were introduced on 31.10.22, replacing the amended Regulations that were issue in April 2021 upon the formation of Manx Care:

- National Health Service (Complaints) Regulations 2022
- Social Services (Complaints) Regulations 2022
- Social Service for Children (Complaints) Regulations 2022

Manx Care is required under regulation 14 (2) to prepare and give the Department for Health and Social Care (DHSC) an annual report and the report must be submitted no later than 4 months after the end of the reporting period as directed by Regulation 14 (5).

In addition, in accordance with Regulation 14 (1) (a) of the Manx Care (Duty of Candour Procedure) Regulations 2021, Manx Care must prepare and submit an annual report for the duty of candour within 3 months after the end of the financial year.

Given the end of the reporting period is 31.03.23, the deadline for submission of the report(s) to the Department is 31.07.23 (Complaints) and 30.06.23 (Duty of Candour) respectively. In order to streamline reporting, the Care Quality and Safety Team has combined the two reports into one document.

The attached combined report has been reviewed by the Operational Clinical Quality Group and the Operational Care Quality Group (Social Care) and both have approved same for escalation to the QSE Committee prior sharing with the DHSC.

This is the second annual report from Manx Care for Complaints and the Duty of Candour. The report focuses on activity between 1 April 2022 and 31 March 2023 and serves to:

- Provide assurance that robust procedures are in place to process and respond to complaints in a timely manner

- Demonstrate Manx Care's commitment to improving services and learning from mistakes
- Demonstrate adherence to the new Complaint Regulations introduced on 31 October 2022
- Identify complaint trends and frequency across Care Groups and Commissioned Services
- Provide a summary of the actions taken to address complaints
- Demonstrate compliance with the Duty of Candour Regulations

**Recommendation for the Committee to consider:**

Consider for Action

☐

Approval

☒

Assurance

☐

Information

☐

It is recommended that the Committee :

Give consideration to approving the report in order for sharing with the Department of Health and Social Care within the designated time frame required by Regulation.

Is this report relevant to compliance with any key standards? YES OR NO		State specific standard
Data Security and Protection Toolkit Others (pls specify)	Yes	Complaints and the application of the Duty of Candour are managed in accordance with the requirements of the GDPR
	Yes	<ul style="list-style-type: none"> <li>• National Health Service (Complaints) Regulations 2022</li> <li>• Social Services (Complaints) Regulations 2022</li> <li>• Social Service for Children (Complaints) Regulations 2022</li> <li>• Manx Care (Duty of Candour Procedure) Regulations 2021</li> </ul>
Impacts and Implications?		YES or NO
		If yes, what impact or implication
Patient Safety and Experience	Yes	Analysis of themes and trends from complaints to identify learning and improvement and demonstrate compliance against the Duty of Candour Regulations
Financial (revenue & capital)	No	
Workforce & Culture including H&S	Yes	The outcome and learning from complaints and investigations linked to the Duty of Candour help to inform Manx Care about organisational culture and areas for development / improvement
Equality, Diversity & Inclusion	Yes	All those who access and use services of Manx Care and its contracted providers are entitled to be treated equally and fairly and have the right to complain when satisfaction is not achieved
Legal	Yes	Regulatory compliance is linked to the Manx Care Act 2021





COMPLAINTS  
AND  
DUTY OF CANDOUR  
ANNUAL REPORT  
2022 – 2023

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CARE QUALITY & SAFETY TEAM

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### **2 REGULATORY CHANGES**

### **3 COMPLAINTS**

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Complaints By Subject

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Complaint Response

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Overall Performance Compared to Previous Year

Referrals to Independent Review Body (IRB)/Health and Social Care Ombudsman Body (HSCOB)

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Learning from Complaints

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Over-reporting

Policy/Procedural Changes Following DoC Application

### **5 APPENDICES**

Appendix 1: Number and Type of Complaints Per Care Group

Appendix 2: Care Group Complaints by Service

## 1. INTRODUCTION

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This is the second annual report from Manx Care for Complaints and the Duty of Candour. The report focuses on activity between 1 April 2022 and 31 March 2023 and serves to:

- Provide assurance that robust procedures are in place to process and respond to complaints in a timely manner
- Demonstrate Manx Care's commitment to improving services and learning from mistakes
- Demonstrate adherence to the new complaint regulations introduced on 31 October 2022
- Identify complaint trends and frequency across Care Groups and Commissioned Services
- Share details of the actions taken to address complaints
- Demonstrate compliance with the Duty of Candour Regulations

In preparation for the new Complaints Regulations 2022, Manx Care's Care Quality and Safety Team undertook a number of initiatives as follows:-

- Drafted, printed and circulated a new leaflet for complaints (for patients/service users, relatives and carers)
- Created a central email inbox, central postal address and telephone number for the receipt of complaints and management of enquiries
- Updated Manx Care's webpage for complaints
- Implemented a new complaints policy, inclusive of templates
- Developed a complaints awareness module on eLearn Vannin (for all Manx Care staff)
- Delivered face to face effective complaints handling training to in excess of 140 managers and leaders across Manx Care
- Updated Datix (electronic quality & risk management system used by Manx Care to report and manage incidents, complaints, inquests, claims and risks) to reflect Regulatory changes
- Reviewed, updated and implemented the consent form for complaints submitted by a third party (representative on behalf of the affected person)

In addition to the above, the findings in this annual report demonstrate how important the development and implementation of a permanent Manx Care and Advice Liaison Service (MCALS) has been in respect of the management of general enquires and contacts. Not only does this service facilitate a central point of contact for help with a range of matters, including signposting, but the evidence indicates that early intervention and speedy resolution has avoided escalation to formal complaint stage.

With this in mind, in the first three months following introduction of the new Complaints Regulations, formal complaints dropped by 49% when compared to the previous three months in the year before. During 2022/2023 MCALS recorded an average of 567 contacts per month, with 89% of contacts responded to within the same day against a target in Manx Care's Quality Dashboard of 80%.

In summary, Manx Care submit this report with the view that considerable progress has been made with regard to how complaints are managed since introduction of the new Regulations and to provide assurance that efforts will continue to ensure compliance, learning and positive user experience.

## 2. REGULATORY CHANGES

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New Complaints Regulations came into effect on 31 October 2022, replacing the original 2004 Regulations and the amended 2021 Regulations that were implemented when Manx Care was introduced in April 2021. The new Regulations introduced changes that applied across all services provided directly by Manx Care as well as those provided by Manx Care's commissioned service providers. Prior to these changes, the complaint's process could be somewhat confusing to navigate if the complaint spanned several services as each operated within their own procedure. As mentioned in the introduction and in order to achieve a consistent approach, Manx Care implemented a new Complaints Policy and Procedure from 31 October 2022 to coincide with the new Regulations.

The main Regulatory and Policy changes to the process and time-frames relating to complaints management are as follows:

- Local Resolution
  - The period within which Manx Care must resolve a concern has been reduced from 5 days to 3 days. Beyond 3 days a concern should be treated as a formal complaint
  - The period during which a complaint can be made has been extended from 6 months to 12 months
  - Services now have 5 working days to acknowledge complaints (previously 2 days)
  - An offer must be made to meet with each complainant
  - Response letters must be issued within twenty working days. This may be an update letter, or the final response letter
  - Complaints must be resolved locally within 6 months
- Independent Review
  - The period to request an independent review has been extended from 28 days to -
    - 12 months from the date on which they (the complainant) became aware of the matter raised in the complaint, or

- 6 months after a decision has been issued in writing
- The Independent Review Body has been replaced by the Health and Social Care Ombudsman Body (HSCOB)
- The HSCOB has ten convenors and, in addition to reviewing health complaints, will also respond to grievances involving Social Care services.
- Complainants can refer to HSCOB if their issue is not resolved within 6 months or after 3 months where the complainant believes Manx Care has not made adequate progress

Due to the changes introduced by the Regulations, this report is divided into sections to demonstrate achievement against specific targets pre and post regulatory. This will allow for more accurate performance data.

### 3. COMPLAINTS

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The total number of complaints received and logged by Manx Care for the reporting year 2022/2023 was 443; representing a reduction of 15% when compared to 2021/2022.

This reduction is in the main explained by the introduction of MCALS; an easily accessible service which promptly deals with patient/service user, relative, carer and public queries, signposting contacts to the most appropriate service. The Service focuses on local resolution at source and since its introduction as a pilot MCALS has become a permanent service. Contact can be made with MCALS via email, telephone and letter or in person and performance indicators provide evidence that the service is much valued.

The formal complaints that were received, logged and investigated by Manx Care are detailed in this report and include the following Care Groups as well as auxiliary/support services and commissioned service providers:

- Integrated Diagnostic and Cancer Services
- Medicine, Urgent Care and Ambulance Service
- Integrated Mental Health Services
- Surgery, Theatres, Critical Care and Anaesthetics
- Integrated Primary and Community Care Group
- Social Care
- Integrated Women's, Children's and Families Services
- Commissioned Services

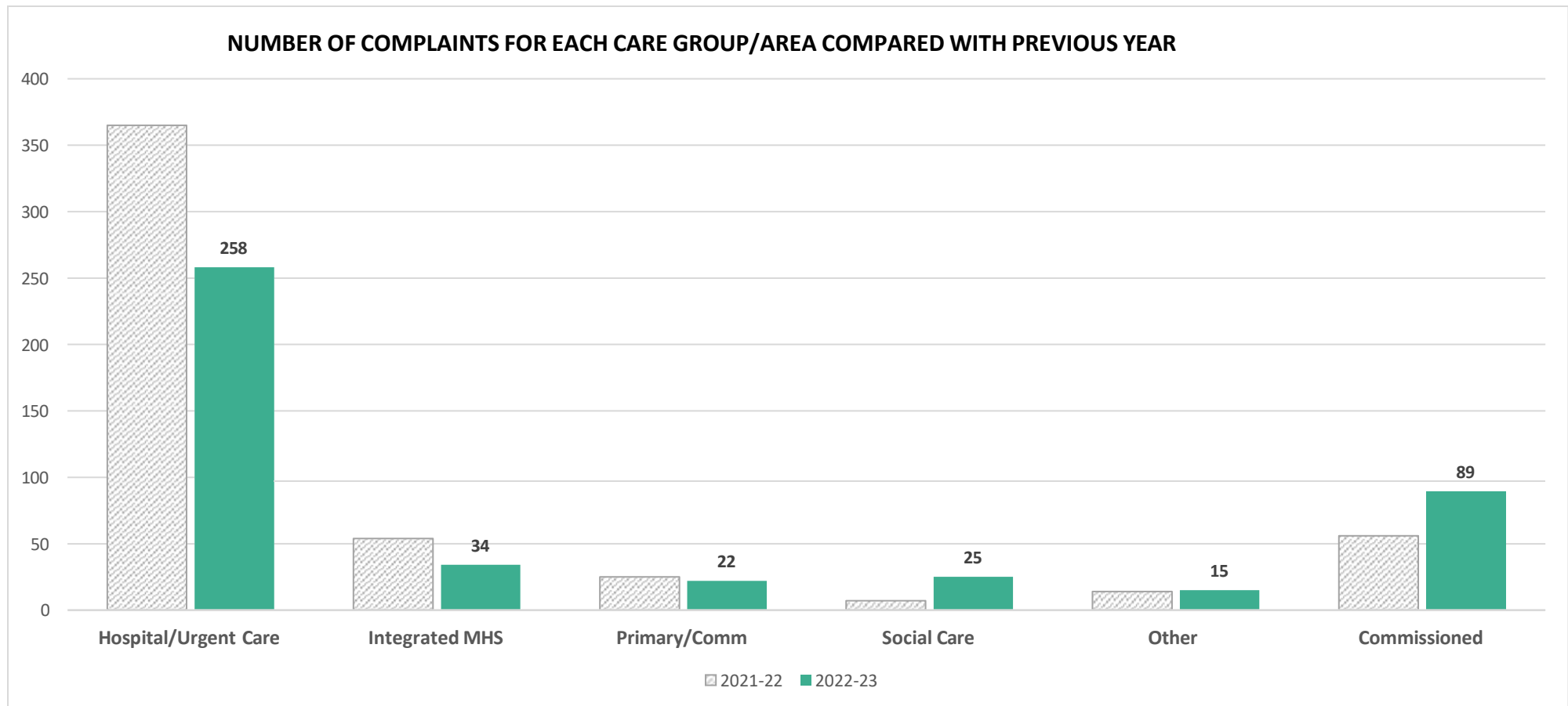
- Other (services that aren't allocated to specific care groups, including: Logistics & Hotel Services, Patient Information Centre, Shared Services, and Commercial & Business Enterprise)

Changes made to the reporting structure of some areas may impact on results when comparing service performance to the previous year. The areas affected are detailed below:

Care Group/Area	Services included in 2021-22 report	Services included in 2022-23 report
<b>Integrated Primary and Community Care Group</b> (previously reported on as Community Health Services)	Community Health Services	Community Health Services Salaried GPs Salaried dental (i.e. Community Dental Service) Medicines Optimisation Team
<b>Commissioned Services</b> (previously reported on as Primary Care Services)	GP surgeries Private dentists Private opticians Pharmacies Salaried GPs Salaried dental (i.e. Community Dental Service) Medicines Optimisation Team	GP surgeries Private dentists Private opticians Pharmacies
<b>Social Care</b>	Adult Learning Disability services Adult Social Work Older People's Services	Adult Learning Disability services Adult Social Work* Older People's Services Children & Families  *The Hospital Social Work Team transferred from Social Care to Operations (to facilitate an integrated access, capacity and discharge process) towards the end of the year, but for reporting purposes it is included as part of Social Care.

## COMPLAINTS PER CARE GROUP

Complaints received during 2022-23 were distributed across the care groups (noting Noble's Hospital care groups have been amalgamated) as follows:



- ▼ The Hospital/Urgent Care groups saw the largest reduction in complaints (down by 29%).
- ▼ Integrated Mental Health Services and Integrated Primary and Community Services care groups both had fewer complaints than the previous year (a reduction of 38% and 12% respectively).
- ▲ Social Care complaints increased by 257%.
- ▲ Complaints against Commissioned Services increased by 59%.

### ***Integrated Diagnostics and Cancer Services***

- There were a total of 16 complaints across this care group in 2022-2023, a 6% increase compared to the previous year.
- Complaints were spread evenly over the reporting year.
- Following complaint investigation, 47% of complaints against the care group were partially upheld, 20% were upheld and 13% were not upheld. 1 complaint was withdrawn and 2 complaints are still under investigation at the time of this report.

### ***Medicine, Urgent Care & Ambulance***

- There were a total of 115 complaints within the last reporting period year, demonstrating a reduction of 64% when compared to 2021/2022, where the total figure was 179. This reduction is believed to be due the introduction of MCALS and their ability to effectively signpost and handle a range of contacts and concerns. Early intervention and speedy local resolution has negated the need for formal complaints in a number of cases.
- Performance for this care group equates to a quarter of all complaints across Manx Care.
- Medicine received 65% of complaints within this care group. The Emergency Department (ED) attributed to 30%, MEDS 2.6%, Isle of Man Ambulance Service received 1.7%.
- The top 4 areas who received the highest number were the ED, Ward 1 (AMU), Cardiac Services and Endoscopy (Gastroenterology).
- The main theme for complaints in the ED concerned 'Clinical Treatment'. The main theme for Cardiac Services was 'Delays/Diagnoses'. The main theme for Endoscopy was 'Access to Treatment or Drugs' and the main theme for Ward 1 (AMU) was regarding 'Clinical Treatment'. Although Cardiac Services received the most complaints in the previous year (within Medicine), this year's top theme remains similar but differs slightly as last year the main theme surrounded 'communication/appointments including delays and cancellations' rather than the category 'Delays/Diagnoses'. The highest theme within Ward 1 was 'Clinical Treatment' and the highest theme for Endoscopy was Access to Treatment or Drugs'.
- 48 complaints were partially upheld, 23 not upheld, 14 were upheld, 4 withdrawn and 21 are currently open and under investigation at the time of reporting.
- Significant improvement in communication and engagement is evident between the care group and Manx Care's Care Quality & Safety Team in the management of complaints.

### ***Integrated Primary & Community Care Group***

- Diabetes & Endocrinology attracted the most complaints - accounting for 23% of all Care Group grievances during the specified period.
- No formal complaints were received for Podiatry, Dietetics, Tissue Viability (including Wound Management Clinic), Children's Therapies, Specialist Nurses or Long Term Conditions Coordinators. This is believed to be due to early intervention at a 'concern' stage whereby matters have been resolved locally within 3 working days, negation the need for progression to a formal complaint stage.



- Complaint handling was the subject of one grievance and related to the historic investigation of a Physiotherapy incident (from July 2021) when the service had a different manager and was positioned in another Care Group. One of the current Therapies managers visited the complainant at home, along with the Care Quality & Safety Coordinator, to formally apologise for the service's failure to respond to the patient's complaints. Whilst at the patient's home, additional issues were identified and arrangements made for a full re-assessment of the patient's needs.

### ***Commissioned Services***

- There were 89 complaints submitted against services commissioned by Manx Care, the majority of which (62) involved GP surgeries. This is unsurprising given that general practice is the largest contracted service, dealing with the most patient contacts. It is also well publicised that practices across the Island have experienced significant staffing challenges in terms of both retention and recruitment.
- There were 22 complaints received concerning the Island's contracted Dental Services and 3 patients were unhappy with the care provided by local opticians. A further 2 complaints related to pharmacies.

### ***Integrated Mental Health Services***

- Acute Services (In-Patient and Crisis Response Team) and Child and Adolescent Mental Health Services (CAMHS) received the most complaints, with these two services accounting for more than half of all Mental Health Service complaints. The Community Mental Health Service for Adults (CMHSA) received 17% of the complaints, with the remainder spread amongst the other services.
- The top 3 categories for complaints were 'Values and Behaviours', 'Access to Services', and 'Clinical Treatment' which account for 70% of the complaint activity, with communication accounting for a further 10%.
- Of particular note are a number of complaints concerning delays obtaining or difficulty accessing certain assessments which has resulted in people sourcing these privately. Once private assessments have been obtained, there have been ongoing challenges with regard to shared care arrangements for the ongoing prescribing of medication.
- Complaints were fairly evenly spread across the year, with the exception of Quarter 3 where there was a spike which accounted for 40% of the annual total.
- More than half of all complaints were upheld, with a quarter of complaints upheld in part. Only 1 complaint was not upheld, though a number were withdrawn or downgraded by mutual agreement. Several complaints received at the end of Quarter 4 remain open at the time of reporting.
- There has been a 37% decrease in the number of complaints to the service when compared to the previous year. It is likely that this is due to a number of matters being addressed informally at an early stage and this includes the impact of MCALS.
- On average, more than half of all complaints received are from a third party (an individual representative complaining on behalf of the patient/service user/person affected).

### ***Surgery, Theatres, Critical Care & Anaesthetics***

- In line with the decrease in complaints across Hospitals, there was a decrease in Surgery from 139 complaints received in 2021/2022 to 73 in 2022/2023. It is thought that with a high degree of confidence this is due to the work of MCALS and improved complaint handling within the care group.
- The top 3 categories for complaints were 'Access to Treatment', 'Appointments' and 'Clinical Treatment', accounting for 61% of all complaints received. 'Values and Behaviours' (otherwise known as staff attitude) accounted for 11% of complaints.
- Complaints were not evenly spread across quarters, with only 13 complaints in Q1, 28 in Q2, a high of 34 in Q3 and 16 in Q4.
- 1 complaint was withdrawn over the time period, with the majority of complaints being partially upheld.

### ***Social Care Services***

- Social Care complaints more than tripled over the period compared to the previous year, but this is a result of improved and consistently applied governance arrangements rather than a significant increase in complaint activity. Prior to this year a number of services were managing complaints 'in house' and few were recording on Datix, meaning that the data provided was incomplete.
- Whilst this year has involved a significant increase in numerical terms, the number reported is much more accurate and provides a more realistic benchmark for performance.
- Whilst the data relating to the period prior to the new Regulations is still not entirely reliable, it is understood that from 31 October 2022 that the number of complaints recorded are a good reflection of actual activity.
- Of particular note is the inclusion of Children & Families Services for the first time, accounting for just over half of all Social Care complaints.
- One identified challenge has been the requirement to establish consent or a lack of capacity before proceeding with a third party complaint. Due to service user demographics, the question of capacity is a particular challenge in this care group. Families often have concerns that people living in services may be reluctant to complain and may be upset about this happening. In the absence of key pieces of supporting legislation it may be necessary to agree a Standard Operating Procedure in respect of certain settings to ensure that complaints can be brought by concerned parties without causing unnecessary distress or sharing personal information without justification.

### ***Integrated Women's & Children's Services***

- There were 19 complaints across the service in 2022-2023, which is a 21% decrease from 2021-2022; largely due to MCALS and the care groups working to address concerns at an early stage.
- 68% of complaints were partially upheld, 16% of complaints were upheld, 5% were not upheld and 2 are still under investigation at the time of reporting.

- Complaints were spread equally over the 2022-2023 year.

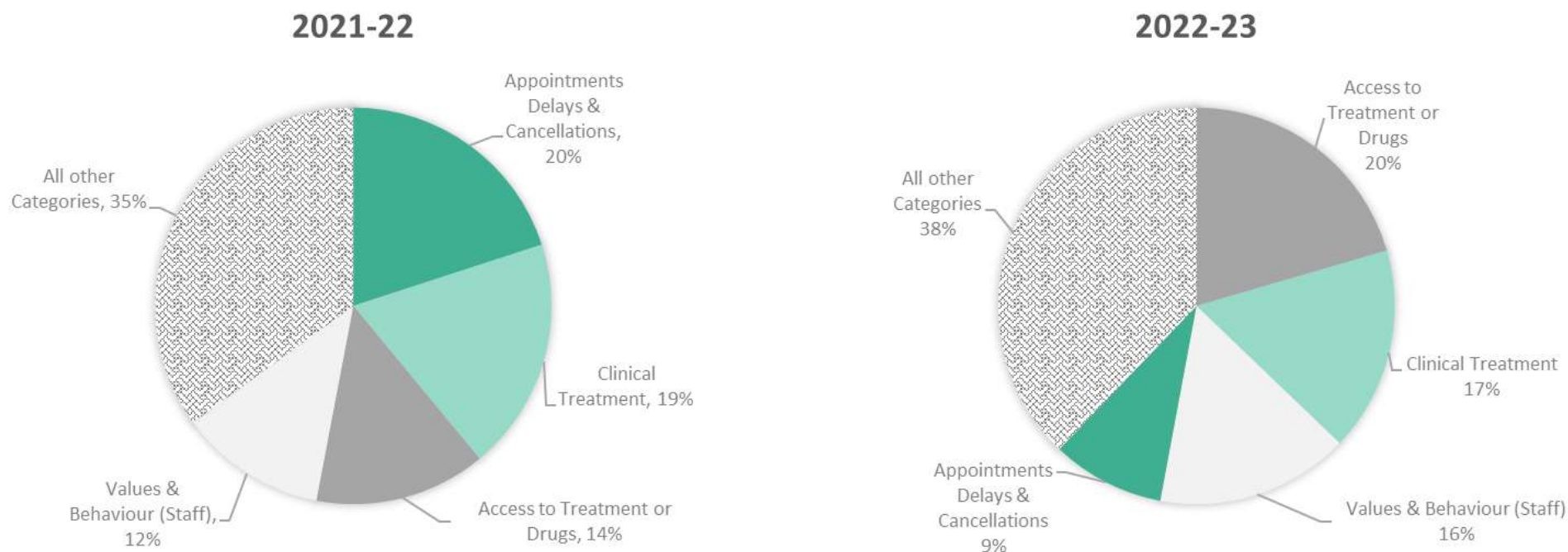
***Other***

- There were 15 complaints within this category within this reporting year, which is a 7% increase when compared to 2021-2022.
- 73% complaints related to Patient Transfers mainly with regards to off-island health travel. 13% complaints were about patient Information Centre, 7% of complaints were regarding Shared Services and Logistics and Hotel Services respectively.
- 33% of complaints were not upheld; 40% of complaints were partially upheld; 13% of complaints were upheld, 1 was withdrawn and 1 is still ongoing.

## COMPLAINTS BY SUBJECT

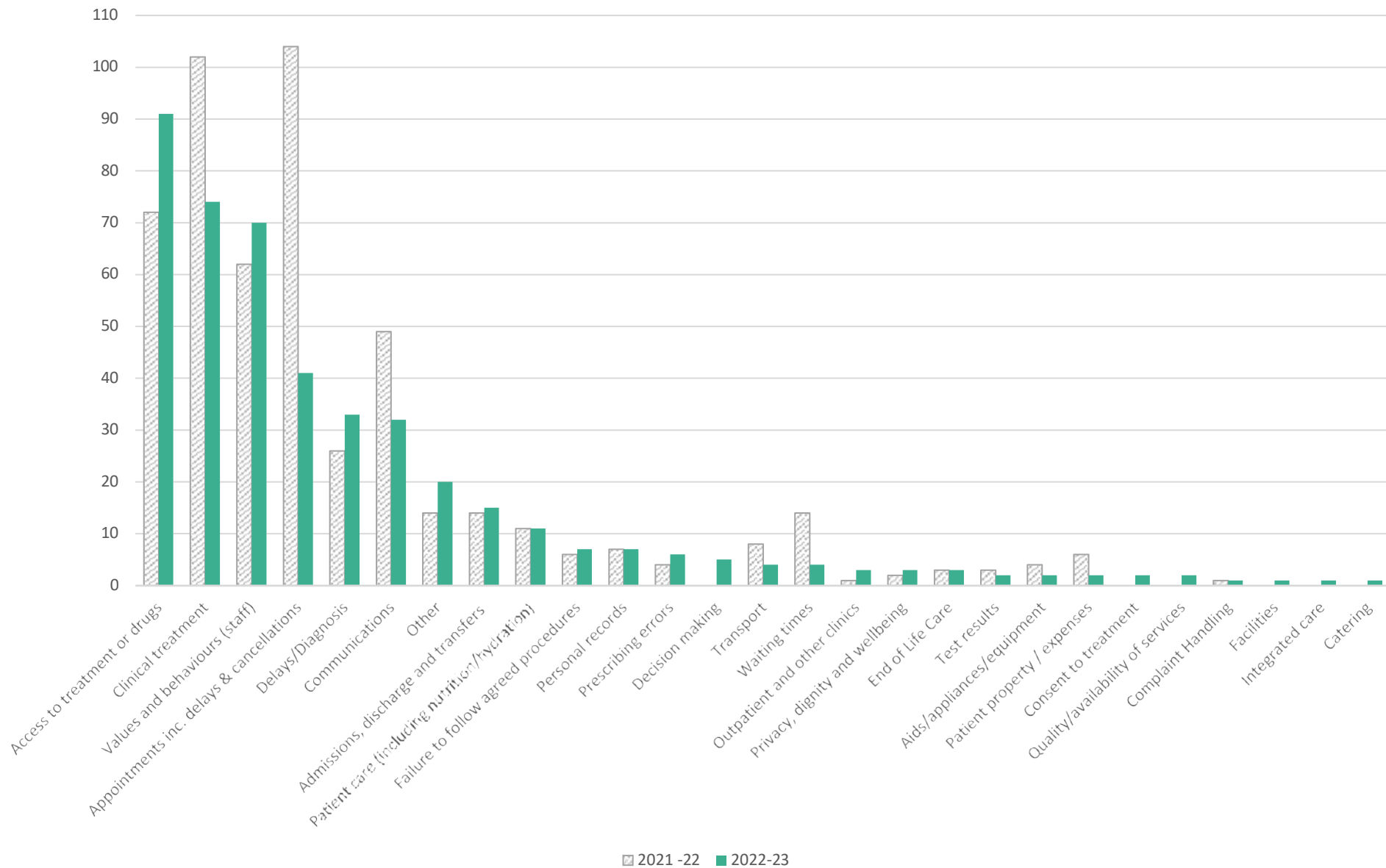
The subject most frequently complained about during 2022/2023 was 'Access to Treatment or Drugs' which accounted for 20% of all complaints received by Manx Care, closely followed by 'Clinical Treatment' (17%) and Values and Behaviours 16%). Whilst the order may change, similar themes are evident year on year in terms of those subjects that feature most.

The impact of MCALS in dealing with appointment queries has led to a significant reduction in last year's most frequently reported subject – 'Appointments Delays and Cancellations' - with numbers falling from 104 to 41. There was also a significant drop in the number of complaints about 'Clinical Treatment' (from 102 to 74), although this covers quite a range of potential topics.



The following bar chart details all the categories used to record complaints and the number of grievances reported in each category (refer to Appendix 1 for a detailed breakdown per care group):

## FREQUENCY OF COMPLAINT CATEGORIES



A total of 20 complaints were recorded under 'other'. This option was predominantly used for complaints occurring in Social Care and Commissioned Services. Although grievances are often difficult to categorise, from an analytical perspective, 'other' provides little insight into the issues being raised. Some categories were reworded over the period to make them inclusive of the range of services provided, however the figures relate to the full year including a period when 'old' terminology was in use. Additional categories can be added to Datix as and when necessary as matters progress.

The subject most frequently complained about in each Care Group was as follows:

Care Group	Subject	Number of Complaints	% of all complaints for service	Comments
<b>Integrated Diagnostics/Cancer</b>	Values & Behaviours (Staff)	4	25%	These complaints were linked with staff within the Radiology Service and Oncology Day unit.
	Appointments (including delays/cancellations) Test results, Delayed Diagnosis, Clinical Treatment	2	13%	These complaints have been around access to availability of laboratory results and imaging to our tertiary care providers, prior to appointments. The service has worked hard to provide access to our results portal to our tertiary care providers. Where there has been a delay in uploading results these have also been sent via secure email to the service providers.
<b>Medicine/Urgent</b>	Clinical Treatment	21	18%	The service area with the most complaints in for this subject was ED accounting for 43% of the complaints for this subject. One however was withdrawn and three are still being investigated. Two were upheld, one partially upheld and one was not upheld. One related to a vulnerable patient having to wait for a long time whilst in pain.
	Access to Treatment or Drugs	19	16%	Endoscopy (Gastroenterology) had the highest number of complaints regarding this subject. There are pressure points within this service at present and these are currently being addressed (see learning from complaints).

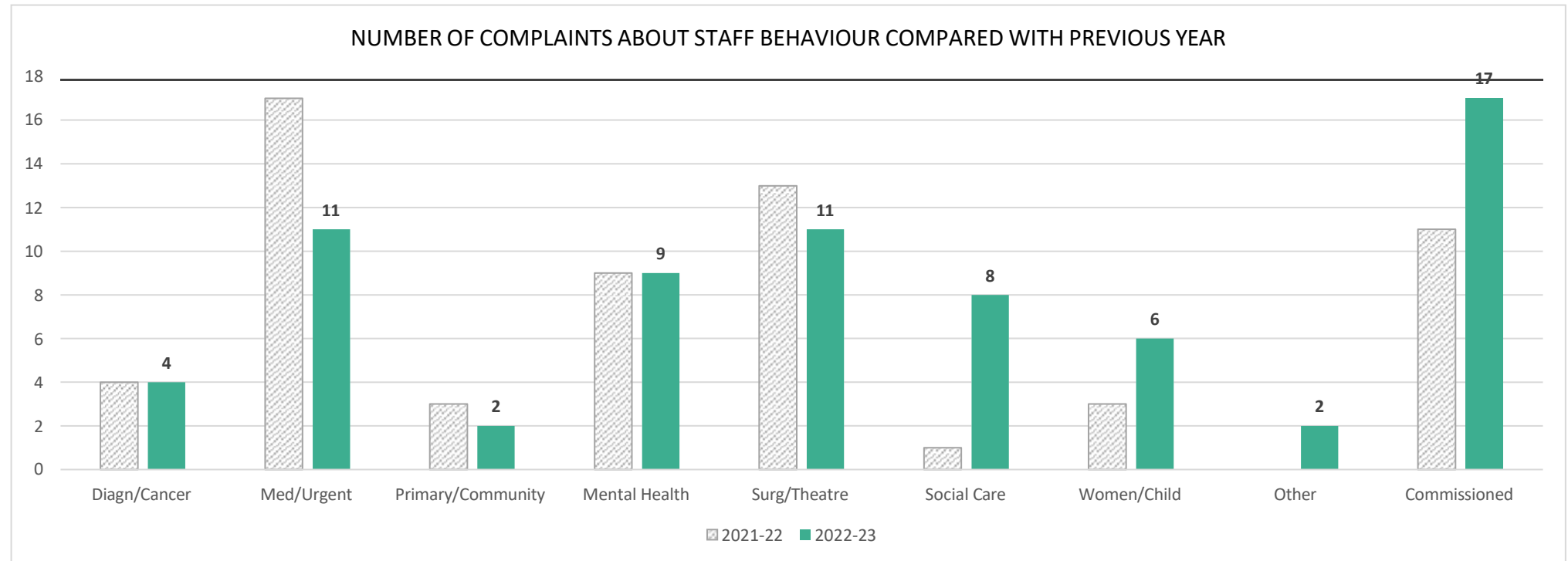
<b>Int. Primary &amp; Community</b>	Access to Treatment or Drugs	6	27%	The subject most frequently reported on in the Care Group was Access to Treatment (including drugs), which was the root of two complaints in Prison Healthcare and one each in Community Dental, S&LT, Diabetes & Endocrinology, and Primary Care Services.
	Appointments (including delays/cancellations) Clinical Treatment	3	14%	
<b>Mental Health</b>	Values & Behaviours (Staff)	9	26%	Complaints of this type were primarily received in Quarter 1 and Quarter 4, with only one being received in Quarter 3. This is unusual given that Quarter 3 was otherwise the most active period for Mental Health Service complaints by some margin. The response to complaints of this type varied depending upon the circumstances. Where behaviour was found to be unacceptable, or where distress had inadvertently been caused and might have been avoidable apologies were offered, and the matters pursued via supervision.
	Access to Treatment or Drugs	8	24%	The majority of these complaints relate to CAMHS, and particular waiting times. Responses have involved outlining changes made to try and alleviate pressure.
<b>Surgery/Theatre</b>	Access to Treatment or Drugs	28	26%	The vast majority of these relate to waiting lists which are being tackled through the Restoration and Recovery programme.
	Clinical Treatment	21	19%	These complaints are varied including incidents such as care after surgery and general inpatient care.
<b>Social Care</b>	Other	9	36%	Other has been recorded by a services who were relatively late adopters of the recording system, and who did not feel that the subject options at the time were applicable to non-clinical settings. Some of these options have been updated since to be more reflective of the range of services provided by Manx Care.

	Values & Behaviours (Staff)	8	32%	Complaints about Values and Behaviours were received about services across Manx Care, but there was a higher frequency noted in relation to highly emotive situations such as out of hour's work and adult/child protection. Where behaviour was found to be unacceptable apologies were issues, and the plans to follow up outlined.
<b>Women &amp; Children</b>	Clinical Treatment	7	37%	A number of these complaints were linked to the care received in early pregnancy loss. The care group strive to improve the care and support that they offer to these women.
	Values & Behaviours (Staff)	6	32%	These complaints have been linked to the attitude of doctors and nursing staff, which have been highlighted to the care group and feedback has been shared with staff, Manx Care Values have been reviewed by staff> Staff have also been asked to reflect on these incidents to see how they can improve in the future.
<b>Commissioned Services</b>	Access to Treatment	25	28%	The majority of complaints involving this subject came from GP surgeries who have struggled with poor staffing levels. Despite an active recruitment campaign, this remains an issue.
	Values & Behaviours (Staff)	17	19%	Ten complaints about staff behaviour were linked to GP surgeries and related to doctors, practice managers and admin staff. Although not condoning poor behaviour, the increased stress levels associated with staffing problems is likely to have influenced this figure.
<b>Other</b>	Transport	4	27%	These complaints surround the provision of escorts and daily expense allowance during off island healthcare related travel and the restrictive nature of regulations that govern off island health transfer.
	Communication Admission/Transfer	3	20%	This has been related to transfer of patients to the IOM without adequate support communicated by the tertiary centre to IOM.



## Staff Values and Behaviour

The number of complaints about staff conduct and behaviour increased from 62 to 70 with at least one reported in each care group/area. Almost one third of all complaints involving the Women & Children's Care Group and Social Care related to staff behaviour, and roughly a quarter of grievances concerning Diagnostic & Cancer Services and the Integrated Mental Health Service were for the same reason.

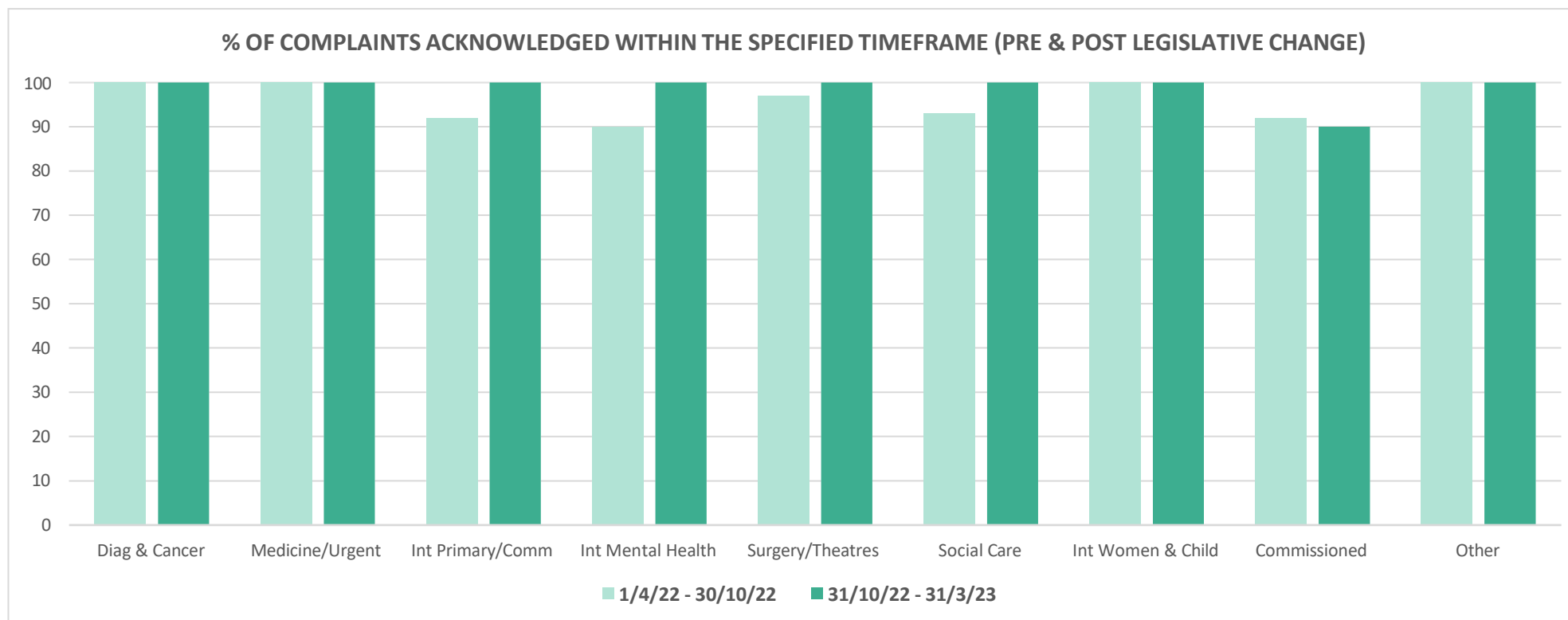


When compared to complaints about staff behaviour from the previous year, there are some notable differences:

- ▲ There was a sevenfold increase in complaints against Social Care staff
- ▲ Complaints about Commissioned Services staff rose by 55%
- ▲ Complaints involving staff from the Women & Children's care group doubled in number
- ▼ The number of grievances against staff in the Medicine/Urgent care group dropped by 35%
- ▼ There was a 15% reduction in complaints about staff in the surgical care group

## COMPLAINT ACKNOWLEDGEMENT

Response rates improved as the year progressed - which was to be expected given the change in parameters brought about by the new Complaints Regulations. Between 1<sup>st</sup> April 2022 and 30<sup>th</sup> October 2022, 96% of all complaints were acknowledged on time. This number increased to 99% between 31<sup>st</sup> October 2022 and 31<sup>st</sup> March 2023, against an internal reporting target of 98% in Manx Care's quality Dashboard.



## COMPLAINT RESPONSE

To allow for a more accurate review of Manx Care's performance regarding complaint response timeframes, statistics from hereon are based on the 352 complaints for which all data is available. As such, the following have been removed from the equation:

- Complaints that were withdrawn or could not be investigated in full (where consent could not be obtained, for example) (20)
- Complaints still under investigation and within 6 months of being received (applicable only to those received after 31<sup>st</sup> October 2022) (65)
- Complaints for which an outcome had not been recorded and Datix contained insufficient information to determine the findings (6)

The number of complaints completed in full are distributed as follows:

	1 <sup>st</sup> April 2022 - 30 <sup>th</sup> October 2022	31 <sup>st</sup> October 2022 - 31 <sup>st</sup> March 2023
<b>Hospital Services</b>	150	64
<b>Integrated Mental Health Services</b>	18	6
<b>Integrated Primary &amp; Community Care</b>	10	6
<b>Social Care</b>	12	6
<b>Other</b>	11	2
<b>Commissioned Services</b>	35	32

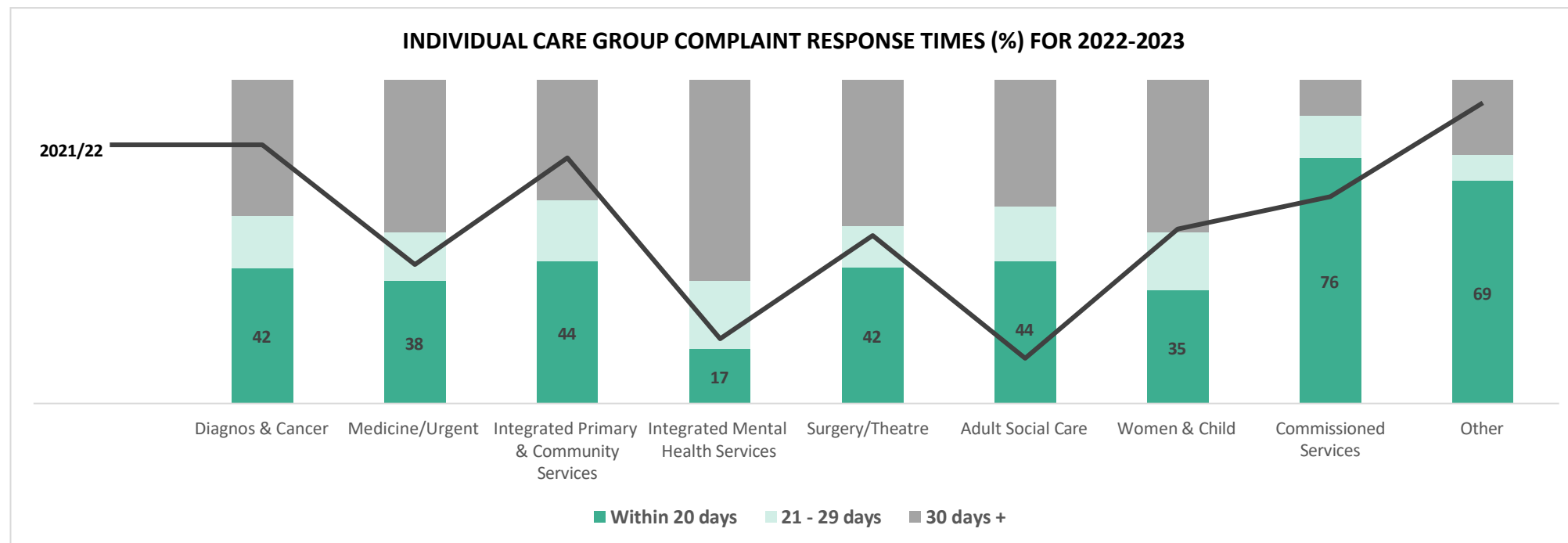
Performance pre and post Regulatory change:

1 <sup>st</sup> April 2022 - 30 <sup>th</sup> October 2022		
Area	% resolved within 20 working days	No. referred to IRB
Hospital Services	30%	11
Integrated Mental Health Services	6%	0
Integrated Primary & Comm. Care	30%	1
Social Care	42%	0
Other	64%	0
Commissioned Services	69%	2

31 <sup>st</sup> October 2022 - 31 <sup>st</sup> March 2023			
Area	% resolved within 20 days	% resolved within 6 months	No. referred to HSCOB
Hospital Services	63%	100%	0
Integrated Mental Health Services	50%	100%	0
Integrated Primary & Comm. Care	67%	100%	0
Social Care	50%	100%	0
Other	100%	100%	0
Commissioned Services	84%	100%	0

Overall performance improved as the year progressed. The post-regulatory requirement to have all complaints resolved (at local level) within 6 months was achieved by all services, although only one area managed to resolve all complaints within 20 working days.

Response times across the reporting year for all services are demonstrated in the graph below. The black line indicates the number of complaints responded to and resolved within 20 working days the previous year.



### Hospital Services

- Delays were largely due to operational issues; for example, staff working additional clinical hours due to operational demand and the availability of witness due to leave or absences. Some complaints overlapped with Manx Care's Serious Incident (SI) investigation process and this delayed complaint resolution; although in accordance with the Duty of Candour complainants were kept fully informed.
- Some delays were as a result of changes to the internal signing off process for final response/resolution letters. On some occasions the response letter was completed within the stipulated 20 working days, but there was a delay in sending the letter to the complainant.

- Delays have in part on occasions have been due to the complexity of the complaint, which may have involved care provided by our tertiary care partners and a number of other services; which meant that it was not possible to fully address the complaint within the 20 day time frame. In such circumstances complaints are kept informed of progress.

### **Integrated Mental Health Services**

- Mental Health Services had a backlog of complaints during Quarters 1 and 2, and very few were being processed within 20 working days. A targeted push during Quarter 3 saw the number fall sharply, and since then performance has improved considerably.

### **Integrated Primary & Community Care**

- The Integrated Primary and Community Care Group resolved significantly fewer complaints within 20 days this year; however, changes within the make-up of the group should be taken into consideration as this has impacted on the overall results.
- Some delays were created by changes to the internal signing off process meaning that, although responses were completed within the stipulated 20 working days, they were only posted out to patients beyond this time.
- One complaint (involving District Nursing) was reopened and the complainant has since asserted that an independent review will be sought (although no request had been made for the complaint file at the time of writing).
- Two complaints involving the Diabetes and Endocrinology Service have also been reopened.

### **Social Care**

- The significant change over the period was the rollout of the standardised Manx Care complaints process to parts of the service that had previously relied upon their own in-house arrangements. Social Care did not have Complaint Regulations prior to 31 October 2022, and had faced a period of uncertainty after the former Community Care Directorate Policy had expired. The interim solution was to work to the spirit of the NHS Regulations.
- Children and Families started using Datix for recording complaints over Quarter 1 and 2, and fully aligned with the Manx Care process following the introduction of the new Regulations on 31 October 2022. This was a significant change for the service who had previously operated a 3 stage process.
- Adult Social Work also came in line with the new process over this period, whilst Adult Social Care played a more active role in managing their complaints having received additional support during the preceding year. The changes and support required as a result have impacted on response times in the short term, but it is believed that this is due to the new process being a greater change for Social Care staff.

## Other

- 69% of complaints were answered within the 20 day time frame; a 26% decrease from last year.
- Delays are in part explained by the complex nature of the complaint, where input was required from our tertiary care providers. In addition, operational challenges, such as staffing, have directly impacted on the ability to provide a speedy response.

## Women & Children

- 35% of complaints within this care group were answered within the 20 day timeframe. This is a 35% decrease from last year.
- This has mainly been due to significant operational challenges, where staff who would ordinarily be concerned with complaint investigation have had to work clinical hours.
- The care group has endeavoured to offer to meet with all the complainants as required by the Regulations; however arranging such meetings can be challenging for families and the meetings are often cancelled by the complainant and need to be rescheduled.

## Commissioned Services

- Commissioned Services responded to complaints more promptly than other areas. The majority of their complaints (76%) were responded to within 20 working days, with a further 13% were concluded within one calendar month.

Five complaints (received prior to 31<sup>st</sup> October 2022) took over 60 days to resolve:

Complaint No.	Service Involved	Time taken to resolve	Comment
COM3169	Surgical - Ward 12	209 days	This was unfortunately delayed due to being a backlog of complaints which had developed. This was partly due to staff leave, sick leave and also some team members having to work clinical shifts. No further issues received from complainant.
COM3348	Medical - Ward 9	137 days	Complaint required input from several service areas which took more time to retrieve all responses. There was also an adverse effect created by periods of staff leave, sick leave and also some team members having to work clinical shifts.
COM3377	Social Care - Older Persons	109 days	The complaint was originally been sent to an unmonitored inbox of a temporary worker for the then trial MCALS service. A shared inbox has since been introduced and will prevent reoccurrence. There were then further

			delays due to the absence of key personnel. Finally, the complex nature of the matter which spanned multiple care groups was always likely to require additional time to respond to, and this was made more difficult by the avoidable delays which meant that certain staff had changed roles, or had a less clear recollection of events.
COM3220	Diagnostics - Cancer Services	109 days	The delay has been due to operational challenges within the service to investigate this patient's concerns. Input was also needed from other hospital services; the person who needed to address the complaint was on a leave of absence. Although it was escalated to the service lead, we were advised that the staff in question needed to address the concerns.
COM3775	Primary Care Services	87 days	Complaint involved two surgeries. Numerous meetings were held to try to rebuild relationships between the complainant and services.

## UPDATE LETTERS & MEETINGS

From 31<sup>st</sup> October 2022, to comply with regulatory changes, all complainants must be sent an update letter by day twenty if the complaint has not been resolved. This should provide an update about progress and an indication of the anticipated completion date where possible. Complainants must also be given the opportunity to meet with a representative from the area to which their complaint is addressed.

The need to operate two processes simultaneously during the first few months of the new Regulations presented a technological and process challenge, as the timescales and criteria for compliance were dependent upon which set of Regulations applied to the matter. As such, the figures relating to performance in this area are not entirely reliable; however those relating to 20 day responses are included. The system (Datix) has now been optimised for the new Regulations, and so information about performance on both of these counts can be made available going forward.

## OVERALL PERFORMANCE COMPARED TO PREVIOUS YEAR

The following compliance statistics have been calculated using the percentage of complaints that were acknowledged within the required time frame (2 working days (pre 31.10.22) and 5 working days (post 31.10.22)). In addition, the second percentage figure refers to complaints that were responded to and resolved within 20 working days:

**Total Manx Care complaints acknowledged on time:****Total Manx Care complaints resolved within 20 working days:**

Whilst the above acknowledgment figure for 2022/2023 does not demonstrate full compliance over the course of the reporting year; there is a noticeable difference when comparing performance between the old Regulations (81% between 1.04.22 and 30.10.22) and the new Regulations (100% between 31.10.22 and 31.03.23). The introduction of a central reporting and logging system within the Care Quality and Safety Team from 31.10.22 has resulted in 100% compliance with regard to acknowledgment and an increase in 20% with regard to 20 working day resolution. In cases where a complaint is extended beyond 20 working days (generally due to the complexity of the complaint and / or the availability of witnesses), all complainants receive a written update by day twenty and extensions are agreed by mutual consent.

**REFERRALS TO THE IRB/HSCOB****Total complaints referred to the Independent Review Body (IRB) or Health and Social Care Ombudsman Body (HSCOB)**

The number of complaints referred for independent review totalled 15 for 2022/2023 compared to 5 for the previous year; representing a 300% increase. This may have been in part due to the wording in our response letters where complainants may have believed they could not come back to Manx Care with additional questions where they felt their complaint had not been resolved. We have re-drafted the wording of our letters and have liaised with the independent review body to ensure that all local resolution options have been exhausted. It is worth noting that the IRB has been dissolved with outstanding complaints handed over to the HSCOB. The status of independent reviews, along with subsequent recommendations, are as follows:

Service Involved	Outcome/Recommendations	Action taken
Integrated Diagnostics and Cancer Services	None	N/A
Medicine, Urgent Care & Ambulance	<p>IRB 240 – IRB report received 28.6.22 - Manx Care to provide an apology to the complainant and the family for the misunderstanding.</p> <p>IRB 253- awaiting response from independent body</p> <p>IRB 257 - awaiting response from independent body</p>	An apology was given to the family.



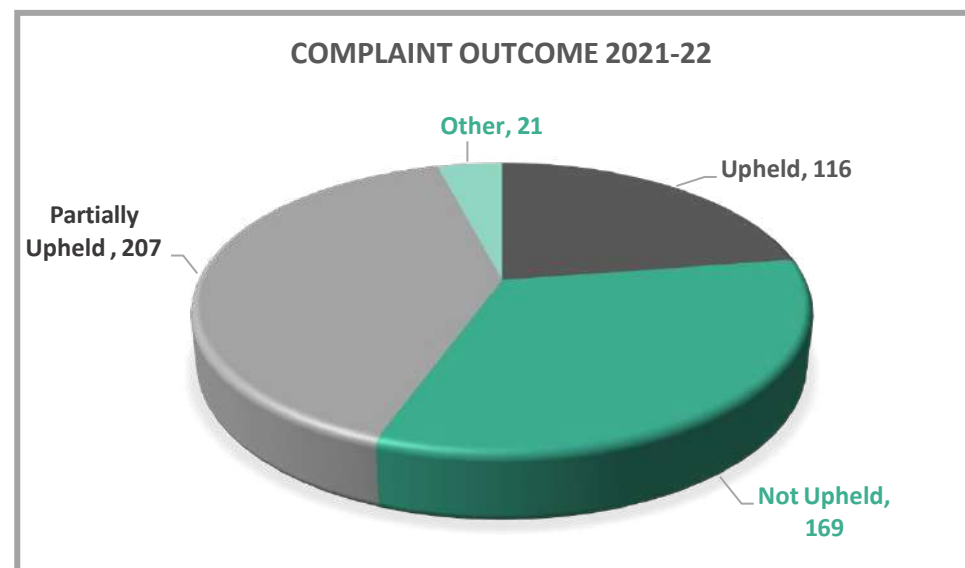
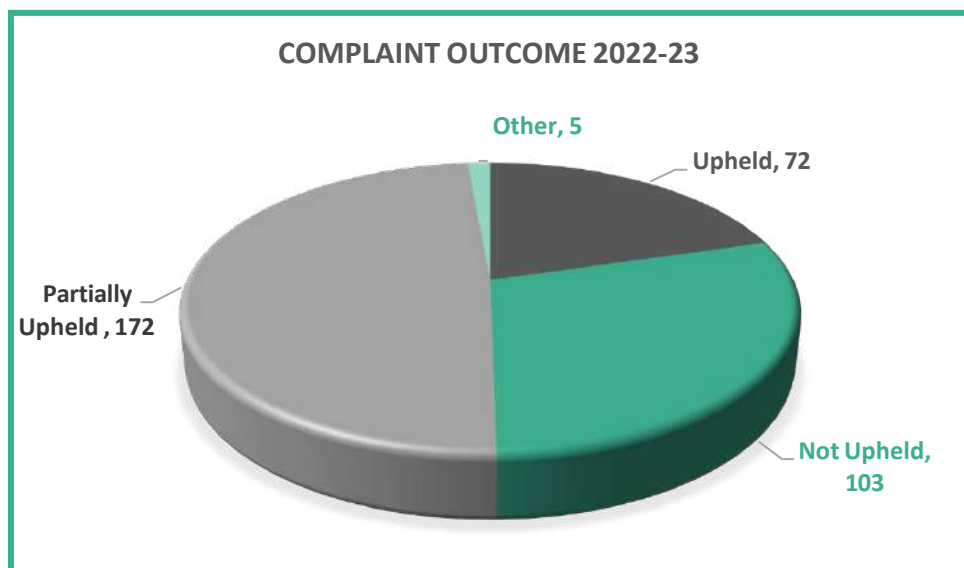
	IRB 266 - awaiting response from independent body IRB 252 - awaiting response from independent body IRB 260 - awaiting response from independent body IRB 263 - awaiting response from independent body IRB 264 - awaiting response from independent body	
Community Services	Awaiting response from independent body	
Primary Care Services (incl. GP & Contracted Services)	Awaiting response from independent body	
Integrated Mental Health Services	None	N/A
Surgery, Theatres, Critical Care & Anaesthetics	IRB246- the care group to improve access to service and reduce waiting times.  IRB 248 – awaiting response from independent body IRB249 – awaiting response from independent body IRB 250 – awaiting response from independent body IRB 255- awaiting response from independent body	<ul style="list-style-type: none"> <li>• An Access to Service policy being developed</li> <li>• Number of clinics increased</li> </ul>
Social Care	No outcomes as of yet	There was a separate IRB for Social Care, but it was not sitting over the whole period in question. The figures above suggest 0 matters were referred to the IRB, however the IRB were approached about 2 complaints. It is understood that after a period of consideration they were not addressed by the IRB. What can be said with certainty is that 2 complaints were referred for external review.
Integrated Women's & Children's Services	None	N/A
Other	None	N/A

### Response to IRB/HSCOB Recommendations

All recommendations made by the independent review body were acted upon. Manx Care are aware that the HSCOB was not operational in the first few months after implementation of the new Regulations as a result of recruitment for convenors. At the time of this report Manx Care is not in receipt of any reviews undertaken by the HSCOB. Manx Care remain conscious of the Regulatory requirement to provide the Department of Health and Social Care with responses to recommendations made by the HSCOB and actions taken and to publicise same in the public domain (Manx Care's IOM Government website).

### OUTCOME OF COMPLAINTS

Almost half (49%) of all complaints were partially upheld following investigation, with a smaller proportion (20%) upheld in full. 29% of all complaints were not upheld. When compared with the previous year's findings, there has been an increase in the overall number of complaints for which Manx Care has identified shortcomings – 69% in 2022/2023 compared to 63% in 2021/2022.



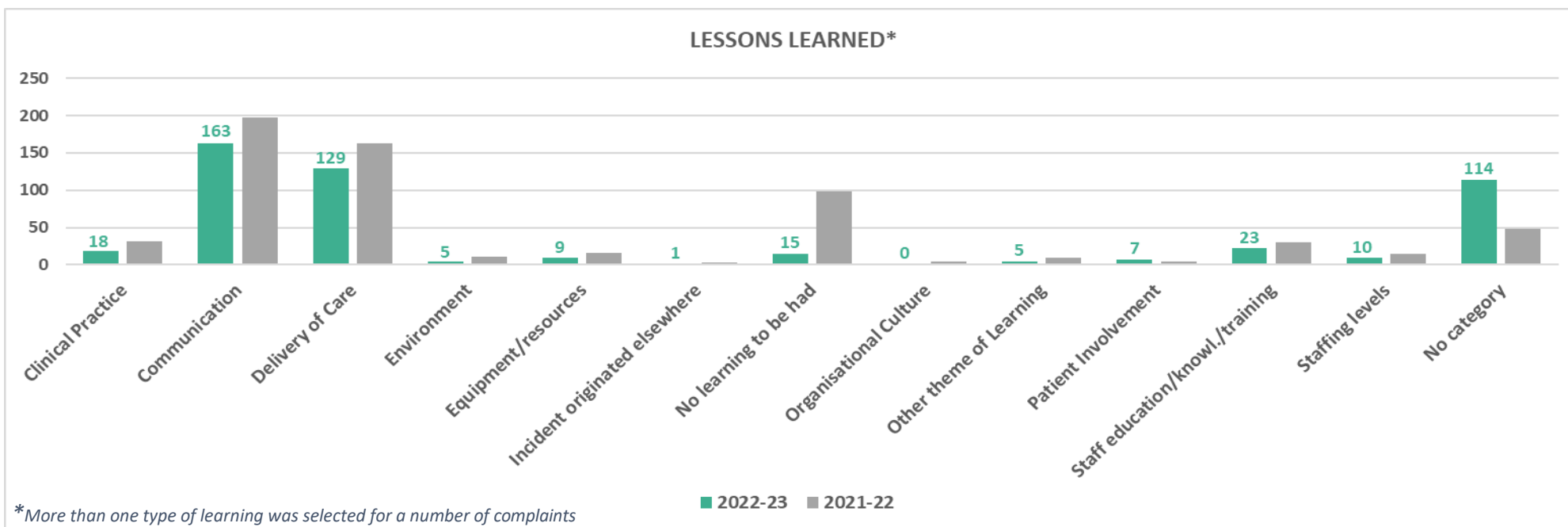
## LEARNING FROM COMPLAINTS

Manx Care embraces a learning culture and uses all patient/service user/public feedback as an opportunity to make improvements to services. The findings of all complaint investigations are reviewed to ascertain what can be learned to prevent or minimise the risk of a recurrence.

In keeping with the previous year, the most frequently learned lessons related to Communication and Delivery of Care. There was a significant reduction in the number of times 'No learning to be had' was selected in Datix (from 98 down to 15). Manx Care, in accordance with Just Culture and the Duty of Candour, seeks learning from all incidents and complaints, hence this decrease is viewed in a positive light.

'Value's and Behaviours' has continued to be at the core of a number of complaints and with this in mind we have reviewed, updated and re-issued our CARE Values; seeking to embed same across a number of key activities including recruitment (job descriptions and interviews), Performance Development Planning / Review (PDP/PDR) and supervision.

Although the number of complaints with 'No Category' has increased, this is predominantly due to this report being compiled whilst investigations were still ongoing. It should also be noted that 18 of these complaints had narrative to describe learning but no category from the available list in Datix had been selected. To provide a more detailed picture of lessons learned, it would seem prudent to review these complaints again in 3 to 6 months.



The following provides a summary of how individual Care Groups responded to, and learned from, complaints arising in the respective services:

### ***Hospital Services***

- The need for improved communication involving Cancer Services has been addressed by the Clinical Nurse Specialists who are now contacting specific patients by telephone to advise, in advance, what will be discussed at their upcoming appointment.
- Additional care rounds were introduced in the ED to ensure that patients who are in need of additional support whilst waiting to be seen, receive it.
- Plans have been made to train more midwives to perform new-born assessments.
- There is an option for early pregnancy loss patients to be seen directly on Ward 4, rather than going through the Emergency Department, when this is appropriate.
- An additional checking process has been implemented by the Patient Transfers Team to prevent errors involving travel warrants.
- Safety huddles have been introduced in the ED and medical wards, highlighting key issues for patient care and safety including risk and staffing. 'Safety crosses' have also been implemented, evidencing key performance areas and indicators. Ward accreditation is being aligned with CQC which helps to form a baseline after the assessments have been completed. This has formed the basis for audits in the future.
- A plan to create Same Day Emergency Care (SDEC) for vulnerable patients who have been asked to attend the ED, they can be separated from the ED patients.
- Recruitment of Gastroenterologists has been challenging. The Restoration and Recovery programme is addressing waiting lists, including support from a third party provider. Once the waiting lists have been addressed, the demand and capacity placed on this service can be examined to establish the correct staff levels required for the future.
- Plans to adapt an end of life leaflet, currently used by the Hospice, and provide this to patients' and their families' (across all wards) who commence on this pathway of care. There has been a theme of lack of understanding and communication around this subject from complainants. This written communication will help families understand this better, improve communication and help to manage patient expectations.

### ***Integrated Primary & Community Care Group***

- Prison Healthcare have designed a poster highlighting health-related products which are available to purchase via Prison stores.
- The Prison Healthcare application form is due to be reviewed to see if improvements can be made and if there is a need for a separate dental form.
- Following a complaint from a patient about not being recalled for a follow-up appointment, a review was undertaken by the practitioner involved to ensure no other patients had been missed. The practitioner has reflected on the incident and appreciates the need for clarity when requesting follow up appointments.
- The Diabetes & Endocrinology Clinic are reviewing their process for relaying non-urgent blood test results to patients to identify where improvements can be made.
- District Nurses were reminded of the importance of recording details of their telephone conversations with fellow health professionals.

- Physiotherapists were reminded to consider the individual needs of patients prior to undertaking stairs assessments.
- The absence of the SLT Voice Clinic was added to the Care Group's Risk Register and work is ongoing to address any shortcomings.
- One staff member reflected on their response to a patient and has applied learning to their future practice.

### ***Commissioned Services***

- An error had been made by a member of the administration team resulting in a patient being accidentally de-registered from the practice. A step by step guide has since been supplied to the member of staff responsible for the process to prevent a recurrence.
- A complaint involving a home visit highlighted that, although the process for visits was discussed during staff induction, there was no requirement to read the policy at this time. As a result of the complaint:
  - The Home Visit policy has been added to policies to be read during induction.
  - Induction checklist updated to highlight the importance of understanding home visits.
  - A step by step algorithm for home visits has been produced - including what to do when a visit comes through after 1pm. This has been placed at reception for ease of reference.
  - Refresher training for all receptionists on the home visits policy/process.
  - Home visits page is checked at end of day to ensure all have been completed.

### ***Integrated Mental Health Services***

- The process by which community patients request repeat prescriptions has been reviewed and improved.
- Patient information leaflets have been reviewed to allow for clearer information to be provided to informal patients regarding their rights when admitted to Manannan Court.
- The Complex Needs Panel has been directed to monitor and improve care coordinator reviews of patients placed with off Island providers in order to ensure compliance with policy standards, noting that some visits and reviews must be conducted in person.

### ***Social Care Services***

- Process mapping for transfer of care underway, and changes made to improve communication following a complaint about a service user's discharge.
- Letter template introduced advising service users of respite charges.
- Adult Social Care Operational Policy being amended to provide clearer processes for staff regarding the assessment of service users at day centres.
- A review of respite service provision for children with disabilities is being commissioned in response to complaints about same.

## TRAINING PROVIDED/POLICY CHANGES IN RESPONSE TO COMPLAINTS

The following are examples of changes made to policies/procedures, and/or additional training:

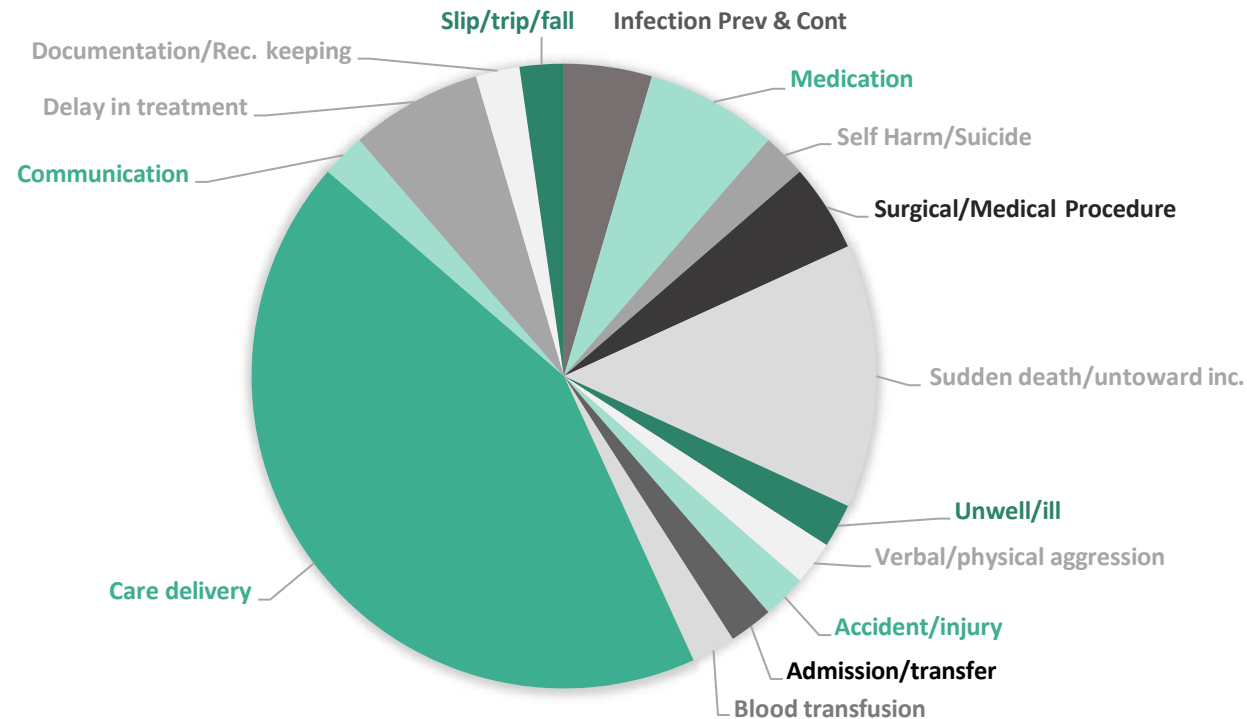
- Manx Care's Complaints policy and Procedure has been reviewed, updated and implemented.
- Effective Complaints Handling Training (inclusive of Regulatory updates) has been provide in person to in excess of 140 managers and leaders across Manx Care.
- A Complaints Awareness module has been added to eLearn Vannin for completion by all Manx Care staff.
- Changes were introduced to how District Nurses refer patients to safeguarding services. A new Standard Operating Procedure has been introduced to support staff and better inform patients when referrals are made.
- Regular governance meetings between the CQS Team and care group triumvirates is playing a key role in monitoring compliant performance and compliance.
- Significant updates have been applied to Datix by Manx Care's Quality and Risk Management System Lead to reflect regulatory changes.
- Datix training has been rolled out across Manx Care by the Quality and Risk Management System Lead to promote compliance with accurate record keeping.
- Datix dashboards have been developed across care groups to promote timely access to complaint activity and progress.
- Improvements have been applied to the procedure for the use of 'port-a-caths' (catheter used for administration of intravenous fluids / medications) of for patients receiving chemotherapy.

#### 4. DUTY OF CANDOUR (DoC)

Manx Care has continued to comply with its statutory obligation to be open and transparent with any individual (and/or identified 'relevant person') who suffers significant harm whilst under the care of our services as the result of an act or omission. Of the 5990 incidents reported during 2022/23, only 24 (0.40%) were identified as being Serious Incidents in accordance with recognised policy criteria. All such incidents were subject to robust review and monitoring by Manx Care's well-established Serious Incident Review Group.

In total, 270 incidents were initially reported as meeting the criteria for the application of the DoC; however, upon reviewing these incidents 226 were found to have resulted in no harm (or, based on the incident description, did not appear to meet the DoC benchmark as there was no act or omission).

**CATEGORIES OF INCIDENTS REPORTED AS MEETING THE CRITERIA FOR DUTY OF CANDOUR**



Notable changes from last year's categories were:

- An increase in Care Delivery incidents (from 9 to 19)
- An increase in sudden deaths/untoward incidents (from 1 to 6)
- A decrease in medication errors (from 6 to 3)

## OVER-REPORTING

Despite the work undertaken by members of the Care Quality and Safety Team to address the erroneous application of the Duty of Candour, staff are still confusing the legal obligation to be open and transparent, with their moral duty to inform patients, service users and/or relatives when things go wrong.

Although over-reporting is always preferable to under-reporting, the graph on the next page shows the number of correct and incorrect applications of the DoC by each care group.

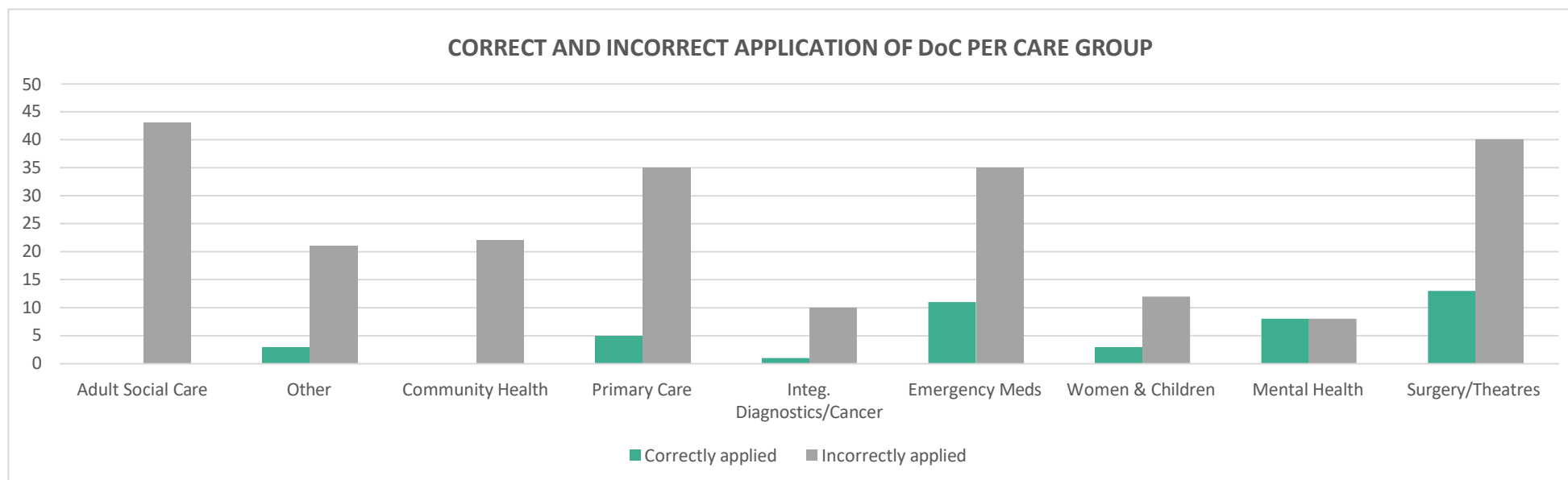
None of the incidents reported by Social Care and Community Health met the criteria for the application of the DoC, although between the two care groups the DoC had been selected on Datix for 65 incidents.

It is worth noting that the majority of staff who work in Social Care, particularly residential care, are not registered professionals; however it is evident there is a positive culture for reporting and for notifying relatives when a resident may have been involved in an incident such as an unwitnessed fall for example. Whilst the DoC may not apply in many cases, Manx Care are assured that the approach being taken is open, honest and transparent and keeping with organisational values.

The Integrated Mental Health Service performed best overall; but still only correctly identified the DoC in 50% of all incidents. The consistent theme being that the preference is to err on the side of caution and apply the DoC even where the incident and level of harm does not meet the criteria specified in the DoC Policy.

Improved monitoring of the application of the DoC by the CQS Team should lead to a reduction in the number of reporting errors over the next twelve months; however, it is evident that further monitoring and training is required across all areas.





### POLICY/PROCEDURAL CHANGES FOLLOWING DoC APPLICATION

In terms of policy or procedural changes arising from the application of the Duty of Candour, the following are examples of what have been implemented:

- For a large part of this year the CQS Team were reviewing incidents on a weekly basis within Noble's Hospital and assisting with the completion of whether the DoC applied (and subsequently recorded in Datix). This task has recently been pushed back to the care groups in accordance with the policy for the DoC. Within the hospital services improvement is already evident. The CQS Team will continue to monitor compliance / performance and offer support and advice where needed.
- Meeting the requirements of the Duty of Candour Regulations has remained challenging in Social Care where the number of registrants eligible to assess and apply the duty is very limited. Moreover, registration status does not necessarily denote seniority or suitability to apply the duty. Registration is only possible for those named as responsible for individual services, but not those deputising for or supervising them. Area managers and leads or heads of service are not registered and cannot apply the duty. Whilst there has been some progress over the period with many of the barriers to registration for individual service managers being addressed, there are still a number of services where the manager remains unregistered. The wider challenge about ensuring that senior staff can apply the duty remains unresolved and will require regulatory change.

## 5. APPENDICES

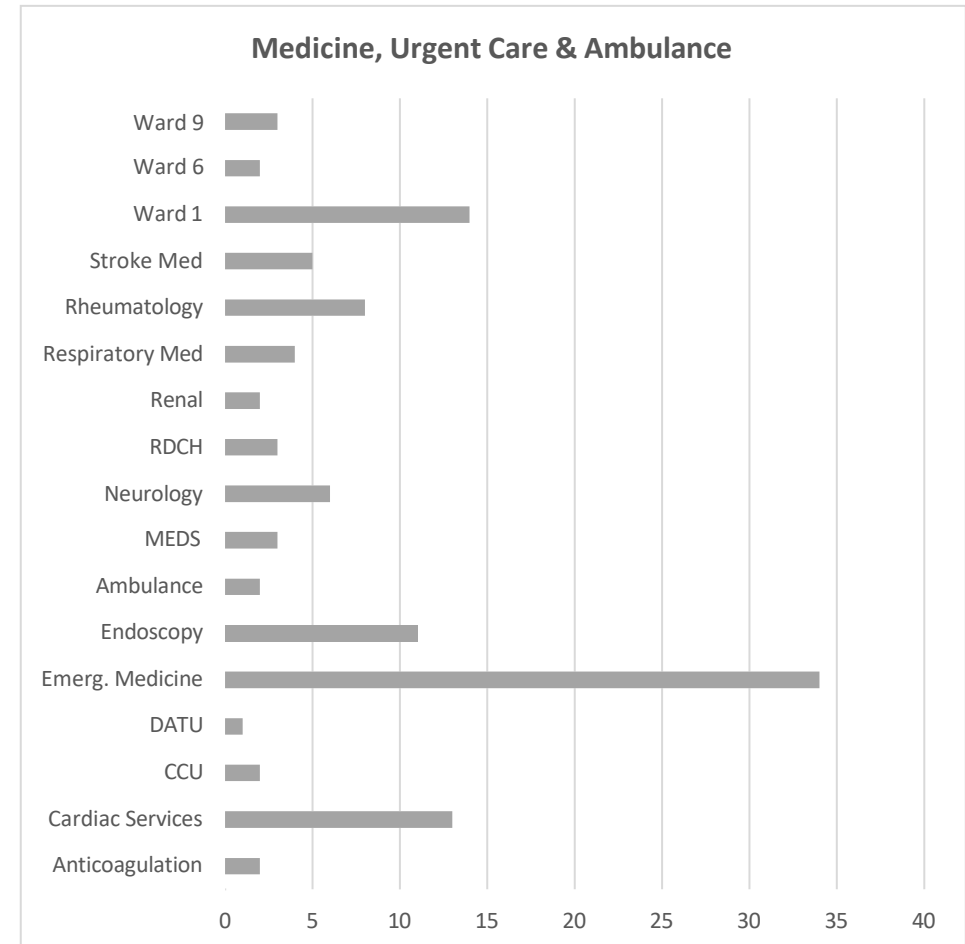
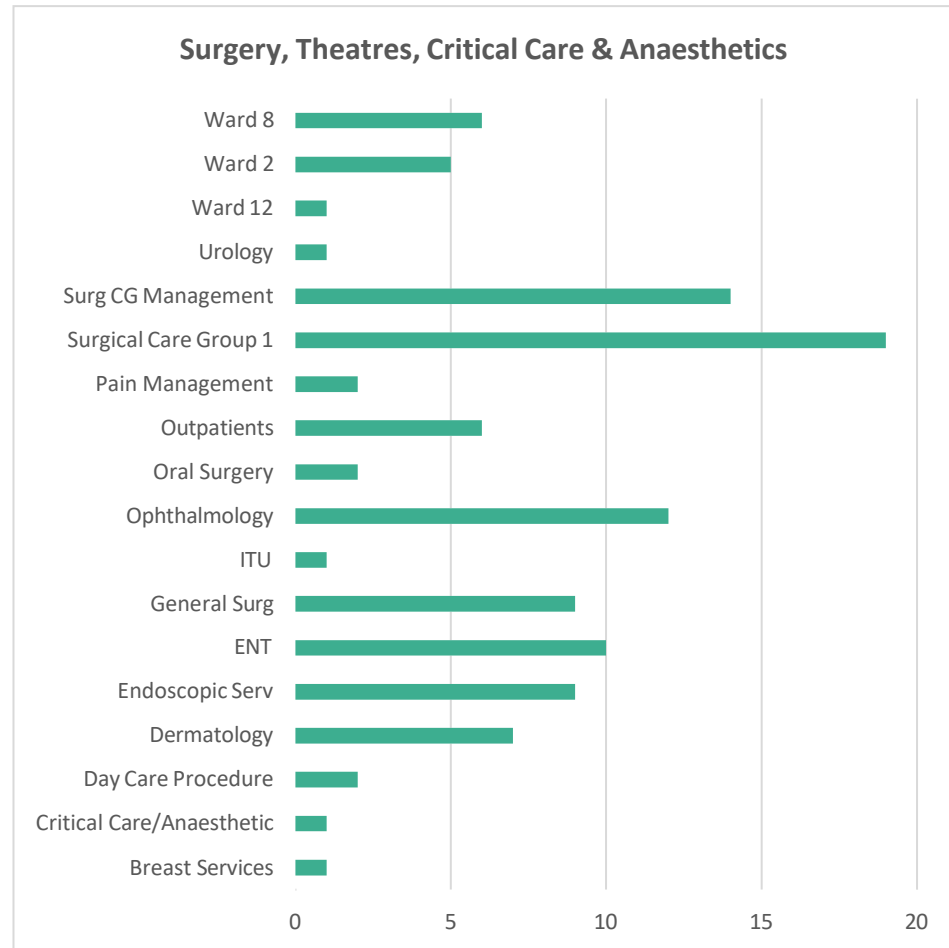
### APPENDIX 1: NUMBER AND TYPE OF COMPLAINT PER CARE GROUP

Subject (Primary)	Integrated Diagnostics & Cancer Services		Medicine, Urgent Care & Ambulance		Integrated Primary & Community Services		Commissioned Services		Integrated Mental Health Services		Surgery, Theatres, Critical Care & Anaesthetics		Social Care		Integrated Women's & Children's Services		Other	
	2022-23	2021-22	2022-23	2021-22	2022-23	2021-22	2022-23	2021-22	2022-23	2021-22	2022-23	2021-22	2022-23	2021-22	2022-23	2021-22	2022-23	2021-22
Access to treatment or drugs	1	1	20	20	6	6	25	10	8	11	29	22	1	0	1	2		0
Admissions, discharge and transfers	1	0	4	3		0		0	0	3	4	5	3	0		0	3	3
Aids/appliances/equipment		0	1	2	1	0		1		0		1		0		0		0
Appointments including delays and cancellations	2	2	11	30	3	3	8	3	0	7	16	55		0	2	4		0
Catering		0		0		0		0		0		0		0	1	0		0
Cleanliness / laundry		0		2		0		0		0		0		0		0		0
Clinic acquired infection		0		0		0		0		0		0		0		1		0
Clinical treatment	2	2	21	38	3	5	13	16	7	6	21	26		0	7	8		1
Communications		1	11	22	1	0	10	5	4	6	3	10		1	0	3	3	1
Competence		0		0		0		2		0		0		0		0		0
Complaint Handling		0		0	1	0		0		0		0		1		0		0
Consent		0		0		0		0	1	0	1	0		0		0		0
Decision Making		0		0	1	0	1	0	1	0	1	0	1	0		0		0
Delays/Diagnosis	2	2	15	15	1	2	4	0	1	1	10	4		0		2		0
End of Life Care		0	3	3		0		0		0		0		0		0		0
Facilities/services		0		0		0		0	1	0		0		0		0		0
Failure to follow agreed procedures	1	1	4	2		1	1	0		0	1	2		0		0		0
Integrated Care		0	1	0		0		0		0		0		0		0		0
Outpatient and other clinics		0		1		0		0		0	2	0		0		0	1	0
Patient care (including nutrition/hydration)		0	4	7	2	1		0		0	4	0	1	1		0		2
Patient property / expenses		0	1	4		0		0		0		2		0		0	1	0
Personal records		0	1	2		0	2	0		2	1	2	2	0	1	1		0
Prescribing errors	1	0	3	2		0	1	0	1	1		1		0		0		0

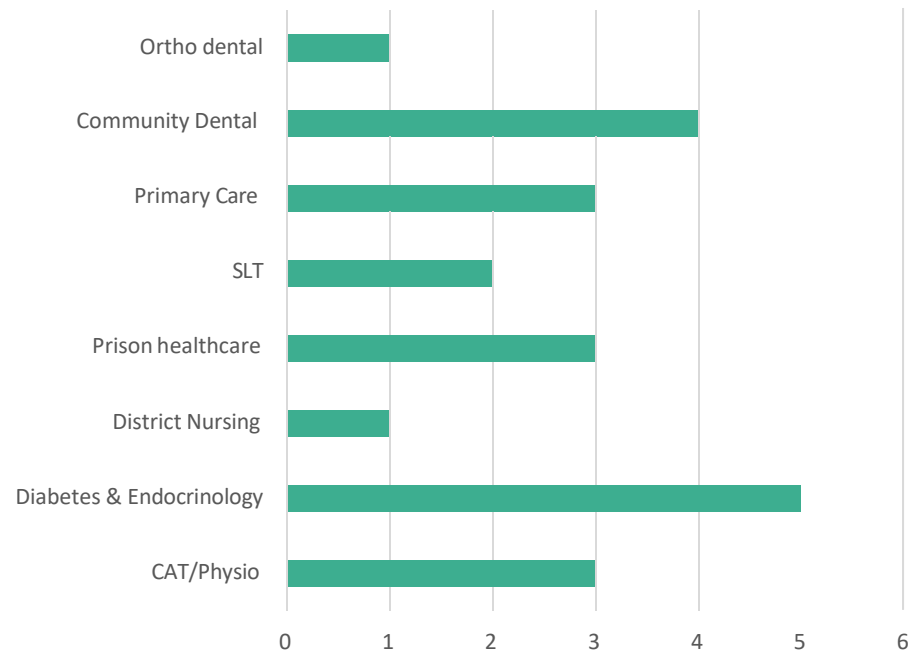
Privacy, dignity and wellbeing		0	3	1		1		0		0		0		0		0		0
Quality or Availability of Service		0		0		0		0		0	1	0		0		0	1	0
Staffing numbers		0		1		1		0		0		1		0		0		0
Test results	2	2		0		0		0		0		1		0		0		0
Transport		0		1		0		0		0		1		0		0	4	6
Values and behaviours (staff)	4	4	11	17	2	3	17	11	9	9	11	13	8	1	6	3	2	1
Waiting times		0	2	3		1		1	0	7	2	2		0		0		0
No subject recorded / Other		0		1	1	1	7	7	1	1	1	1	9	3	1	0		0

	Significant increase from previous year		Significant reduction from previous year
	Moderate increase from previous year		Moderate reduction from previous year

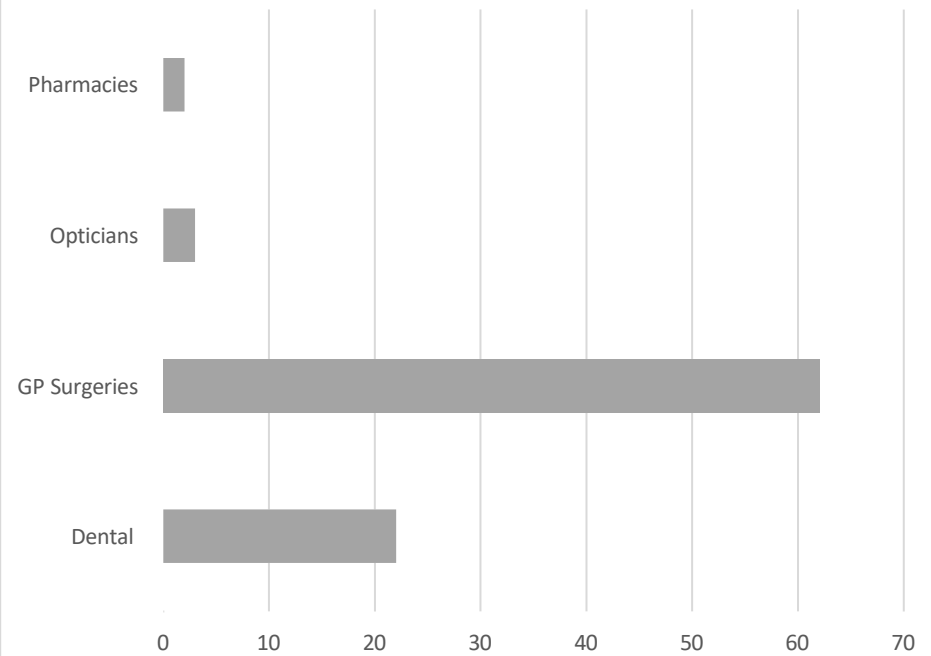
## APPENDIX 2: CARE GROUP COMPLAINTS BY SERVICE



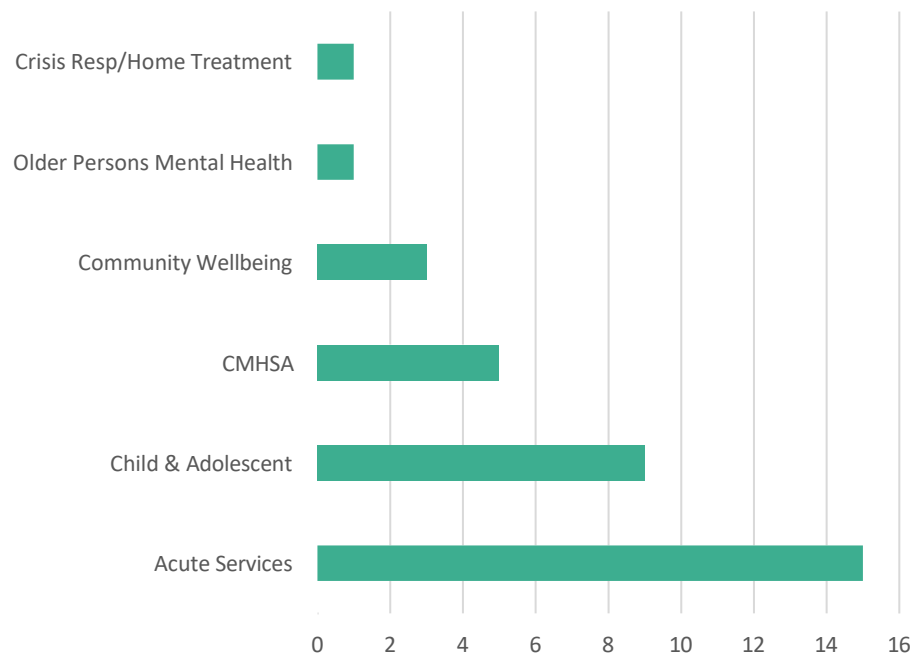
### Integrated Primary & Community Services



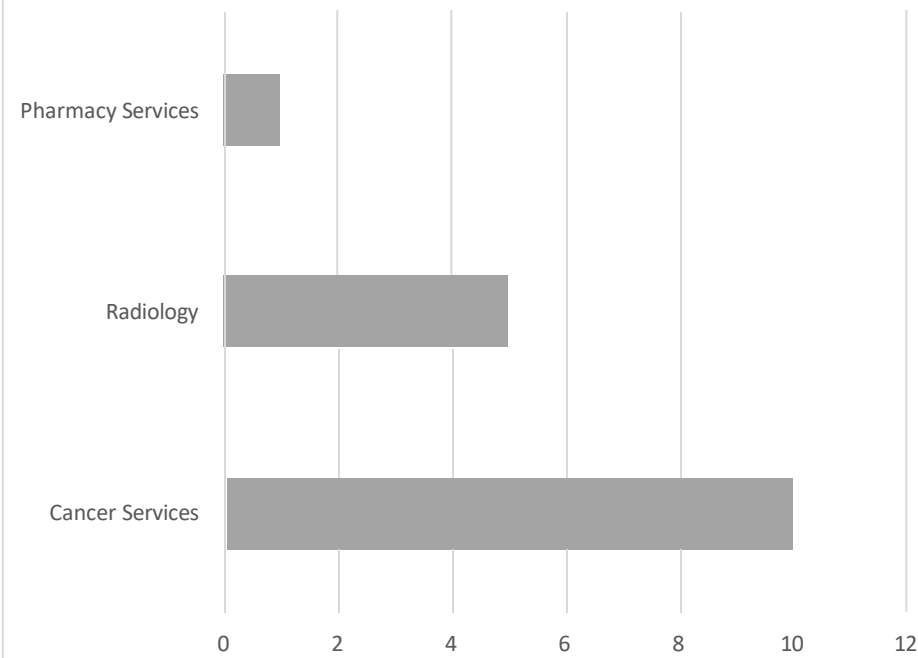
### Commissioned Services

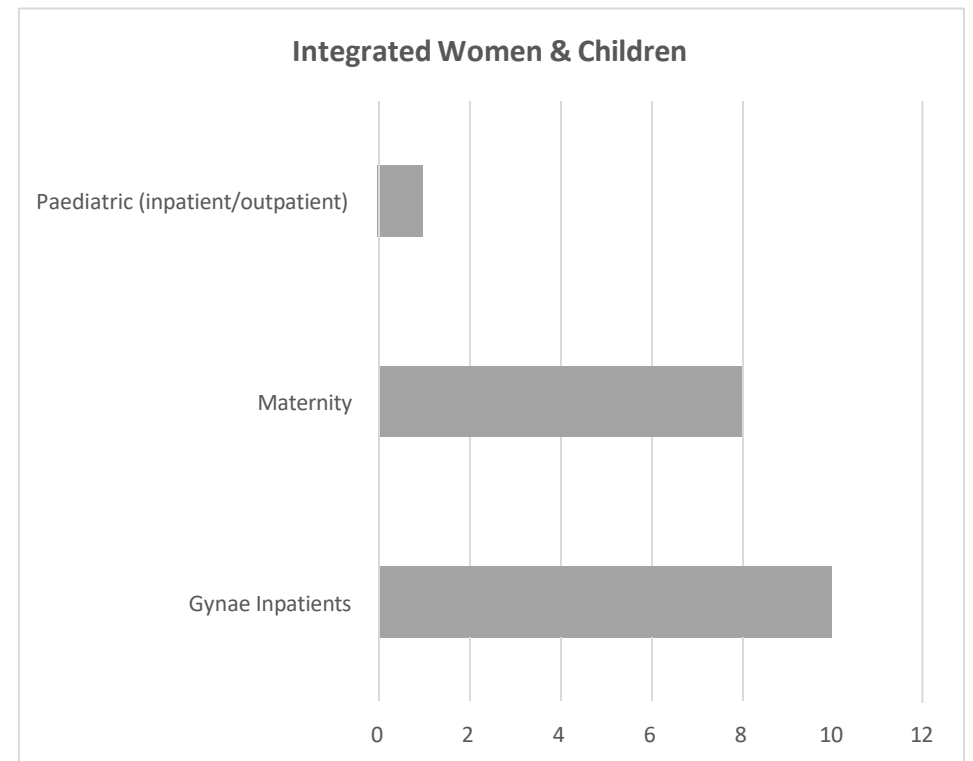
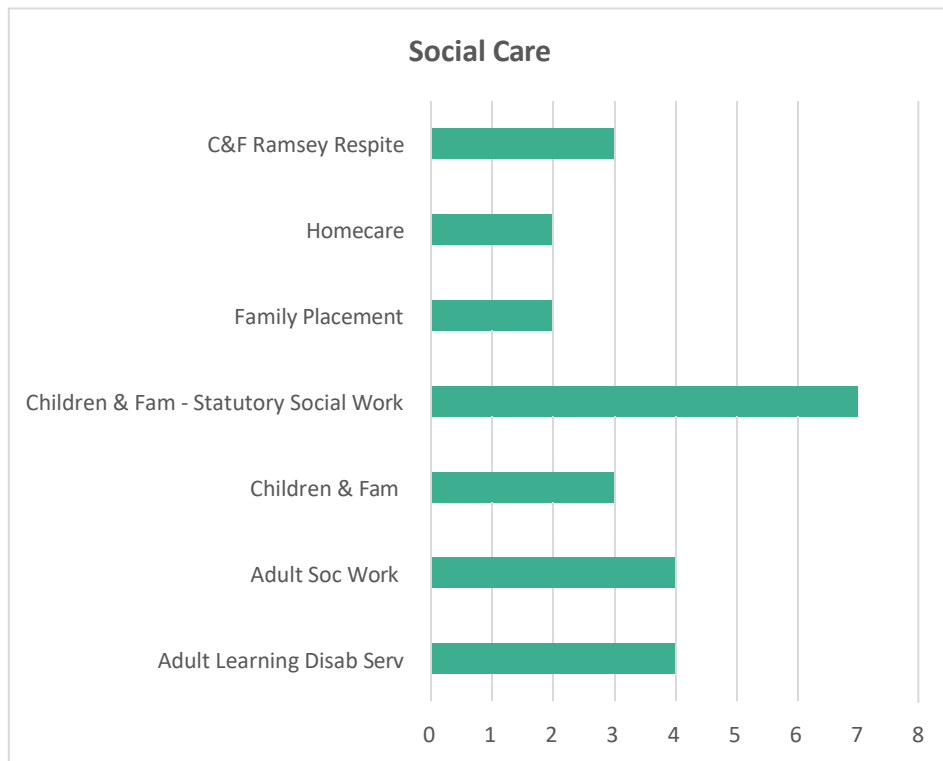


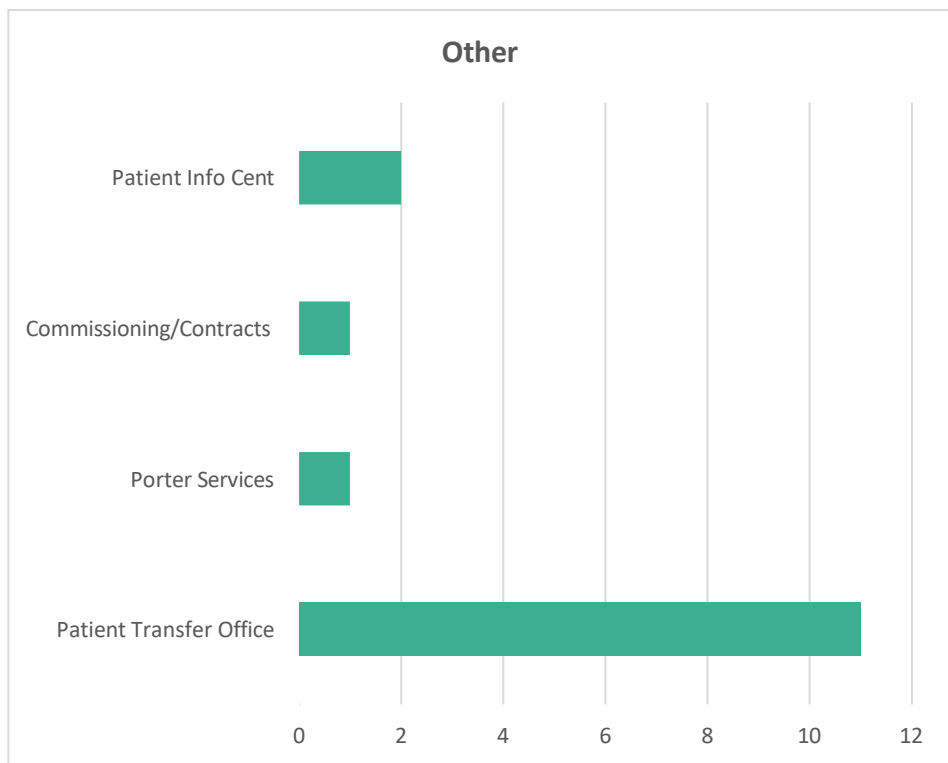
### Integrated Mental Health Services



### Integrated Diagnostic and Cancer Services









 <b>manx care</b> <small>Kierail Vannin</small>	<h2 style="text-align: center;">SUMMARY REPORT</h2>	Meeting Date:	
		Enclosure Number:	

Meeting:	<b>Quality Safety &amp; Engagement Committee</b>		
Report Title:	Manx Care Annual Experience & Engagement Report 2022/2023		
Authors:	Karen Maddox Experience & Engagement Lead		
Accountable Director:	Paul Moore Executive Director of Nursing and Governance		
Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/ Recommendation from that Committee
	Operational Quality & Safety Committee	09/05/2023	Assurance on the effectiveness and responsiveness of the MCALS and assurance on feedback via Friends and Family Test

Summary of key points in report			
<p>This first annual report to the OCQG provides a baseline, including an update on numbers, themes and trends from MCALS feedback and the Manx Care Friends and Family Test survey results from 01 April 2022 to 31 March 2023. The report also sets out Manx Care's progress towards the ambitions set out in the Experience and Engagement Framework (2021-2024). The report includes a summary of patient/service user and carer feedback, and actions and initiatives to improve experience between 1 April 2022 and 31 March 2023.</p>			
Consider for Action	<input type="checkbox"/>	Approval	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
		Information	<input type="checkbox"/>
Is this report relevant to compliance with any key standards? YES OR NO			
IG Governance Toolkit	NO	State specific standard	
Others (pls specify)		Manx Care Mandate	
Impacts and Implications?	YES or NO	If yes, what impact or implication	
Patient Safety and Experience	YES	Provides assurance on the impact of the MCALS and feedback via friends and family test.	
Financial (revenue & capital)			
OD/Workforce including H&S			

Equality, Diversity & Inclusion		
Legal		

## Experience and Engagement Annual Report – 2022/23

<b>REPORT FOR</b>	Experience and Engagement
<b>PREPARED BY</b>	Karen Maddox – Experience and Engagement Lead
<b>DATE</b>	25 April 2023

### 1. Purpose of Report

This first annual report to the Operational Clinical Quality Group (OCQG) provides a baseline, including an update on numbers, themes and trends from MCALS feedback and the Manx Care Friends and Family Test survey results from 01 April 2022 to 31 March 2023.

Our Experience and Engagement Team comprises one full time Lead, one part time Administration Officer and the MCALS Team, which includes one HEO Service Lead, and two Executive Officers.

The Experience and Engagement Team promotes patient/service user, carer, and family and visitor experience and provides assistance to support and help.

Manx Care is committed to delivering safe, effective and person-centred care. The use of feedback is central to ensuring delivery of these aims and we offer a variety of approaches which allow people to choose a feedback mechanism that best suits their needs. These include:

- In writing via letters to the MCALS Team
- By email via our MCALS Team email address
- By telephone direct to our dedicated MCALS Team number
- Via the MCALS webpage where messages including compliments can be shared with the MCALS Team
- Face to face with regular contact with the public via drop in sessions held across Manx Care sites across the North, South, East and West of the island, as well as events
- Via the Manx Care Friends and Family Test Survey
- Via the Primary Care Friends and Family Test Survey

Data collected is analysed so that we can help identify themes and emerging trends from concerns, queries and compliments. The feedback provides us with a picture of service user experience, while also offering an insight into what matters to patients, service users and carers. Importantly, it allows us to develop action plans for public engagement and quality improvements.

### 2. Introduction

This annual report demonstrates how Manx Care measures progress towards the ambitions set out in the Experience and Engagement Framework (2021-2024). The report includes a summary of patient/service user and carer feedback, and actions and initiatives to improve experience between 1 April 2022 and 31 March 2023.

MCALS weekly dashboards and monthly reports are provided to Care Groups' operational teams and feedback received from service users is shared with staff. Leaders of our Care Group triumvirates receive the feedback MCALS receives, and act quickly to provide a very responsive service. MCALS has responded to enquiries and concerns on average **90%** on the same day between April 2022 and March 2023.

All feedback is shared with the relevant ward or department to enable teams to share positive feedback and consider suggestions for improvements made by patients and carers. Each Care Group has been provided with a quarterly 'you said we did' poster, which is updated regularly to share the actions that have been taken as a result of feedback.

In August 2022, Manx Care launched the Friends and Family Test Survey. This anonymous feedback tool is available via QR Code, (situated on posters and business cards throughout Manx Care sites) paper version, and by leaflet. Primary Care has used the Friends and Family Survey for many years and has provided us with regular results to include in quarterly updates to the OCQG.

Monthly dashboards have been shared with Care Group triumvirates, teams and wards since September 2022. The Experience and Engagement Team has provided educational sessions to staff across Manx Care to provide education on how to access the survey for their patients, service users, carers, and families. Regular information sessions have also been held at Noble's Hospital main foyer and the team works in partnership with the Ramsey Town Hall with fortnightly engagement sessions established for the public to drop in for information on the survey as well as MCALS.

Primary Care and the Experience and Engagement Team alongside GTS (Government Technology Services) have been working together to align both surveys. It was agreed for Primary Care to decommission their Friends and Family Survey on 30 April 2023, and switch over the Manx Care Friends and Family Test Survey across Pharmacies, GP Practices, Dental and opticians. A number of staff and public information sessions are planned during the week of 30 April 2023 at the Community Health Centre in Douglas, to provide advice and support on how to access the survey and provide toolkits and packs to all Primary Care services. The data will be provided electronically through the QR code or via paper versions which are scanned to our central inbox and inputted manually into the electronic system by our Experience and Engagement Officer.

A summary of results from this survey is included in the relevant section of this report.

### 3. Manx Care Advice and Liaison Service (MCALS)

MCALS has continued to offer telephone, email, letter and face to face support to patients/service users, carers and their families to provide a listening service and speedy resolution of queries and concerns.

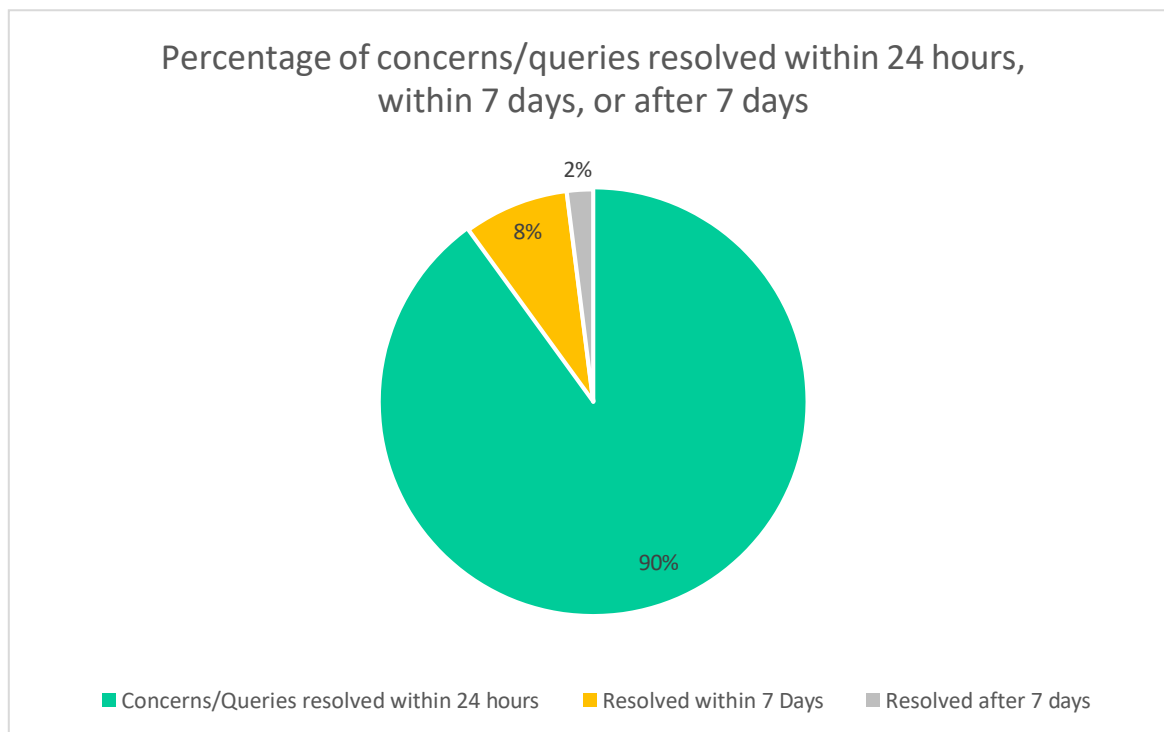
#### 3.1 Total number of contacts received between 01 April 2022 to 31 March 2023

- On 02 August 2021 MCALS launched as a pilot service until 31 March 2022 when the service became substantive. There were a total of **3,469** contacts logged during this period and **6,693** between 01 April 2022 and 31 March 2023. MCALS continues to provide excellent support to ensure issues are resolved before they are allowed to escalate into formal complaints.
- Phone calls**  
**3,017 Phone calls** were received by the MCALS Team. *\*this includes logging of missed calls out of hours since February 2023 which are reflected in the barchart on page 3\*.*
- Emails**  
**3,504 email** concerns and queries were completed by the MCALS Team.
- Face to Face**  
**162** contacts were made. Drop in sessions for the public began on the first annual anniversary of MCALS on 2 August 2023 which launched in the Noble's Hospital Foyer. At the beginning of March 2023, MCALS created substantive face to face 2 hourly regular drop in sessions working in partnership with the Western and Southern Wellbeing centres, Ramsey Town Hall and Henry Bloom Noble Library and Onchan Library.
- Letters**  
**10** letters were received and responded to via MCALS.

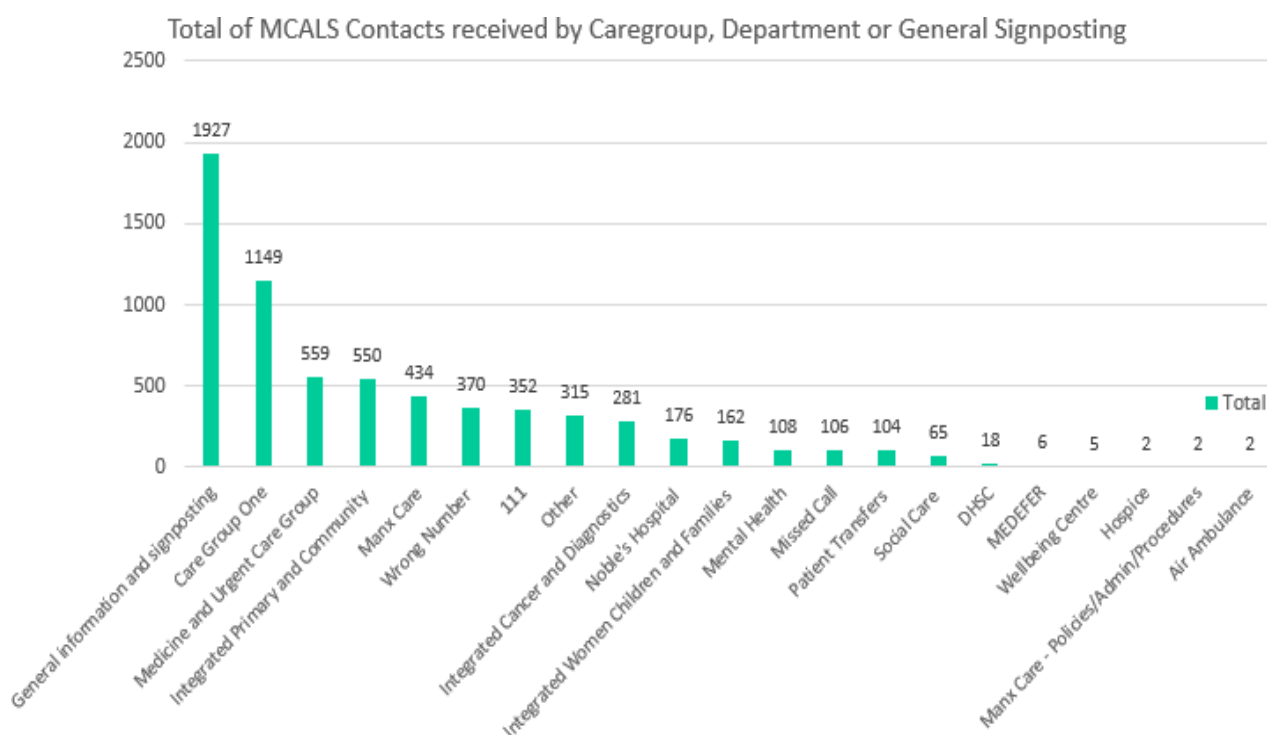
#### 3.2 Time to resolution

- During 01 April 2022 and 31 March 2023, MCALS had resolved ALL contacts within 24 hours, **90%** of the time. **Key Line of Enquiry target is 80% of contacts receive a response within 24 hours**

- **8%** of cases were resolved within 7 days. The remaining **2%** were more complex cases which required the input of colleagues across Manx Care and Government in order for the necessary information to be gathered.



### 3.3 MCALS 01 April 2022 to 31 March 2023 – total number of contacts received by Care Group, Department or for General Signposting

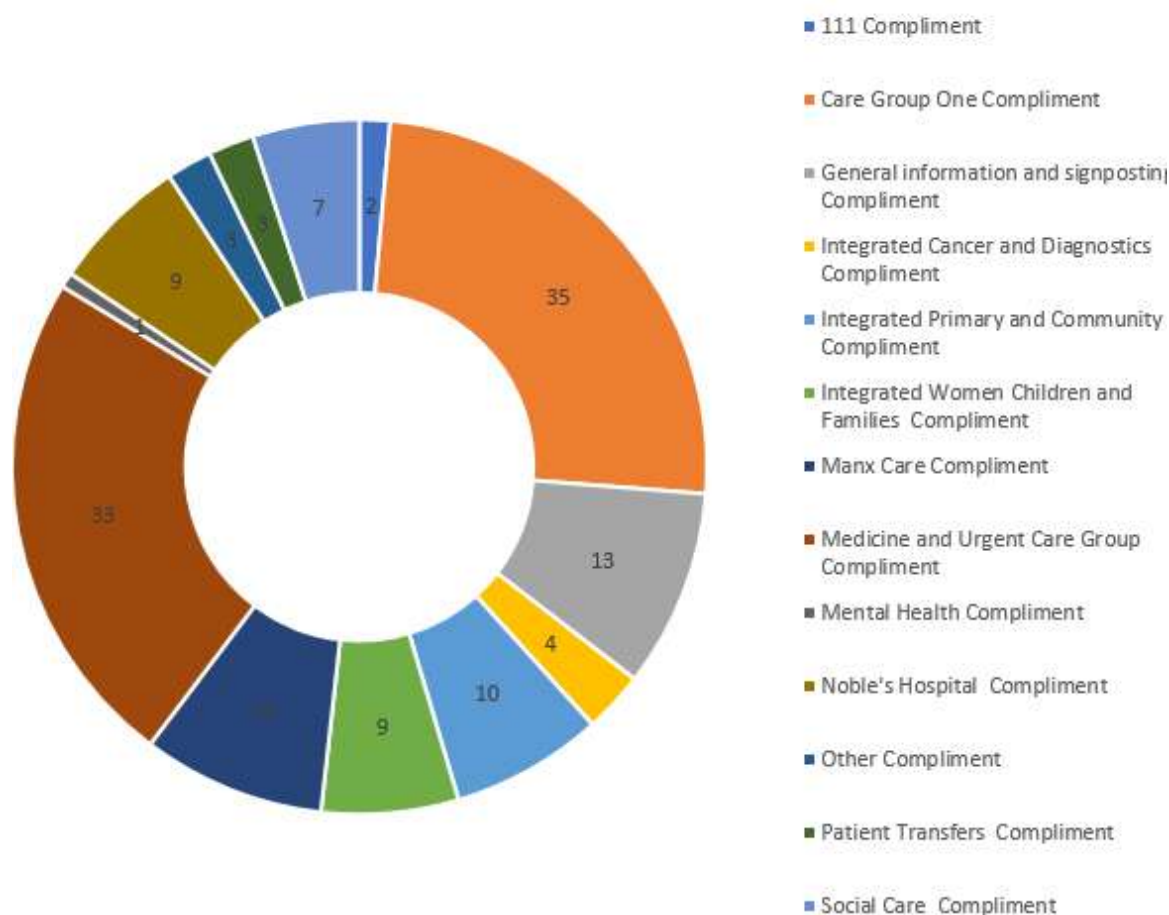


**Top 10 themes for feedback received via MCALS are as follows:**

<b>1,927</b> for General signposting to other services and departments and third sector charities:
<b>1,094</b> enquiries and concerns about appointments, either access to outpatient appointments, delays to appointments, or concerns about waiting times for appointments across Manx Care
<b>738</b> enquiries and concerns categorised as Other ( which related to either parking, general feedback of services, signage, general enquiries about how to access a service within Manx Care, and providing information)
<b>408</b> enquiries and concerns related to Administration, comprising of issues with non-receipt of clinical letters, incorrect appointment dates, or general enquiries about hospital administration, or request to change address or general details
<b>374</b> enquiries or concerns relating to access to treatment or drugs – this included access to NICE TAs as well as treatment in hospital or within outpatient settings which comprise physical and mental health
<b>266</b> enquiries requesting advice to access the Manx Care Complaints process (*of note MCALS have prevented 49% of concerns from becoming a Complaint which is reflected in the Manx Care Complaints figures since the new Complaints Regulations were launched on 31 October 2022*)
<b>152</b> enquiries and concerns related to inpatient waiting lists for procedures
<b>140</b> related to Vaccination enquiries and concerns
<b>127</b> missed calls out of hours were recorded by MCALS in February and March (related to weekends and those received after 4pm weekdays and before 9:30am) Missed calls are always contacted back via the MCALS Team and message left if there is no response.
<b>141</b> Compliments were received via MCALS and shared with teams and Care Group Leads

**3.4** 141 compliments have been received via MCALS and shared with Care Group Leads, Service Managers and ADONs (Associate Directors of Nursing).

**Total number of compliments received via MCALS by Caregroup or Department 01 April 2022 to 31 March 2023**

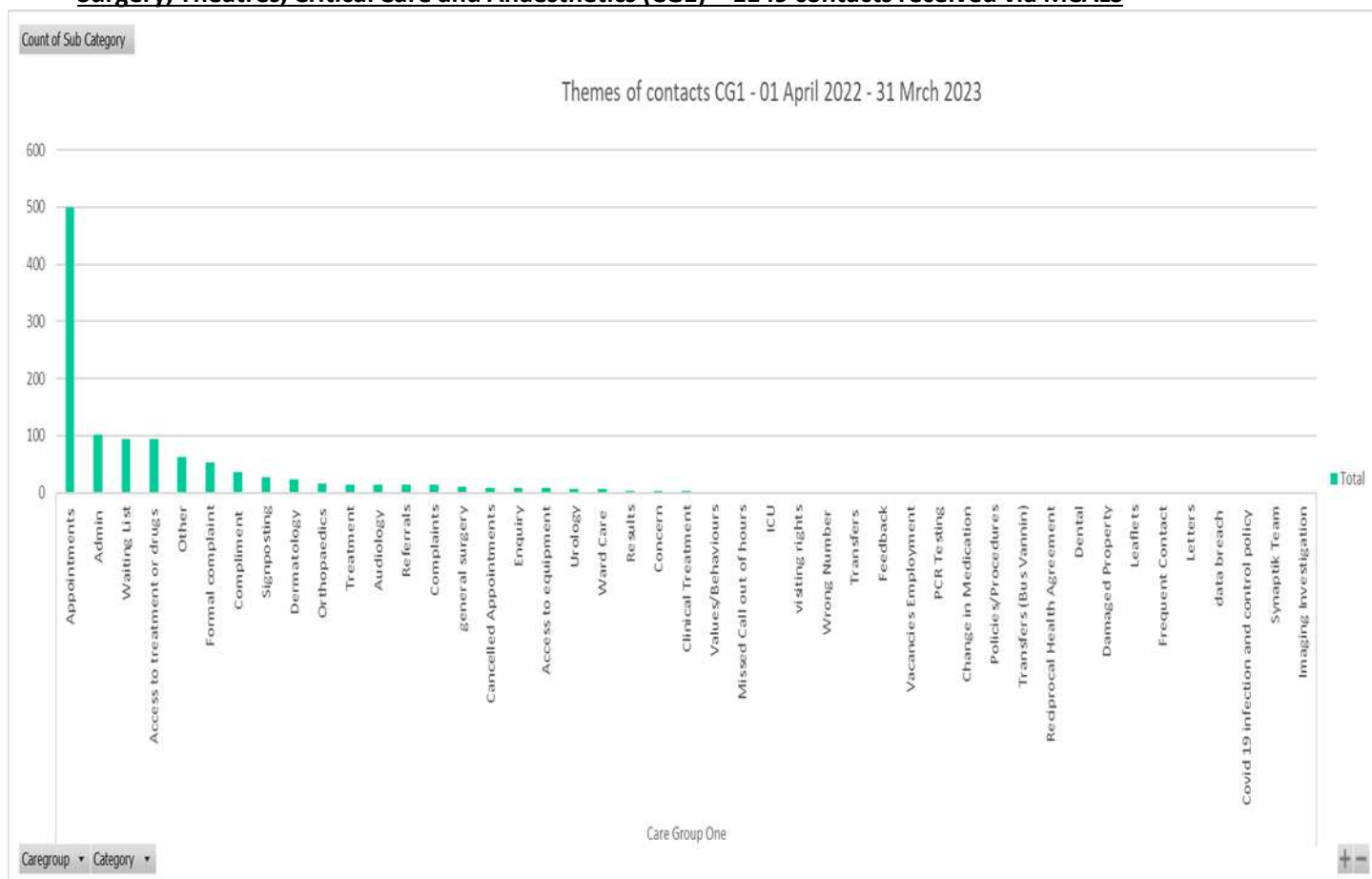


#### 4.0 The tables below provide the themes for Care Group contacts received via MCALS in 2022/23

**Care Group 1** - Access to outpatient appointments for ophthalmology and orthopaedic clinics were recorded as the highest volume for contacts via MCALS for Care Group One in 2022/23, followed by access to NICE TA drugs, concerns about the length of waiting times for orthopaedic and eye surgery, as well as general administration concerns in terms of delays to clinical letters being received and difficulty in accessing the secretarial teams.

35 compliments were received relating to good care received.

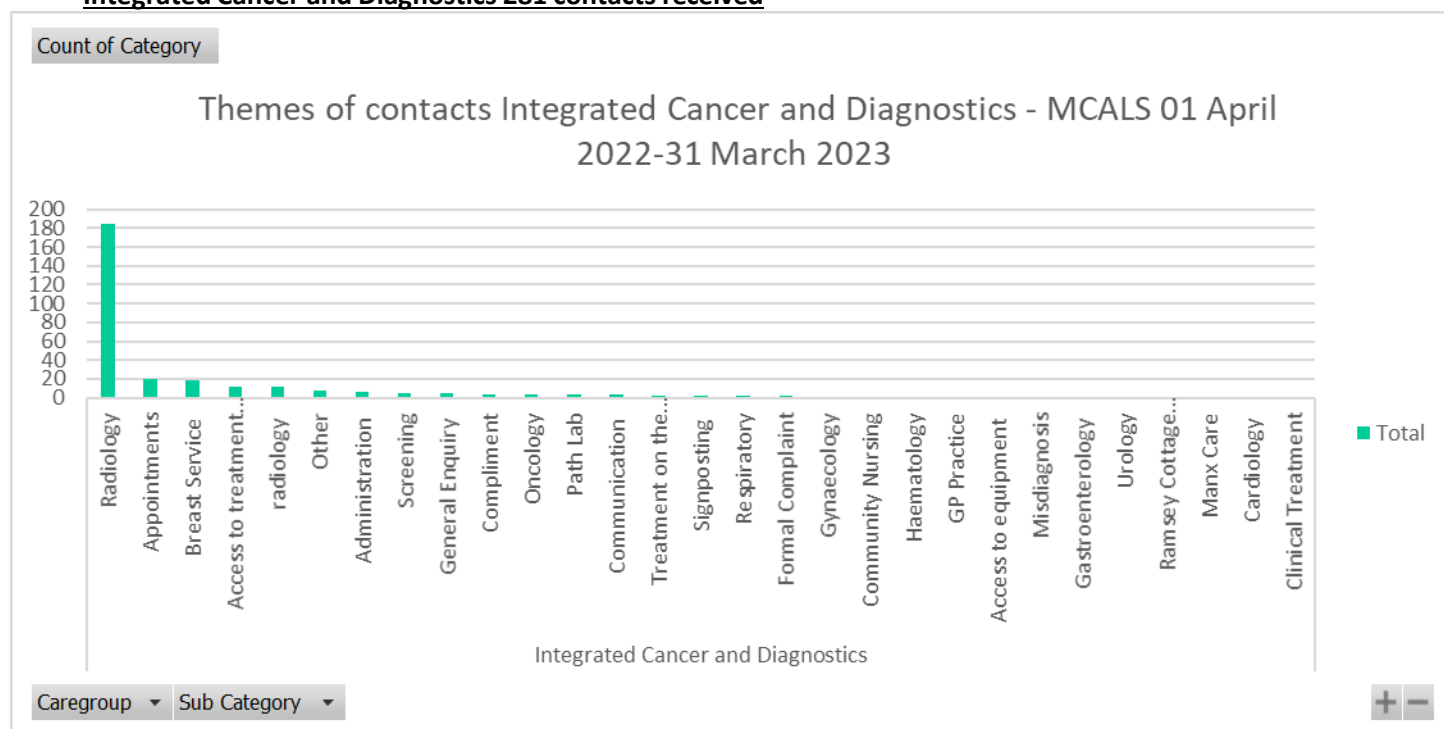
##### **Surgery, Theatres, Critical Care and Anaesthetics (CG1) – 1149 contacts received via MCALS**



**Integrated Cancer and Diagnostics Care Group** - Difficulty in accessing the Radiology Team via telephone as well as concerns and enquiries about waiting times for radiology appointments were recorded as the highest level of contacts received via MCALS in 2022/23. Concerns about cancer 2 week wait times within the Breast Service, access to cancer treatment on and off island, were also in the top level of contacts received.

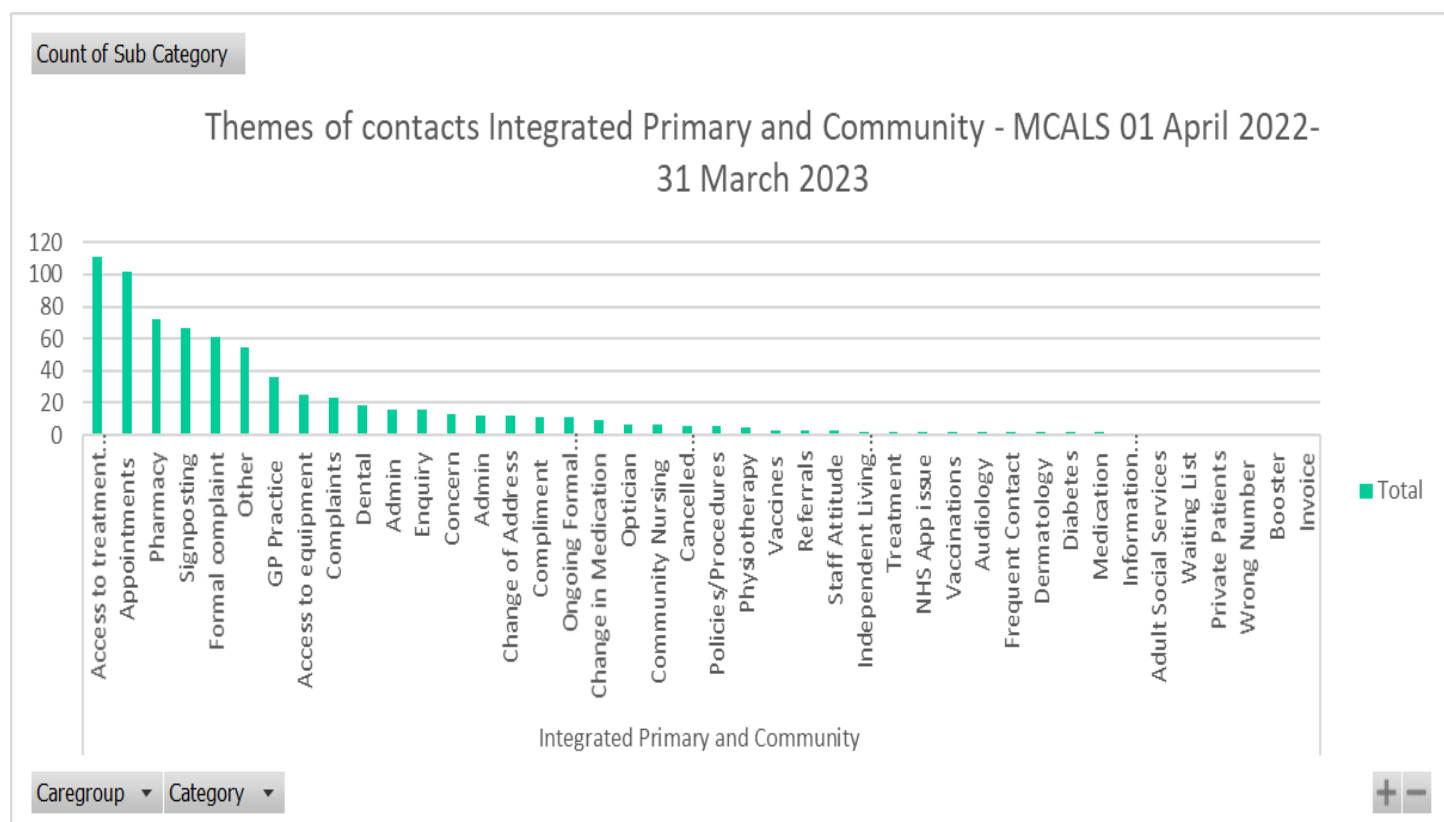
4 compliments were received.

### Integrated Cancer and Diagnostics 281 contacts received



**Integrated Primary and Community Care Group** – Concerns about being unable to access GP appointments including difficulty in being able to secure appointments during the hours of 08:00 and 08:30am each weekday featured as the highest volumes of contacts received in 2022/23. This was followed by concerns in accessing dental services including concerns about the waiting time to be added to the waiting list for a dentist, and delays to appointments. Formal complaints were logged concerning staff values and behaviours across GP and Dental practices and Lloyds Pharmacy. Concerns about pharmacy closures in the North, and a lack of prescription medicines being readily available also featured as contacts received via MCALS.

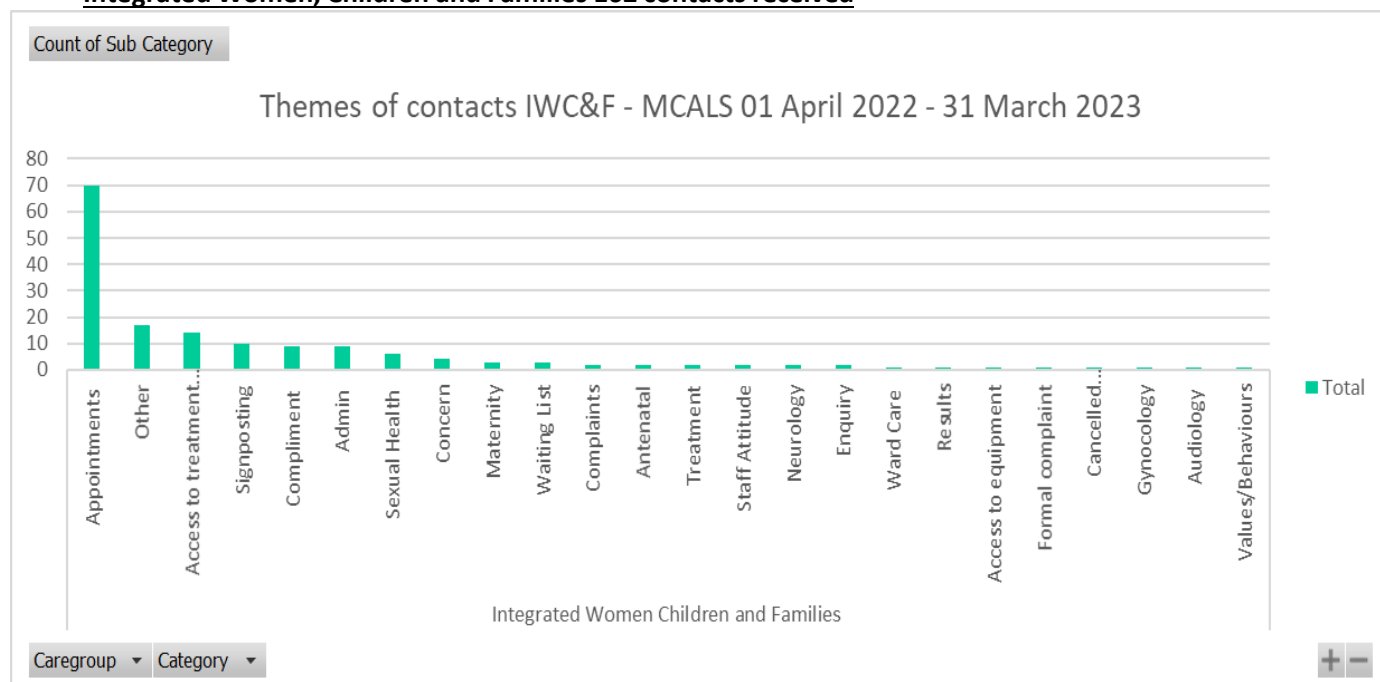
### Integrated Primary and Community 550 contacts received





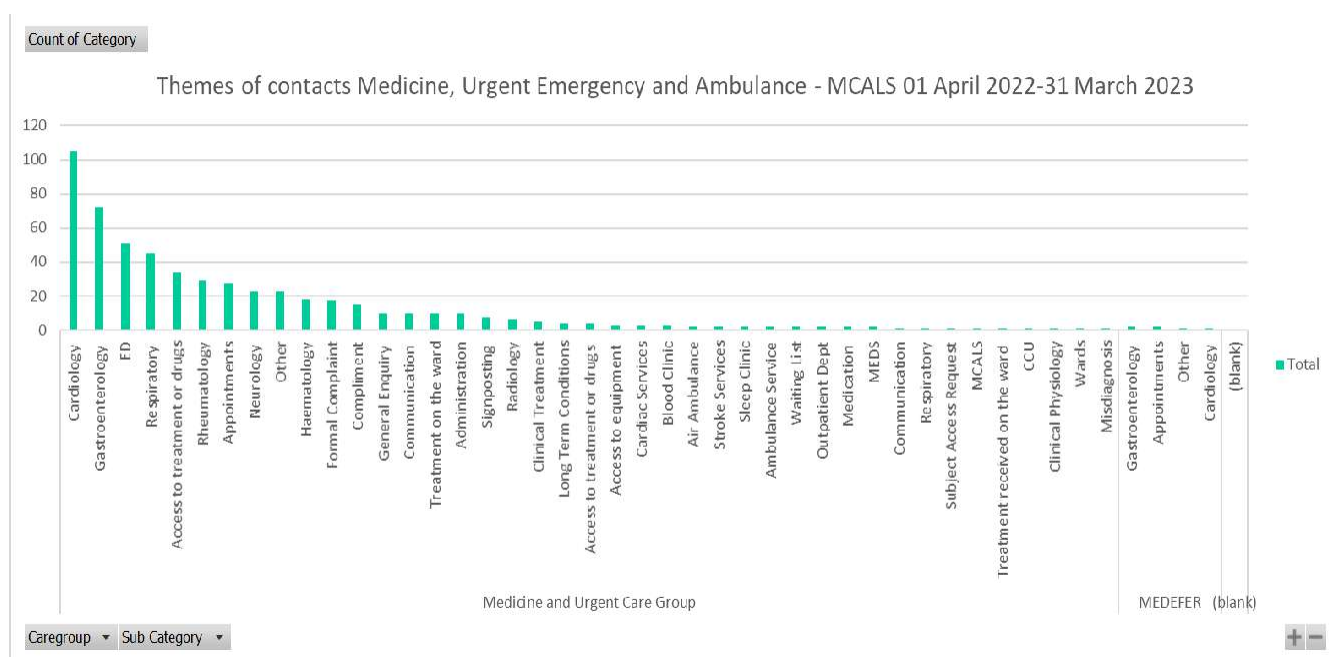
**Integrated Women, Children and Families** – The main concern for contacts was access to gynaecology appointments both routine and within two week wait cancer services. Access to treatment or drugs within paediatric care and gynaecology care featured as a top theme as well as general enquiries about accessing services for children. 9 compliments were received.

#### **Integrated Women, Children and Families 162 contacts received**



**Medicine, Urgent, Emergency and Ambulance** – Contacts received related to waiting times for Cardiology outpatient appointments, including those waiting for a gastroenterology appointment. Waiting times in the Emergency Department also featured as a top theme along with staff values and behaviours within the ED. Respiratory appointment waiting times were also a concern as well as access to treatment and drugs, including in relating NICE TAs for gastroenterology issues.

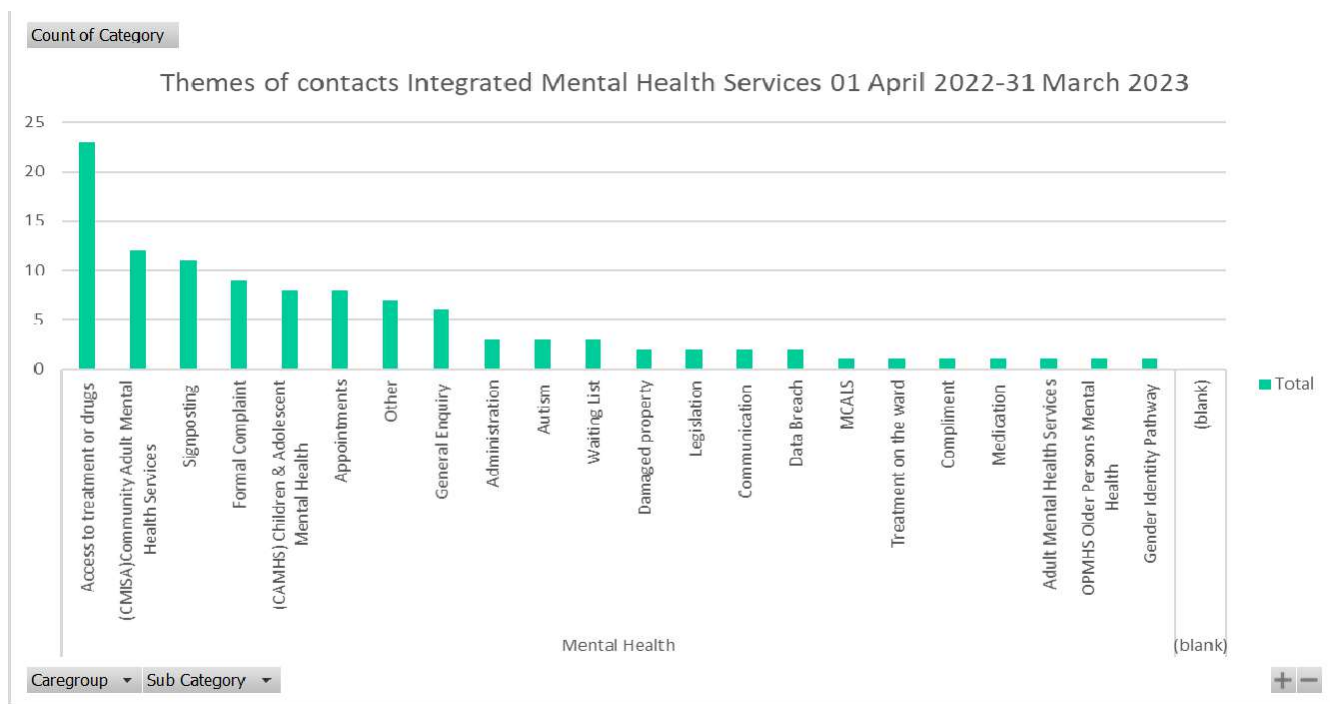
#### **Medicine, Urgent, Emergency and Ambulance – and MEDEFER – 559 (plus 6 for Medefer) contacts received**





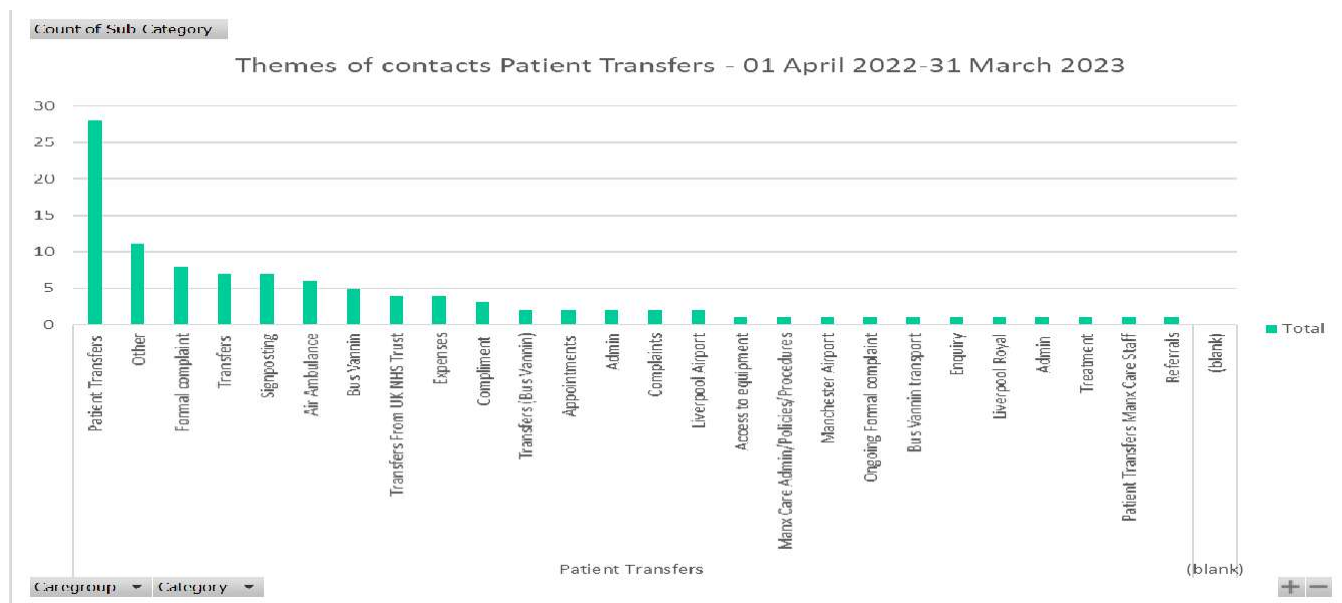
**Integrated Mental Health Services** – Access to treatment or drugs was the main topic of concern, along with access to appointments with the Community Adult Mental Health Services and Children and Adolescent Mental Health Services. Signposting to mental health services as well as service users and carers seeking to access the formal complaints process were all top themes across 2022/23.

### Integrated Mental Health Services 108 contacts received



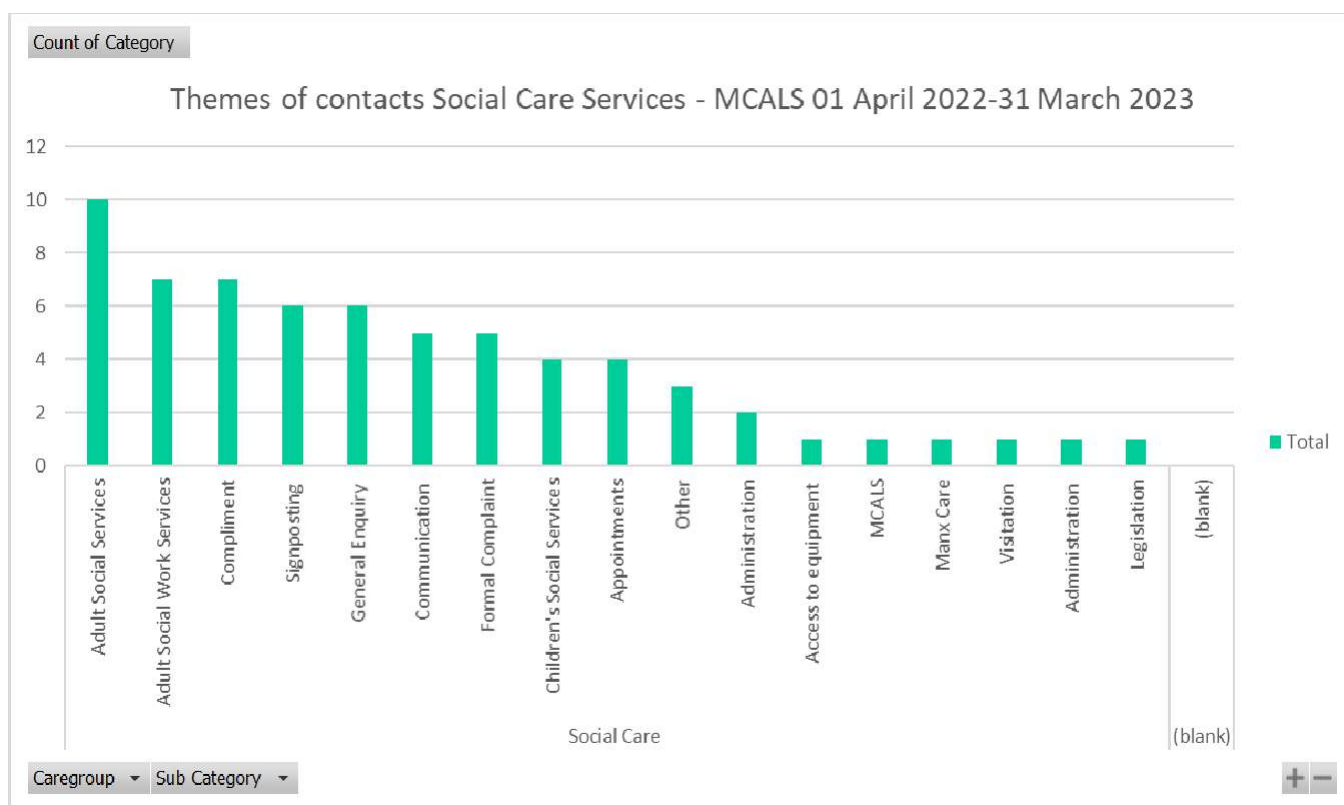
### Patient Transfers 104 contacts received

**Patient Transfers** – main concerns featured around appeals for escort provision, along with transfers to Noble's Hospital for appointments and treatment with delays to pick up times being reported along with difficulty in accessing our transport provider by telephone. Concerns about refunds for payment of travel costs, as well as concerns about a lack of joined up care for those who travel off island for treatment and our tertiary providers - lack of communication was cited as a concern on these occasions. 3 compliments were received.



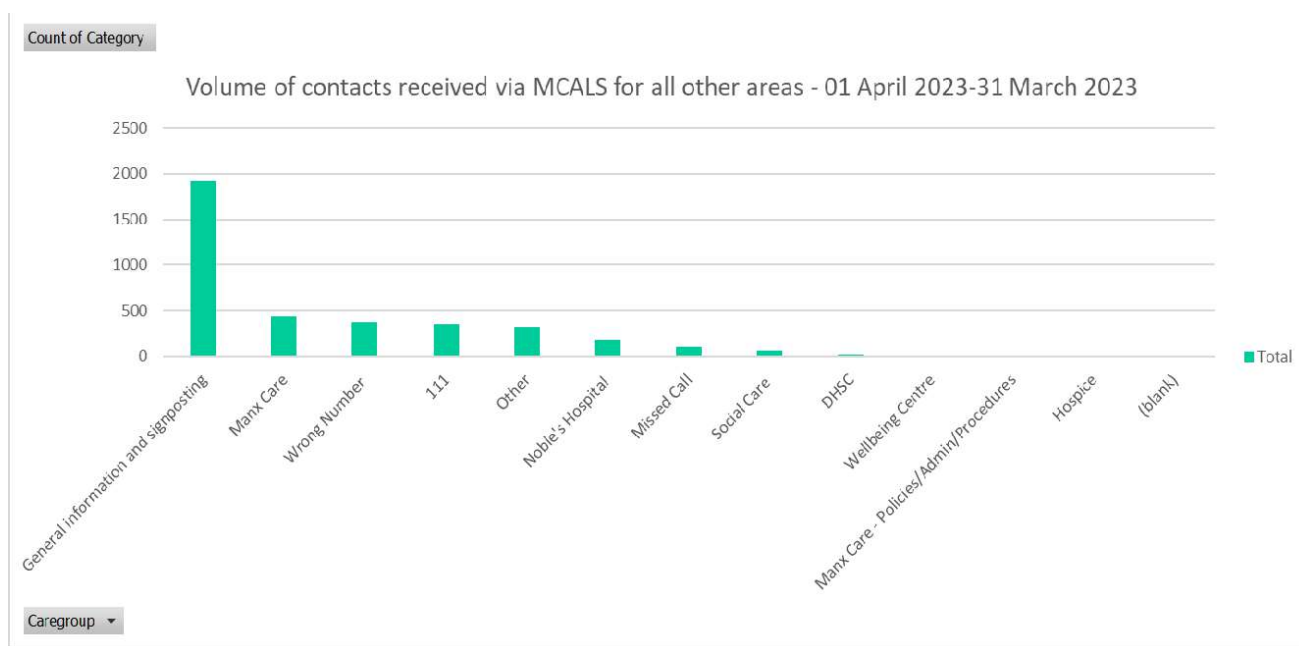
**Social Care Services** – main concerns related to Adult Social Care Services with issues about suitable housing, lack of step down facility at Southlands and lack of support to help those to stay at home. Concerns about Children and safeguarding, as well as 9 compliments were received in 2022/23.

## Social Care Services 65 contacts received



## Volume of all other categories of contacts received via MCALS 01 April 2022-31 March 2023

Service users, carers and families as well as political members requested information on Manx Care and DHSC policies and parking issues and signage at Noble's Hospital.. Contacts also requested contact details for other government departments including the benefits office, tax office, details about the reciprocal health agreement, Winter helpline, IOM foodbank and earlier in the year about the policy for mask wearing across Manx Care sites as well as visiting policies for patients in Noble's and care homes. Contacts also came through to MCALS to enquire about job vacancies and volunteer positions, as well as general enquiries about referrals to the Wellbeing Centres and requesting contact details for third sector partners and charities as well as other government departments.



## 5.0 Manx Care Friends and Family Test (FFT) Survey and Primary Care Friends and Family Test (FFT) Survey results

The Manx Care Friends and Family Test Survey launched in August 2022 and gives service users, carers and families the opportunity to provide immediate feedback about their experiences.

Between August 2022 and March 2023, **1,801** responses to the Manx Care Friends and Family Test Survey were received, and **4,575** responses to the Primary Care Friends and Family Test survey, a combined total of **6,376** surveys.

The table below demonstrates the volume of surveys completed for **Primary Care**, including ratings in 2022/23:

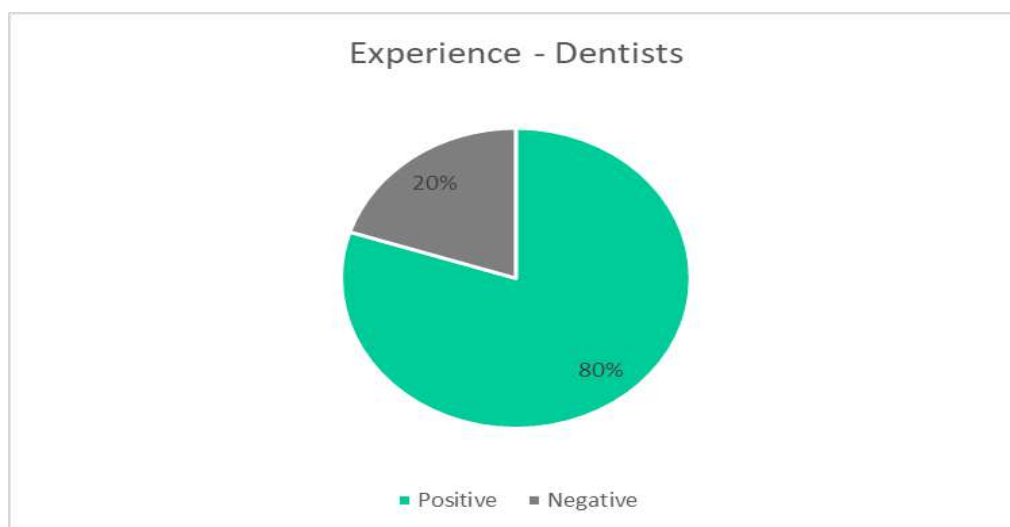
### GPs Total number of responses – 4396

Very Good	Good	Neither Good nor Poor	Poor	Very Poor
2604	1200	292	188	112



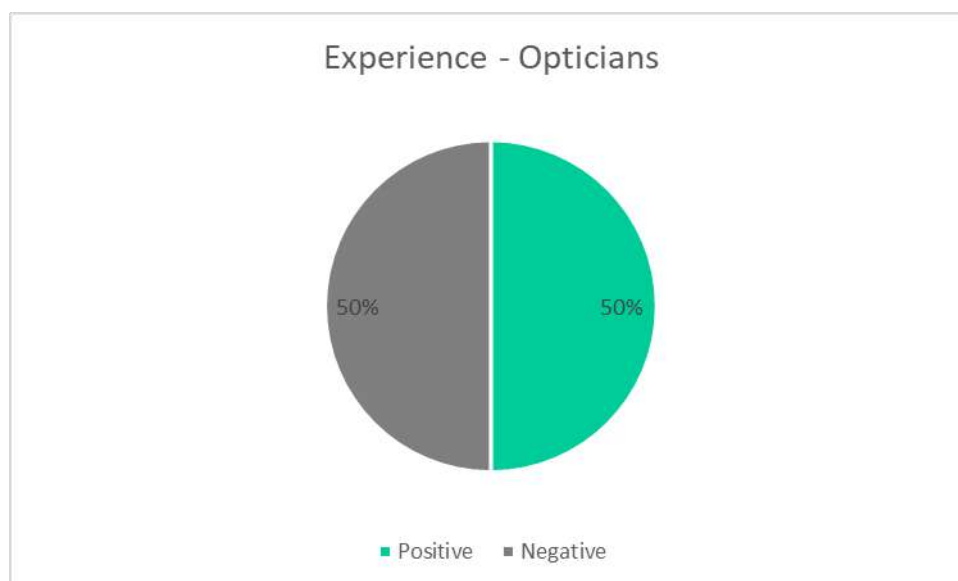
### Dentists Total number of responses – 173

Very Good	Good	Neither Good nor Poor	Poor	Very Poor
126	12	3	2	30



## Opticians Total number of responses - 6

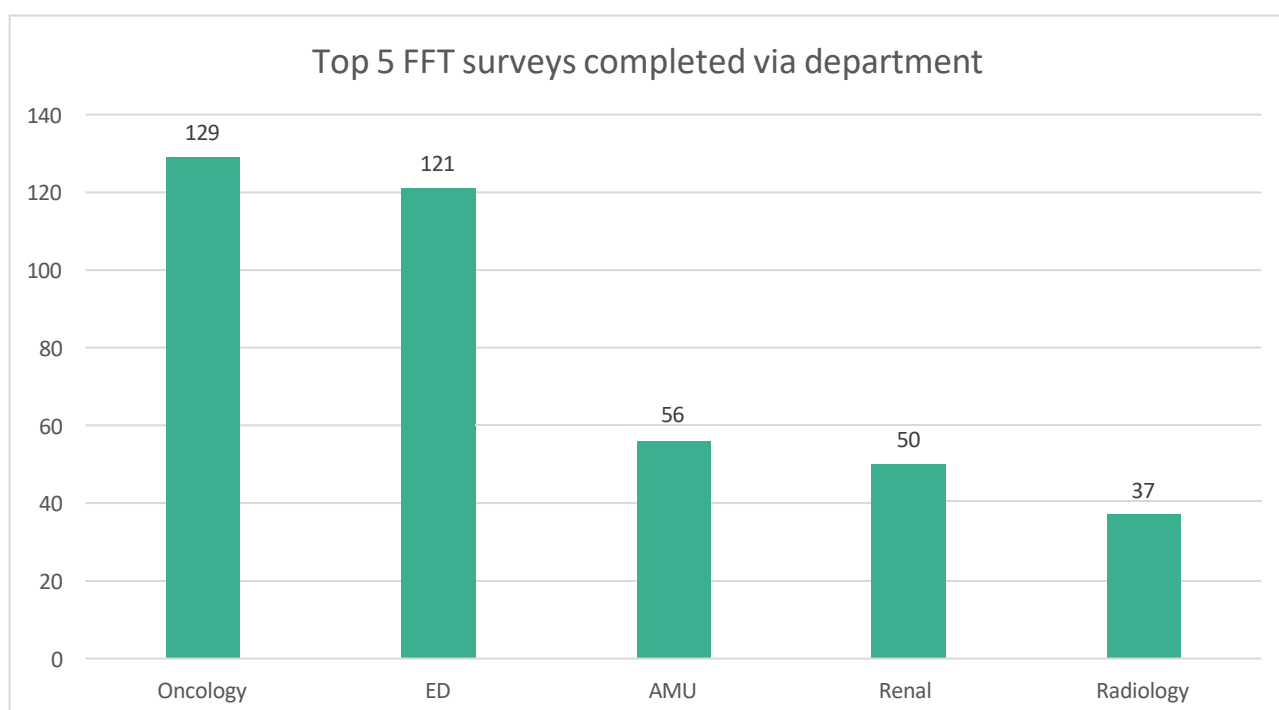
Very Good	Good	Neither Good nor Poor	Poor	Very Poor
1	2	0	0	3

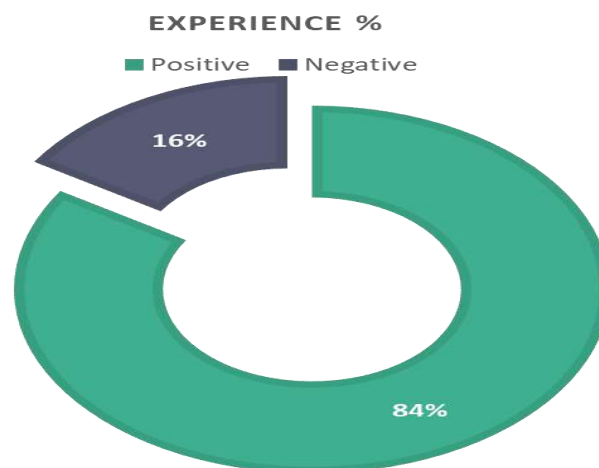


### 5.1 Manx Care FFT

The majority of responses received from the Manx Care Family and Friends Test survey derived from outpatient departments across Noble's Hospital, which includes medical, surgical and the Emergency Department.

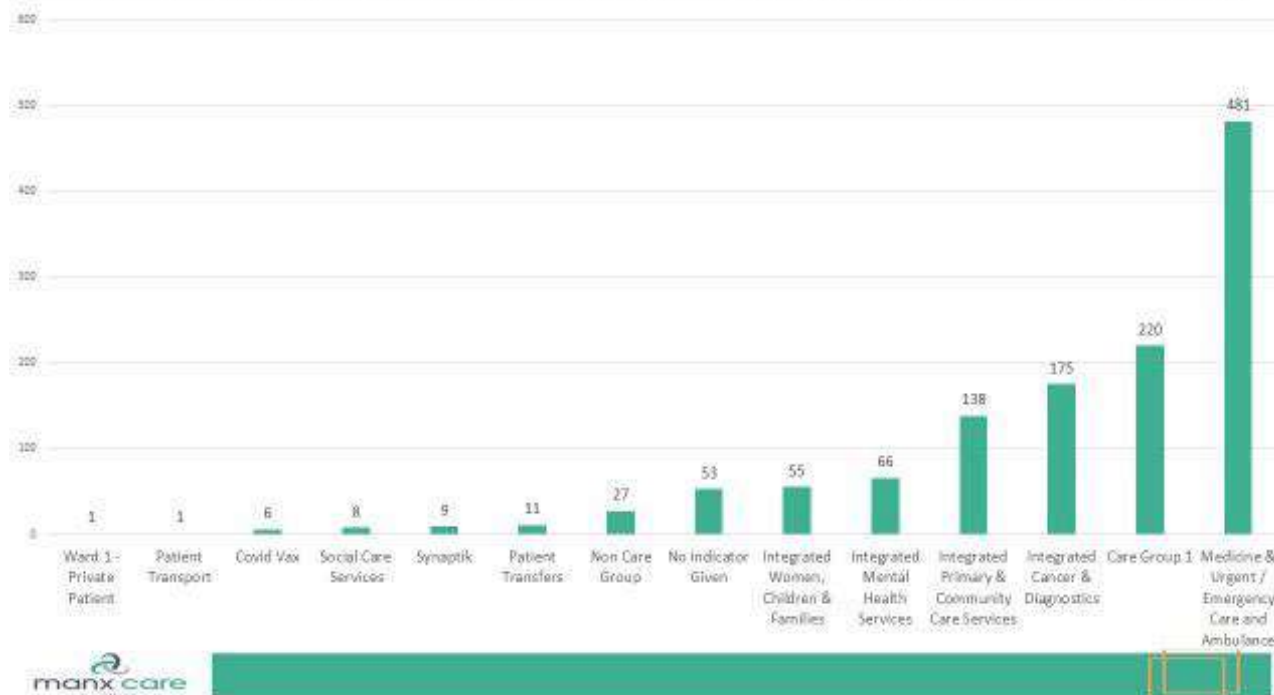
The Top 5 areas that received completed survey responses included Oncology, Emergency Department, Acute Medical Unit, Renal Unit and Radiology.





#### Annual Report for 2022 – 2023

This chart shows the number of Surveys received from Service Users for All Care Groups from September 2022 – March 2023.



The rating results from the 1,801 surveys completed, demonstrate that the vast majority are more than satisfied with the standards of care they receive; friendliness, helpfulness, excellence, clinical outcomes, professionalism, and overall a very positive experience were cited.\*regular reporting started in September 2022 (August 2022 data is included in the overall volume totals for this report, but August 2022 data from the Manx Care FFT in the below charts is not included as the reporting format and rollout of survey had not been finalised back in August 2022)

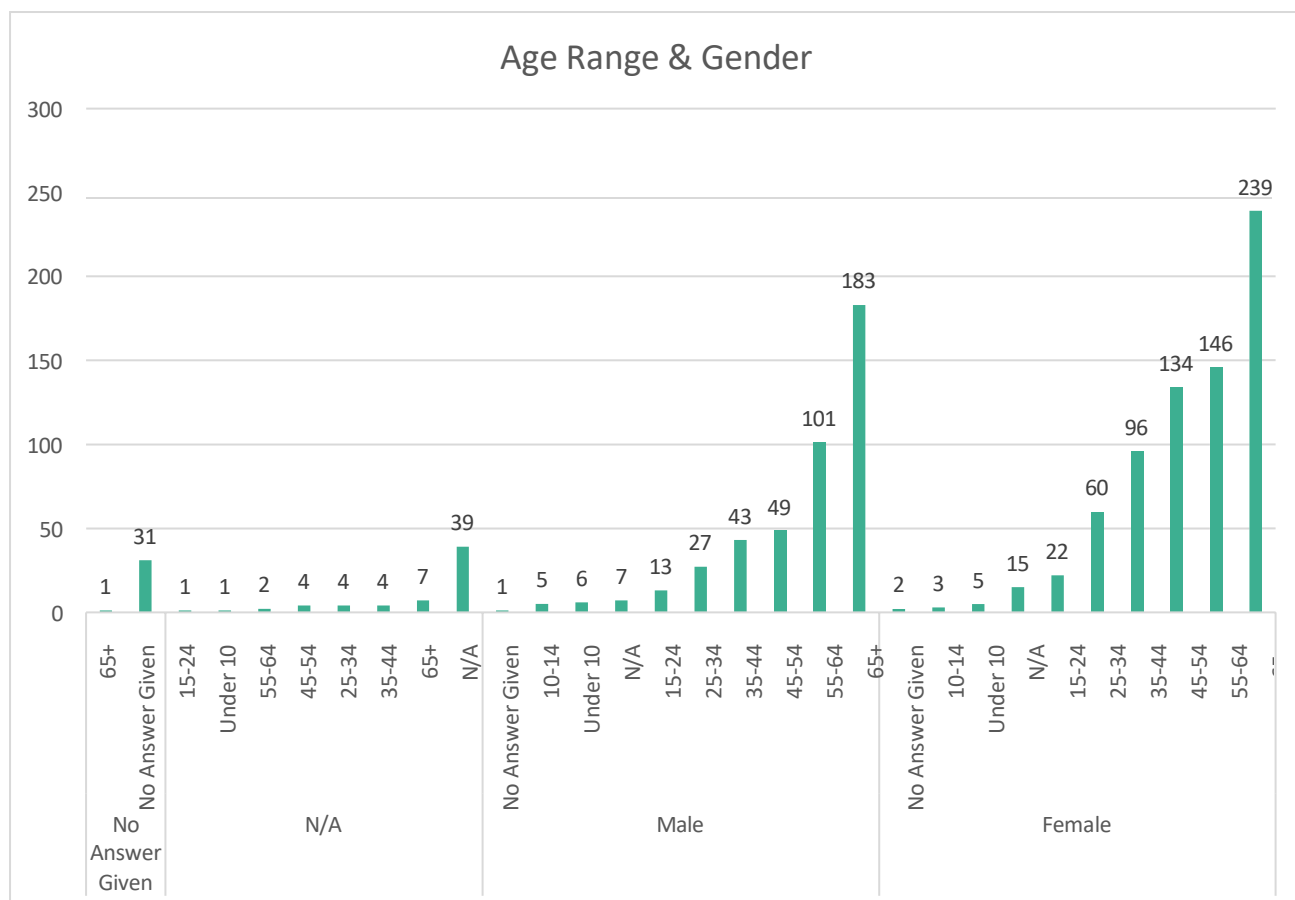
**84%** rated Manx Care as Good or Very Good

**5%** rated Manx Care as Neither Good Nor Poor

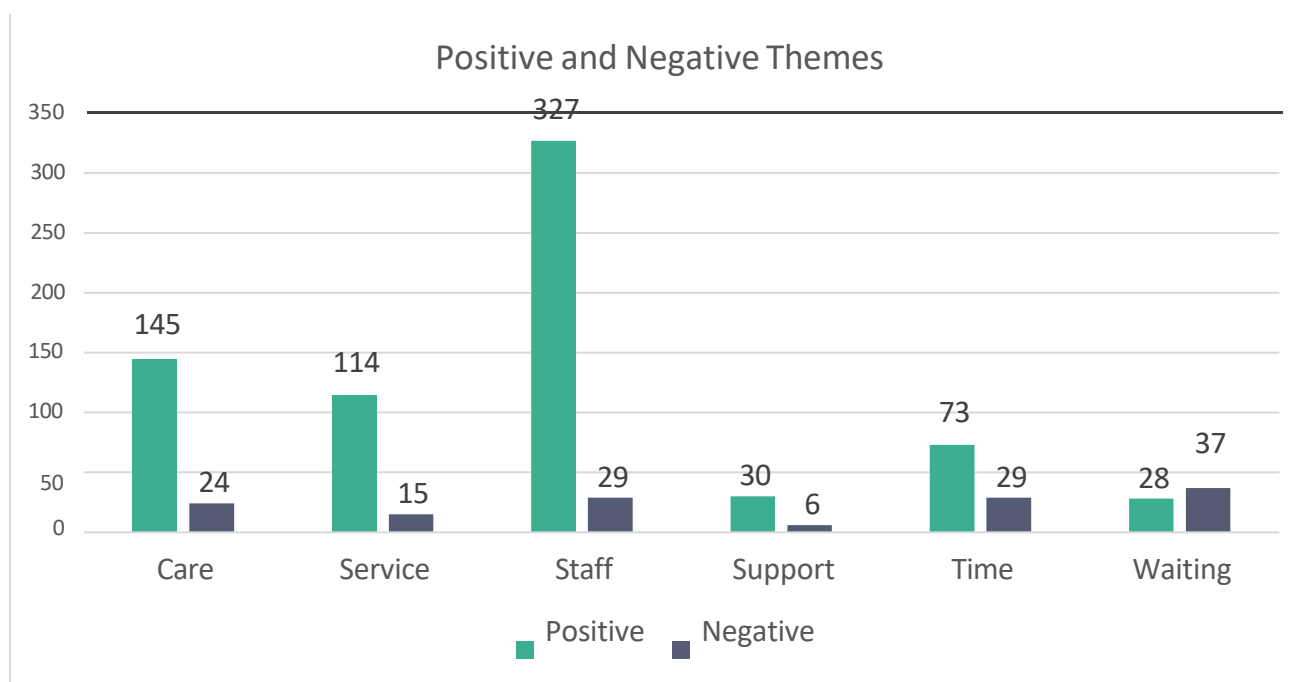
**9%** rated Manx Care as Poor

**2%** rated Manx Care as Very Poor

The gender and age demographics have been captured via the survey and the results highlight that females over the age of 65 completed the survey the most, followed by males over the age of 65. The gaps in demographics including those in the children and younger age groups and those who prefer not state their gender, will inform further adaptation of the survey in 2023/24 to ensure we reach those harder to reach.



Positive themes from the survey have included care, service, staff, support, timeliness and waiting, and mirror the negative themes reported across 2022/23.



#### **What can we do better?**

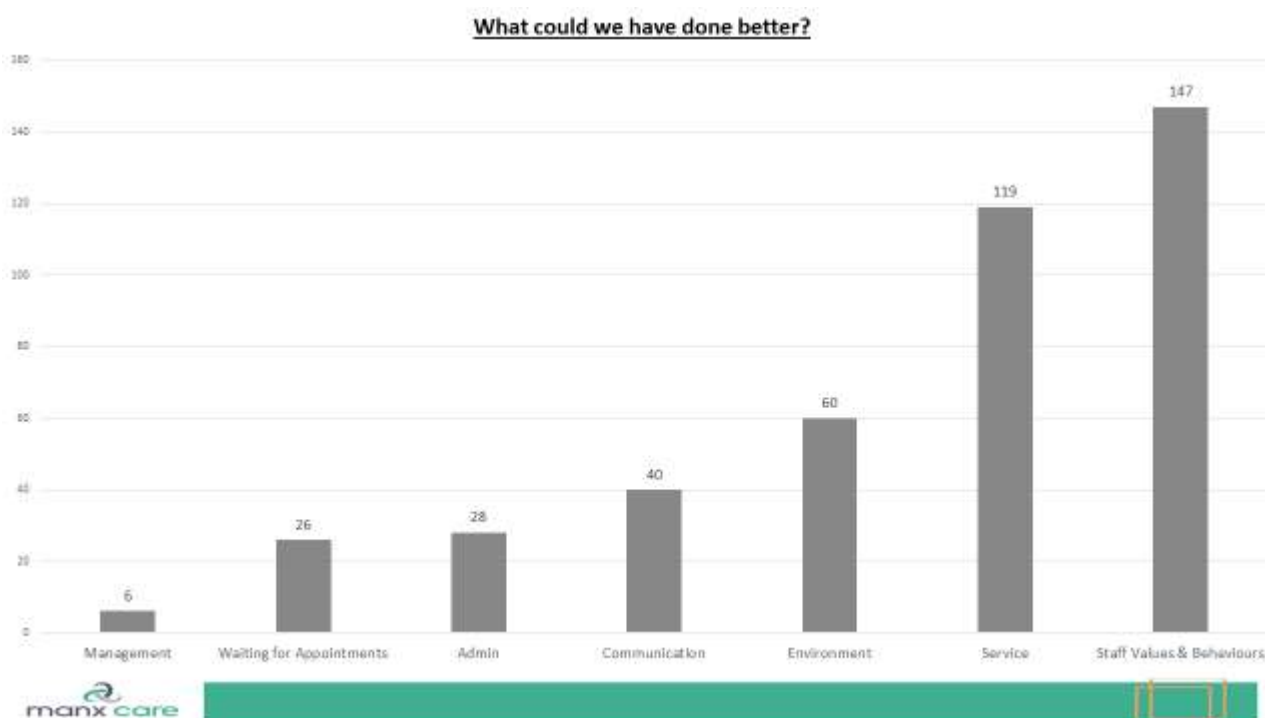
In answer to the question on the survey as to what we can do better, our patients, service users, carers and families tell us that staff attitude needs to improve, followed by improving services by way of waiting times to access them, ways of communicating face to face and in written form, and improvement of the environment.

A low number of people asked us to improve management, and administration. The Experience and

Engagement Team will lead strategically in 2023/2024 on promoting the trends and themes in the below

chart to aim for improvements across all Care Groups via our regular monitoring of feedback, and by our regular reporting throughout the year.

**The table below highlights what service users in 2022/23 asked us to work on and improve**



## 6.0 **Learning from concerns, enquiries and feedback**

There is an organisational emphasis on both quality and timeliness of MCALS concerns and enquiries handling which is reinforced by the Manx Care Board in their Boardmeetings held in public.

All concerns and enquiries, together with their respective responses, are quality/accuracy checked and challenged by the Experience and Engagement Lead and MCALS Service Lead.

The majority of concerns related to issues with accessing appointments and the negative impact this has had on people's wellbeing since the pandemic.

Cancelled elective admissions and the rescheduling of outpatient appointments escalate to a formal complaint when patients cannot be given an early resolution or have had multiple poor experiences. Concerns that are extensive and include a high level of clinical content, are escalated to the Care Quality and Safety Team in order that a more in depth investigation and analysis can be undertaken.

Experience training is also provided by the Experience and Engagement Officer for newly qualified Health Care Assistants and Registered Nurses. A target for 2023/24 as part of the Experience and Engagement Framework, is a wider rollout of a Customer Services Training programme for Manx Care staff.

When feedback results in an action being taken, it is vital that we communicate what we have done. Actions taken as a result of the service user, carer, and family and public experience feedback are communicated through various channels, as follows:

- Direct feedback to the service user via meetings, telephone calls, emails, and face to face sessions
- Quarterly reporting of Experience and Engagement data at the Operational Clinical Quality Group
- MCALS and Experience and Engagement Teams feedback to Care Group governance review meetings on a quarterly basis
- Weekly dashboards are circulated to all Care Group Leads for high level oversight of the trends each week



- Monthly MCALS reports circulated to all Care Group Leads highlighting volumes and trends and for sharing with their teams
- 'You said – we did' noticeboards at Care Group level since January 2023 – reported via infographic poster each quarter – examples from Q3 and Q4 below

### **Q3 (Oct-Dec 2023)**

- You Said - Can Noble's Emergency Department provide a vending machine please?
- We Did – ED installed a tea/coffee vending machine in the waiting area and a snack and cold drinks vending machine by reception
- You Said – Manx Care needs to have better data protection policies in place
- We Did – New procedure in place to password protect documents implemented by the Information Governance Team and rolled out across Manx Care
- You Said – "I turned up for an appointment but there was no clinician available"
- We Did – Staff were reminded to ensure that service users are informed of any clinic cancellations

### **Q4 (Jan-Mar 2023)**

- You Said - Communication received from a constituent, via an MHK, regarding the recent signposting press release and how it was not clear to them whether their GP surgery was open or not from either the recorded message or their website.
- We Did – Improved clarity on the website re Primary Care services available out of hours and further education to staff regarding signposting training to assist service users
- You Said – What process can be put in place to ensure posted letters are signed for upon receipt?
- We Did- All hand delivered post is now registered
- You Said – More face to face contact with signposting services
- We Did – Rolled out face to face drop in sessions across the island

## **7.0 Future Development for the year ahead 2023/24**

- Further modes of accessing the Friends and Family Test underway with Technical Working Group established in March 2023 – exploration of text reminder service including determining the budget required for completing survey and further rollout of QR code onto all clinical letters
- Fully aligned with Primary Care in terms of the Manx Care Friends and Family Test Survey on 01 May 2023 – Primary Care have agreed to switch off the Primary Care FFT on 01 May 2023 and adopt the Manx Care FFT
- Business case has been developed to add 2 more full time officers ( 1 EO and 1 AO) to the MCALS Team to support with further rollout of the MCALS In the Community Model to reach those harder to reach groups and individuals, as well providing more resilience to the office based team as enquiry volume continues to grow
- Manx Care wide rollout and training sessions in Q1 for the Quality and Safety Walk programme for senior managers and executive and non-executive director to take part in various Manx Care settings. This will include prompts for questions to staff and service users as well as an environmental audit. Results from walks will be collated into action plans and qualitative data in the form of dashboards will be available for all care groups whose sites have received a visit
- Recruitment of Public Representatives to sit on a Public Representation Group, along with other service user experience groups across Manx Care to support in service improvements and co-design – Representatives will also be involved in taking Friends and Family surveys at the bedside of patients in hospital and in community settings during our regular MCALS drop in sessions
- Experience and Engagement Team to support and coordinate various focus group Whose Shoes events across Manx Care providing administrative, reporting and coordination of events with Service and Care Group Leads
- Continue to refine MCALS and FFT reporting and refine approach to gathering data on themes
- Meetings are scheduled with Mental Health Services and Social Care Services in April and May to discuss adaptation of the survey to ensure wider reach, along with how Quality and Safety walks can be implemented across those areas
- Business case has been developed to explore options to implement a Manx Care National Survey Programme in 2023/24 phased over three years to cover services

- An overarching Experience and Engagement Action Plan is available which will be tracked and monitored regularly alongside ADONs and Care Group Leads in 2023/24.



# **Manx Care Management Accounts**

## **May 2023**

Financial Advisory Service

## Manx Care Management Accounts – May 2023

### FINANCIAL SUMMARY

FINANCIAL SUMMARY - 31 MAY 2023														
	MONTH £'000				YTD £'000				FY £'000				Mov't to Prior Month	Mov't to Prior Forecast
	Actual	Budget	Var (£)	Var (%)	Actual	Budget	Var (£)	Var (%)	Forecast	Budget	Var (£)	Var (%)		
TOTAL - OPERATIONAL	27,418	25,248	(2,170)	(9%)	52,950	50,496	(2,454)	(5%)	317,965	302,975	(14,991)	(5%)	(1,877)	(854)
Income	(1,206)	(1,281)	(75)	(6%)	(2,495)	(2,561)	(66)	(3%)	(15,231)	(15,368)	(137)	(1%)	(83)	(94)
Employee Costs	17,081	16,470	(611)	(4%)	33,253	32,940	(313)	(1%)	201,557	197,639	(3,917)	(2%)	(900)	(880)
Other Costs	11,543	10,059	(1,484)	(15%)	22,192	20,117	(2,074)	(10%)	131,640	120,703	(10,936)	(9%)	(894)	119
PAY AWARD (ABOVE 2%)	601	0	(601)	-	1,203	0	(1,203)	-	7,219	0	(7,219)	-	(9)	(112)
RESERVE CLAIMS (To be approved)	416	0	(416)	-	832	0	(832)	-	4,990	0	(4,990)	-	0	0
High Cost Patients / Care Packages	273	0	(273)	-	546	0	(546)	-	3,275	0	(3,275)	-	0	0
S115 Aftercare	63	0	(63)	-	125	0	(125)	-	750	0	(750)	-	0	0
Vaccine Service	80	0	(80)	-	161	0	(161)	-	965	0	(965)	-	0	0
TOTAL	28,435	25,248	(3,187)	(13%)	54,984	50,496	(4,488)	(9%)	330,174	302,975	(27,199)	(9%)	(1,887)	(966)

### Overview

- The operational result for May is an overspend of (£2,170k) but it was expected that costs would increase this month as April has a lower than normal run rate. Further detail is provided in Table 1 to show the movement in costs but part of this increase, particularly in staff costs, is being investigated further to understand the change from April. The majority of the movement in non pay was expected & also relates to a catch up in costs from the prior month.
- As a result of the increase in staff costs the forecast has been revised whilst this is being investigated. The full year forecast is now an overspend of (£27.2m) although £4.9m of this is expected to be approved from the DHSC reserve fund reducing this to (£22.2m). Detail on the movement from prior month is provided in Table 2.

- Of this overspend £7.2m relates to a cost pressure for the 23/24 pay award above 2%. The budget allocated to Manx Care includes funding for 2% but the financial assumption for the forecast (and in line with the planning guidance received from Treasury) is that the pay award should be included at 6%. For reporting purposes a provision of 2% is included in the Care Groups actuals & forecast with the remaining 4% accounted for centrally.
- Further detail on the reasons for the expected overspend is provided in Table 3 with detail on the YTD variance in Table 4.
- The CIP target allocated to Manx Care as part of the budget process is 1.5% (£4.5m). However due to the expected outturn additional mitigations are being explored as part of a financial planning exercise which will see the Care Groups prepare plans on ways to address the financial gap. All Care Groups have been given an efficiency target within their budgets and initial reports have been collated which will include any financial implications as well as the impact on performance & quality. These are being reviewed and if applicable will form part of an expanded CIP or will be additional mitigations that can be implemented in year. Further detail will be available in the June report.
- As part of the calculations for the current forecast it is assumed that the CIP set out in the mandate is fully achieved this year (£4.5m) but no further savings are included. As CIP plans develop and crystallise, the forecast will be adjusted to reflect actual spend reductions achieved.
- Spend is expected to increase by £24.4m compared to the prior year, whilst funding has increased by £20m. Appendix 1 compares spend by Care Group in 22/23 against projected spend for 23/24 and includes narrative explaining the spend movement from £305.8m in 22/23 to £330.2m in 23/24.
- The full set of accounts for Manx Care are provided in Appendix 2 which details the additional spend on the Restoration & Recovery programme and any other fund claims.

## Manx Care Management Accounts – May 2023

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

<b>Movement to Prior Month</b>	<b>£'000</b>	
Income	(83)	Income levels have reduced from last month mainly due to one off income being received in April.
Employee Costs	(909)	The change in the month has been driven by an increase in bank, overtime & agency costs. The reasons for these increases are being investigated further to see whether this relates to timing of invoices, claims to payroll or an increase in the number of hours being worked.
Other Costs	(894)	The increase in costs is mainly due to expected costs and a catch up from the prior month. April actuals are always lower than the trend due to a full month end process not being required for Government reporting.
<b>Total</b>	<b>(1,887)</b>	

**Table 2 – Forecast Movement to Prior Month**

<b>Forecast Movement to Prior Month</b>	<b>£'000</b>	
Income	(94)	The forecast has been amended based on the latest income received & will revised in line with any agreed mitigations.
Employee costs	(990)	Due to the increase in staff costs in May, the forecast has been revised accordingly whilst being investigated further.
Other Costs	119	In line with prior month forecast.
<b>Total</b>	<b>(966)</b>	

**Table 3 – Operational Forecast FY Variance to Budget**

<b>Forecast Variance to Budget</b>	<b>£'000</b>	
Other Income	(137)	The income target is based on the current run rate which is currently running slightly lower than expected, although options are being looked at that will increase this above the initial target to mitigate against some of the cost pressures.
Employee Costs	(4,028)	The employee cost forecast is based on the current run rate adjusted for any known recruitment & service development changes.
Other Costs	(10,936)	The majority of the efficiency targets are being held in non-pay and will adjusted when the financial plans have been finalised by the Care Groups.
Pay Award (Above 2%)	(7,109)	Pay Award provision @ 4% (cost pressure above funding received)
Reserve Fund	(4,990)	Costs expected to be approved from the DHSC Reserve Fund
<b>Total</b>	<b>(27,199)</b>	

## Manx Care Management Accounts – May 2023

**Table 4 - Operational YTD Variance to Budget**

YTD Variance to Budget	£'000	
Other Income	(66)	Income is in line with the target set although there are small variances in residential care & commercial income.
Employee Costs	(313)	Variances differ across services as some areas are unable to fill vacancies and/or cover with agency. Other areas, in particular in acute are experiencing additional costs due to the need to cover a significant number of vacancies with agency.
Other Costs	(2,074)	As discussed above all Care Groups have been given an efficiency target within their budget allocation, a number of these have been allocated against non pay whilst plans are being prepared.
Pay Award (Above 2%)	(1,203)	Pay Award provision @ 4% (cost pressure above funding received)
Reserve Fund	(832)	Costs expected to be approved from the DHSC Reserve Fund
<b>Total</b>	<b>(4,488)</b>	

### Employee Costs

YTD year employee costs are (£0.3m) over budget. Agency spend is contributing to this overspend and reducing this is a key factor in improving the financial position by the year end. The total spend YTD of £2.3m is broken down across Care Groups below. The Care Groups with the largest spend are Medicine (£0.6m), Women & Children (£0.4m) and Social Care (£0.3m), where spend is primarily incurred to cover existing vacancies in those areas.

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	CY Total	CY Month Mov't
<b>Total Agency £'000</b>	<b>1,192.7</b>	<b>1,226.0</b>	<b>1,331.0</b>	<b>1,364.3</b>	<b>1,176.9</b>	<b>959.2</b>	<b>1,486.1</b>	<b>1,397.6</b>	<b>1,032.8</b>	<b>1,003.0</b>	<b>958.8</b>	<b>1,320.2</b>	<b>2,279.0</b>	<b>(361.4)</b>
Corporate Services	29.2	(3.1)	35.8	47.1	(0.5)	51.9	66.7	42.7	162.9	(52.4)	63.8	42.6	106.4	21.2
Infrastructure & Hospital Operations	20.4	17.0	21.5	26.8	19.0	32.0	24.7	24.7	28.5	32.3	20.3	29.5	49.8	(9.3)
Integrated Cancer & Diagnostics Services	69.6	196.9	98.7	87.0	87.5	39.8	158.0	142.2	49.9	(51.5)	90.9	97.8	188.7	(6.9)
Integrated Mental Health Services	216.9	105.8	206.0	339.9	204.9	219.9	143.0	218.8	191.7	164.4	85.1	159.0	244.2	(73.9)
Integrated Primary Care & Community	35.7	18.3	6.1	19.0	1.3	3.2	5.1	4.1	2.9	1.6	26.3	73.8	100.0	(47.5)
Integrated Social Care Services	93.7	52.7	49.5	55.8	99.9	102.9	109.3	158.4	111.7	166.6	129.2	193.7	322.9	(64.5)
Integrated Women, Children & Family	72.5	86.5	94.1	101.3	93.5	139.2	22.1	134.1	85.4	223.0	169.7	205.6	375.3	(35.8)
Medicine, Urgent Care & Ambulance Service	272.8	434.2	430.5	315.6	308.2	127.2	515.5	320.4	174.0	524.2	270.2	352.8	623.0	(82.6)
Nursing, Patient Safety & Governance	0.6	1.3	1.8	3.6	21.7	(4.5)	13.9	(17.5)	7.8	14.0	0.4	9.7	10.1	(9.3)
Operations Services	84.1	10.7	57.0	80.0	30.5	46.7	38.9	63.2	45.5	94.8	13.8	99.7	113.5	(86.0)
Surgery, Theatres, Critical Care	294.8	303.8	321.2	279.4	321.8	198.7	389.3	300.9	170.2	(106.6)	89.2	56.0	145.2	33.2
Tertiary Care Services	2.4	1.9	8.8	8.8	(10.9)	2.2	(0.4)	5.6	2.3	(7.6)	0.0	0.0	0.0	0.0

## Manx Care Management Accounts – May 2023

### Comparison to Prior Year

PRIOR YEAR COMPARISON - 31 MAY 2023				
	FY £'000			
	2022/23 (A)	2023/24 (F)	Mov't (£)	Mov't (%)
<b>TOTAL</b>	<b>305,754</b>	<b>330,174</b>	<b>(24,422)</b>	<b>(7%)</b>
Income	(14,798)	(15,231)	433	3%
Employee Costs	191,891	209,741	(17,850)	(9%)
Other Costs	128,661	135,665	(7,004)	(5%)

For comparison purposes, prior year actuals & the current year forecast only exclude costs for R&R, Covid Fund Claims & Transformation costs

The prior year overspend (including DHSC Reserve Claims and Pay Award Claims) was £22.8m. Additional funding of £20m has been awarded for 23/24. If costs remained static, that would mean an overspend position of £2.8m this year, however, based on current projections, costs are expected to increase by £24.4m (7%).

Costs in some Care Groups are rising more slowly which reflect the impact of recruitment and other cost saving initiatives. Most notable are Medicine (4%) , Surgery (4%) and Tertiary Care (2%).

Costs in Primary and Social Care are rising faster than average (10%). This is being driven by the costs of service developments and transformation projects.

Cancer & Diagnostics costs are rising by 9%, driven mainly by increased drugs costs.

Increases in Operations Services (46%) and Nursing (29%) are due mainly to service developments and additional funding for nursing staff.

A full analysis of the drivers of the spend increases is provided in Appendix 2.



## Financial Risks

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

Risk / (Opportunity)	£'000	
High Cost Patients / UK Placements & Care Packages	1,000	The current forecast includes committed costs only, any further placements or packages needed in-year will be an increase to the forecast.
CQC Recommendations	1,000	The CQC recommendations have not been costed and are not currently included in the forecast.
Tertiary Spend	1,000	The Tertiary actuals / forecast are based on prior year actuals + uplift and are still to be finalised based on agreed activity plans with our providers.
Risk to CIP Assumptions	4,500	The forecast assumes that the current CIP target of 1.5% (£4.5m) is achieved and will reduce the current run rate based on last years expenditure. There is a risk that the underlying monthly run rate will increase or savings will not be achieved. These potential risks are managed at a Care Group level but not all may be mitigated.
<b>Total</b>	<b>7,500</b>	

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

IT Remediation	948	Approx £3m costs have been identified relating to end of life servers and systems that need to be replaced / upgraded. A paper seeking funding from DHSC contingency has been prepared that proposes a three year programme. These costs have not been included in the forecast as it may be possible to secure capital funding instead.
<b>Total</b>	<b>948</b>	

## Manx Care Management Accounts – May 2023

### Appendix 1 - Summary by Care Group as at 31<sup>st</sup> May 2023

OPERATIONAL COSTS BY CARE GROUP - 31 MAY 2023												
	YTD £'000				FY £'000				PY £'000			
	Actual	Budget	Var (£)	Var (%)	Forecast	Budget	Var (£)	Var (%)	Actual	Mov't (£)	Var (%)	
<b>TOTAL BY CARE GROUP</b>	<b>54,984</b>	<b>50,496</b>	<b>(4,488)</b>	<b>(9%)</b>	<b>330,176</b>	<b>302,975</b>	<b>(27,199)</b>	<b>(9%)</b>	<b>305,754</b>	<b>(24,422)</b>	<b>(7%)</b>	
<b>CLINICAL CARE GROUPS</b>	<b>49,312</b>	<b>47,491</b>	<b>(1,821)</b>	<b>(4%)</b>	<b>299,746</b>	<b>284,943</b>	<b>(14,803)</b>	<b>(5%)</b>	<b>278,001</b>	<b>(21,746)</b>	<b>(7%)</b>	
Medicine, Urgent Care & Amb Service	7,214	6,189	(1,025)	(17%)	43,956	37,132	(6,824)	(18%)	42,039	(1,917)	(4%)	
Surgery, Theatres, Critical Care & Anaes	6,552	6,400	(152)	(2%)	40,599	38,400	(2,199)	(6%)	38,899	(1,700)	(4%)	
Integrated Cancer & Diagnostics Services	4,063	4,071	7	0%	24,910	24,423	(486)	(2%)	22,766	(2,143)	(9%)	
Integrated Women, Children & Family	3,175	2,883	(292)	(10%)	18,858	17,298	(1,560)	(9%)	17,553	(1,305)	(7%)	
Integrated Mental Health Services	4,497	4,490	(6)	(0%)	27,584	26,942	(642)	(2%)	25,260	(2,324)	(8%)	
Integrated Primary Care & Community	10,279	10,484	205	2%	62,789	62,902	113	0%	56,410	(6,379)	(10%)	
Integrated Social Care Services	9,294	9,171	(123)	(1%)	56,372	55,027	(1,345)	(2%)	50,805	(5,567)	(10%)	
Tertiary Care Services	4,238	3,803	(435)	(11%)	24,678	22,819	(1,860)	(8%)	24,269	(409)	(2%)	
<b>SUPPORT &amp; CORPORATE SERVICES</b>	<b>5,672</b>	<b>3,005</b>	<b>(2,667)</b>	<b>(89%)</b>	<b>30,430</b>	<b>18,031</b>	<b>(12,398)</b>	<b>(69%)</b>	<b>27,754</b>	<b>(2,676)</b>	<b>(9%)</b>	
Infrastructure & Hospital Operations	1,483	1,517	34	2%	9,652	9,103	(549)	(6%)	8,875	(777)	(8%)	
Operations Services	1,155	943	(212)	(22%)	6,431	5,659	(771)	(14%)	3,490	(2,940)	(46%)	
Nursing, Patient Safety & Governance Services	576	862	286	33%	5,004	5,172	168	3%	3,572	(1,432)	(29%)	
Medical Director Services & Education	463	471	8	2%	2,822	2,828	6	0%	2,857	36	1%	
Corporate Services	806	784	(22)	(3%)	4,693	4,704	11	0%	4,100	(593)	(13%)	
Pay Award (Above 2%)	1,203	0	(1,203)	>(100%)	7,219	0	(7,219)	>(100%)	8,856	1,637	23%	
Central CIP	0	(965)	(965)	(100%)	(4,500)	(5,791)	(1,291)	(22%)	0	4,500	(100%)	
DHSC Reserve Adjustments*	0	(832)	(832)	(100%)	0	(4,990)	(4,990)	(100%)	0	0	0%	
Contingency Adjustments	(15)	224	239	107%	(890)	1,346	2,236	166%	(3,996)	(3,106)	78%	

\* For reporting in 23/24, additional funding from the DHSC Reserve is included in the relevant Care Groups budget with an adjustment held centrally as the income will be received as part of the mandate income rather than as an increase in Manx Care's budget

## Manx Care Management Accounts – May 2023

### Commentary on Movements to Prior Year

Medicine, Urgent Care & Ambulance Service	Medicine has increased its forecast to 4% increase in spend when compared with 22/23 due an increase in staff costs in the month. This is due to a combination of a 6% increase to its costs as a result of the pay award and contract uplifts, being mitigated by a reduction in forecast agency & bank usage within some of the Medicine specialities, ED and Medical Management as a result of continued recruitment to substantive positions. This ultimately nets off the overall rise to around 4%.
Surgery, Theatres, Critical Care & Anaesthetics	Surgical is forecasting an increase in spend this year of 4% when compared with 22/23. This is due to contract and pay award rises contributing to a 5% increase in spend. This is to be mitigated by a recruitment drive for substantive positions within the surgical teams, particularly in orthopaedics and general surgery. When netted off this decreases the movement to 4%.
Integrated Cancer & Diagnostics Services	C&D is projecting a 9% increase in its forecasted spend when compared with 22/23 actuals. 5% of this increase relates to pay and contract uplifts within the care group. The remaining 4% of the increase is due to a number of factors being; Pharmacy having a more fully established team than last year (and therefore having a reduced vacancy factor), Pathology seeing continued rises in consumable costs and Cancer Services forecasting continued pressure on its drugs budget.
Integrated Women, Children & Family Services	W&C is projecting a 7% increase on its 22/23 spend. 6% of this can be attributed to pay and contract uplifts and in addition to this they are also seeing some additional pressure in Obs/Gyne and Paediatricians in which agency/bank has needed to be relied on in order to ensure safe services.
Integrated Mental Health Services	6% of the increase relates to committed costs for pay awards and contract uplifts. The remaining 2% increase relates to an expected change in recruitment, in particular in the Community Wellbeing Service where additional funding was allocated as part of a Transformation business case and only partly recruited to in the prior year.
Integrated Primary Care & Community Services	7% of the increase relates to committed costs for pay awards, contract uplifts & drug price inflation. The remaining 3% increase relates to new costs that are expected to be incurred due to changes to the Pharmaceutical contract & implementing the community element of the Eye Care Strategy. Additional spend will be incurred where service developments were not fully implemented / recruited to in the prior year (e.g. CFS/ME/Long Covid Service, expanding staffing in the Diabetes Service to meet demand, Frailty Service & PCAS).
Integrated Social Care Services	7% of the increase relates to committed costs for pay awards, contract uplifts & supply inflation. This has been netted by an increase in residential fees (expected to increase income only by 8%). Additional costs will be incurred for new care packages, expanding the Safeguarding Service, restructuring the Adult Social Work teams and Integrated Care (where costs had previously been funded by the Transformation Fund). These contribute the remaining 3% increase.
Tertiary Care Services	Costs are expected to be broadly in line with prior year and work has been ongoing with the MIAA and Tertiary providers to ensure that delivery plans are agreed and maintained.
Infrastructure & Hospital Operations	The IOPS Division is forecasting an increase of 8% when compared to 22/23 actuals. Of the overall increase around 6% relates to pay and contract uplifts with the additional 2% of pressure coming from increased consumables (food) costs having a significant impact in their respective areas such as catering and commercial outlets within this Division. The impact of increased gas and electricity prices has also been felt however some of this is to be mitigated by increased income generation across the Division.
Operations Services	Costs will increase in comparison to prior year due to the transfer of the Hospital Social Work Team (from Social Care). Additional funding has also been allocated for an increase in the Hospice contract, the establishment of an Integrated Vaccines Service (previously funded by Treasury Contingency Fund) and the continued implementation of the SARC (budget transferred from the DHA). The current forecast includes invoices included in the wrong service area which will be corrected in June (& the forecast corrected accordingly).
Nursing, Patient Safety & Governance Services	Additional funding was allocated as part of the budget process to address safe staffing levels across acute services. This is currently being held & forecast in NPSG but will be allocated to the Care Groups when recruitment is agreed. Further funding was also allocated to increase the value of the nurse bursary & the number of students to start in September.

## Manx Care Management Accounts – May 2023

### Appendix 2 – Manx Care Accounts & Fund Claims

#### MANX CARE FINANCIAL SUMMARY - 31 MAY 2023

	MONTH £'000				FY £'000				FY £'000				Mov't to Prior Month	Mov't to Prior Forecast
	Actual	Budget	Var (£)	Var (%)	Actual	Budget	Var (£)	Var (%)	Forecast	Budget	Var (£)	Var (%)		
<b>OPERATIONAL COSTS</b>	<b>27,418</b>	<b>25,248</b>	<b>(2,170)</b>	<b>(9%)</b>	<b>52,950</b>	<b>50,496</b>	<b>(2,454)</b>	<b>(5%)</b>	<b>317,965</b>	<b>302,975</b>	<b>(14,991)</b>	<b>(5%)</b>	<b>(1,877)</b>	<b>(854)</b>
Income	(1,206)	(1,281)	(75)	(6%)	(2,495)	(2,561)	(66)	(3%)	(15,231)	(15,368)	(137)	(1%)	(83)	(94)
Employee Costs	17,081	16,470	(611)	(4%)	33,253	32,940	(313)	(1%)	201,557	197,639	(3,917)	(2%)	(900)	(880)
Other Costs	11,543	10,059	(1,484)	(15%)	22,192	20,117	(2,074)	(10%)	131,640	120,703	(10,936)	(9%)	(894)	119
<b>PAY AWARD (ABOVE 2%)</b>	<b>601</b>	<b>0</b>	<b>(601)</b>	<b>-</b>	<b>1,203</b>	<b>0</b>	<b>(1,203)</b>	<b>-</b>	<b>7,219</b>	<b>0</b>	<b>(7,219)</b>	<b>-</b>	<b>(9)</b>	<b>(112)</b>
<b>DHSC RESERVE CLAIMS (To be approved)</b>	<b>416</b>	<b>0</b>	<b>(416)</b>	<b>-</b>	<b>832</b>	<b>0</b>	<b>(832)</b>	<b>-</b>	<b>4,990</b>	<b>0</b>	<b>(4,990)</b>	<b>-</b>	<b>0</b>	<b>0</b>
High Cost Patients / Care Packages	273	0	(273)	-	546	0	(546)	-	3,275	0	(3,275)	-	0	0
S115 Aftercare	63	0	(63)	-	125	0	(125)	-	750	0	(750)	-	0	0
Vaccine Service	80	0	(80)	-	161	0	(161)	-	965	0	(965)	-	0	0
<b>TOTAL</b>	<b>28,435</b>	<b>25,248</b>	<b>(3,187)</b>	<b>(13%)</b>	<b>54,984</b>	<b>50,496</b>	<b>(4,488)</b>	<b>(9%)</b>	<b>330,174</b>	<b>302,975</b>	<b>(27,199)</b>	<b>(9%)</b>	<b>(1,887)</b>	<b>(966)</b>
<b>FUND CLAIMS</b>	<b>2,119</b>	<b>0</b>	<b>(2,119)</b>	<b>-</b>	<b>3,488</b>	<b>0</b>	<b>(3,488)</b>	<b>-</b>	<b>12,800</b>	<b>0</b>	<b>(12,800)</b>	<b>-</b>	<b>(750)</b>	<b>(1,504)</b>
Medical Indemnity	1,217	0	(1,217)	-	1,273	0	(1,273)	-	2,500	0	(2,500)	-	(1,162)	(1,504)
Restoration & Recovery	902	0	(902)	-	2,215	0	(2,215)	-	10,300	0	(10,300)	-	412	0
<b>MANDATE INCOME</b>	<b>(30,554)</b>	<b>(25,248)</b>	<b>5,306</b>	<b>21%</b>	<b>(58,472)</b>	<b>(50,496)</b>	<b>7,976</b>	<b>16%</b>	<b>(342,974)</b>	<b>(302,975)</b>	<b>39,999</b>	<b>13%</b>	<b>2,637</b>	<b>2,358</b>
<b>GRAND TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>0</b>

## Manx Care Management Accounts – May 2023

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Fund Claim	
Medical Indemnity	Covers compensation claims and associated legal fees. Central fund held by Treasury and adjusted based on on-going claims, a paper will be prepared for the DHSC/Treasury to formally approve the funding required for 23/24.
Restoration & Recovery	Funding of £10.3m is available in 23/24 to clear waiting list backlogs. This relates to the business case approved in 22/23 with initial funding of £18.3m agreed as a Supplementary Vote. Funding not utilised in the prior year has been approved to be carried over for activity in 23/24.