

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

AGENDA

Minute number	GOVERNANCE	Lead	Page	Time
68.23	Welcome & apologies	Chair	Verbal	9.00
69.23	Declarations of Interest	Chair	3	
70.23	Minutes of the meeting held in public - 4 July 2023	Chair	8	
71.23	Matters arising/Review of Action Log	Chair	23	
72.23	Notification of any other items of business	Chair	Verbal	
73.23	General Medical Council - National Training Survey Results (Dr Dashfield)	Medical Director	24	9.15
74.23	Staff Story – James Duff, ANP Synaptik	Medical Director	Verbal	9.25
75.23	Board Assurance Framework for 2023-2024 - Deep Dive Risk 1a – Failure to Provide Safe Health Care	Dir of Nursing	68 79	9.45
UPDATES				
76.23	Chair's report	Chair	93	10.00
77.23	Chief Executive's report and horizon scan - Update on Primary Care at Scale - Cummal Moore Update	CEO CEO / Dir of Ops	To follow	10.05
REFRESHMENT BREAK 10.30pm				
78.23	Committee Chairs' Exception Reports - QSE Committee – 25 July 2023 - ICP Committee – 25 July 2023 - FP&C Committee – 26 July 2023 - D&I Committee – 11 July 2023 - People Committee – 11 July 2023	Comm Chairs	94	10.45

PRIORITY ONE – PATIENT AND SERVICE USER SAFETY				
79.23	CQC Assurance Report	Dir of Nursing	To follow	11.05
80.23	Integrated Performance Report	Dir of Nursing/ Medical Dir/ Dir of Social Care/Dir of Ops	107	11.20
PRIORITY TWO - CREATING A POSITIVE WORKING CULTURE				
81.23	Update on Pay Negotiations	Dir of Ops / Dir of OHR	Verbal	11.35
82.23	People, Culture and Engagement Strategy	CEO	175	11.45
PRIORITY THREE – MAINTAINING A STABLE FINANCE POSITION				
83.23	Director of Finance, Performance and Delivery Report: - July Management Accounts - Financial Plan Submission 24/25	Dir of F,P&D	191 194 Verbal	11.55
ANY OTHER BUSINESS				
84.23	With prior agreement of the Chair	Chair		12.25
FORMAL MEETING CLOSSES AT 12.30 - QUESTIONS FROM THE PUBLIC				
The Board will respond to questions from the public		All		
MEETING EVALUATION				
Board review – feedback on the meeting: effectiveness and any new risks and assurances		Chair	Verbal	
DATE OF NEXT MEETING TO BE HELD IN PUBLIC: 31 October 2023				

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, BPDS (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 Surry and Sussex Academic Health Science Network	Apr -22		X	
Kate Lancaster	Non-Executive Director	Non-financial	Faculty for Women in Leadership Judge Business School, University of Cambridge	Sep-22		X	

Kate Lancaster	Non-Executive Director	Non-Financial	Non-Exec Director Fem Tech Advisory Board	May-23			
Kate Lancaster	Non-Executive Director	Financial	CEO, Royal College of Obstetricians and Gynaecologists	Mar-19		X	
Kate Lancaster	Non-Executive Director	Non-Financial	Husband is CEO of University Hospitals of Derby and Burton				X
Name	Position within, or relationship with Manx Care	Type of Interest	Description of Interest (including for indirect interests, details of the relationship with the person who has the interest)	Date to which interest relates		Direct or Indirect Interest	
				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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BOARD OF DIRECTORS – MEETING HELD IN PUBLIC
Tuesday 4 July 2023
Noble’s Boardroom, Management Suite
9.00am-12.30pm



Present:

Non-Executive Directors

Sarah Pinch (SP) Interim Chair
 Nigel Wood (NW) Interim Deputy Chair
 Tim Bishop (TB) Non-executive Director
 Katie Kapernaros (KK) Non-executive Director
 Charlie Orton (CO) Non-executive Director

Executive Directors Voting:

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

In Attendance:

Anne Corkill (AC) Director of HR Business – Non-voting
 Oliver Radford (OR) Director of Operations – Non-voting
 Dr Ishaku Pam (IP) Deputising for Interim Medical Director - Non-Voting
 Dr Oliver Ellis (OE) Medical Director, Primary Care – Non-voting
 Ross Bailey Deputising for Interim Director of Social Care, MHS and Safeguarding – Non Voting
 Elaine Quine (EQ) Board Secretary
 Jane Wolstencroft (JW) Deputy Board Secretary and Minute Secretary

Apologies:

Kate Lancaster (KL)
 David Hamilton (DH)
 Aneurin Pritchard (AP)
 Dr Marina Hudson (MH)

GOVERNANCE

Item

Action

50.23 Welcome and apologies

SP welcomed everyone to the meeting, in particular Dr Charlie Orton who was attending her first Board meeting following her appointment as Non-executive Director.

Apologies had been received from Kate Lancaster, David Hamilton, Dr Marina Hudson and Aneurin Pritchard.

51.23 Declarations of Interest

No additional declarations of interest were declared.

52.23 Minutes of the Board meeting held on 4 April 2023 (public)

The minutes of the meeting held on 4 April 2023 (public) were accepted as an accurate record.

53.23 Matters Arising and Review of Action Log

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

54.23 Notification of any other items of business

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

55.23 Experts by Experience

SP reported that it had been necessary to defer this item but it was agreed that the Board would be delighted to welcome representatives from Experts by Experience to a future meeting.

56.23 Board Assurance Framework ('BAF') 2023/24 Deep Dive Risk 5 – Stakeholder Support

TC referred to the paper circulated with the meeting pack and confirmed the risk rating had been revised down to 12 due to significant progress, particularly in respect of the following:

- There is now a joint protocol in place with IOM Constabulary and Coroner which sets out the process for how Serious Incident investigations are treated
- Strong engagement in safeguarding arrangements with Manx Care leading multi-agency safeguarding hub arrangements
- Appointment of Jackie Lawless as Executive Director for Finance, Performance & Delivery to oversee Finance, Estates and Digital & Data functions.
- Agreement of a new Memorandum of Understanding with Liverpool University Hospitals which strengthens Manx Care's strategic arrangements with the North West around acute care provision
- Strengthened arrangements around cancer care with the Clatterbridge at Noble's model
- Regular meetings with the Council of Voluntary Organisations which is represented on the Integrated Care Partnership Committee
- The DHSC is currently recruiting a new Chief Executive and this will be a critical relationship for Manx Care.

In respect of staff engagement, TC noted that regular staff-side forums continue to be held and substantial progress has been made, particularly in respect of MPTC and MJC. In addition, development of a 3-year People & Engagement Strategy is underway, a draft of which will go to the People Committee on 11 July 2023. Manx Care has agreed to take carry out an NHS full survey in October which will help to establish a baseline against which its cultural activities across the organisation can be assessed.

SP reported that a number of the NEDs had held a very constructive meeting with two BMA representatives the previous day and a commitment has been made to continue this discussion with the Executive team. NW observed that there is now great opportunity for re-alignment with the medical staff.

TC noted that a recent independent review of OHR had concluded that there is insufficient capacity in this function, across the Government, the impact of which is adversely affecting Manx Care.

57.23 Board Work Plan

EQ noted that the Work Plan detailing the cycle of Board business for 2023/24 had been included in the meeting pack for information.

JL suggested that the Work Plan could be strengthened around production of the annual funding bid. **BdSec/JL**

UPDATES

58.23 Chair's Report

SP extended her apologies for there being no Board meeting in Public since 4 April 2023, due to her suffering an incapacitating injury just after that meeting. Notwithstanding this, work has continued apace around, inter alia, the complex financial position and the issues currently being experienced in respect of the Isle of Man airport.

SP reported on a recent visit to Social Care by the Lieutenant Governor and Lady Lorimer which they followed up with an appreciative and supportive letter to the staff.

Following the appointment of Dr Charlie Orton and Kate Lancaster as NEDs, SP confirmed that she is working with DHSC to seek Tynwald approval for a third new NED in the autumn.

59.23 CEO Report and Horizon Scan

The CEO report and horizon scan circulated with the meeting pack were taken as read however TC wished to record her thanks to all the staff who contributed to what was, from a Manx Care perspective, a very successful TT fortnight. The hospital operated at OPEL 1/2 for the majority of the period supported by the fixed wing air ambulance, the HEMS Service and the community teams who adapted their working programmes to ensure that all patients received the care they needed. Thanks were also extended to OR, who as Director of Operations co-ordinated implementation of the TT Plan. Planning now commences for the Manx Grand Prix.

Included in the CEO report was some positive news in respect of several Transformation business cases. Hear & Treat, See Treat & Leave, Same Day Emergency Care and Intermediate Care have all now been approved. There is strong connectivity between each of these programmes and a cohesive implementation plan will be required.

The results from the second Culture of Care barometer survey were received in mid-June. Whereas there are some areas of improvement, there is still much work to be done in terms of engagement with LNC colleagues and development of an action plan representative of their views. This will be brought to the next Board meeting in public in September.

Risk management arrangements continue to be strengthened and since the last Board meeting there have been deep dives in respect of Critical Care, Theatres & Anaesthetics, Finance and IG/IT. In relation to IG, there has been a comprehensive action plan in place since the receipt of the ICO penalty notice in 2022 and progress made resulted in the penalty notice being stayed until 5 July 2023. Confirmation has been provided to the ICO in the past week that all required actions have been completed, including migration to a new Manx Care Global Address List (GAL) and a positive response in respect of the penalty notice is anticipated.

SP extended the thanks of the Board to TC and the IG team for the considerable work involved in satisfying the ICO's requirements and noted that the ever increasing number of SARs being submitted would require a strategic approach in the context of the resources available. KK pointed out that part of the solution would be a Manx Care Record.

60.23 Ballasalla Group Practice

OR provided a summary of the Report circulated with the meeting pack. Following transfer of management of the Practice to Manx Care on 1 May 2023, a new triumvirate leadership structure has been put in place comprising Dr Martin Rankin as lead GP, the Practice Manager and the GP Service

Manager. Performance continues to be measured through the GMS contract. In terms of development:

- A Physiotherapy First Contact Practitioner has been introduced who, supported by the PCN Musculoskeletal Clinical Domain Lead, delivers treatment as well as having the ability to refer directly to Orthopaedics
- The Southern Wellbeing Partnership has launched a weekly drop-in service at the Practice
- The functionality of the Patient Access app is to be expanded to allow patients as much online interaction as possible
- 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.

SP thanked OR and colleagues in OHR and Primary Care for an excellent piece of work.

OE queried how the ongoing cost of running the Practice is being monitored against contracted Practices. OR confirmed that a new cost centre had been created for the Practice although this will not reflect time spent by the Corporate or Primary Care Teams. The expectation is the Practice will become a self-sufficient unit with little additional input from Manx Care, with the exception of Payroll.

KK observed that, in respect of the planned expansion of the Patient Access app, much of the functionality would be included in a Manx Care Record, and suggested a discussion with the Clinical Informatics Team before further investment is made in this regard. OR clarified that the intention was simply to switch on additional modules of the Patient Access app but confirmed that he would instigate a discussion between Clinical Informatics and Ballasalla Group Practice.

OR

Referring to the plan to deploy Mental Health Professionals into the Practice, RB confirmed that eight members of staff from Mental Health Services are due to complete their two year CBT training in October and will then be seeking accreditation.

TC noted that it was four months since the revised plan for Primary Care at Scale was agreed around six key pillars and suggested that a detailed report be brought to the September Board.

BdSec

61.23 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 are being effectively mitigated.

QSE Committee

The reports from the meetings held on 30 May and 27 June 2023 were noted.

TB noted the following escalations:

- Inadequate independent advocacy service – although this is not a mandated service, there is an existing, basic but inadequate service and the £300K top-up business case is on hold
- Implementation of the Mental Capacity Act - DHSC are leading on implementation and roll out of a system wide action plan however Manx Care most of the risk. The Capacity Bill 2022 recognises that funding will be required for training however DHSC's impact assessment has indicated that this will be cost neutral

- Violence and aggression towards staff - currently captured only if harm results. The QSE Committee recommended that Manx Care take a firmer stance with an undertaking to report matters to the Police when appropriate. It was agreed at the private Board in May that verbal abuse and harassment be captured and Police involved if appropriate and that this be put on record at the next Board meeting in Public.
- Homebirth Position - staffing levels are still insufficient for the service to be offered. The QSE Committee recommended that Manx Care 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 – the QSE Committee sought approval from the Board to commence formal assurance reporting to QSE and the Board from 1 September 2023, to allow time to refine the Operating Plan and implement its actions.

In respect of the implementation of the Mental Capacity Act, TC reiterated that this must be co-ordinated by the DHSC and recommended that the matter be taken to the Board to Board meeting later in the day, to gain clarity on DHSC plans.

Independent advocacy has been under discussion for some time. Whilst it is acknowledged that it is not a mandated service, it was noted as deficit in the recent OFSTED report on Children's Services. TC suggested that it is now sufficiently pressing for the Board to make a decision rather than waiting for DHSC. RB concurred that, particularly in the absence of capacity legislation, an urgent Board decision is required. JL pointed out that Manx Care is not permitted to commit budget that it does not possess and any decision will have to be considered in this context. TC requested that NW take the matter to FP&C for further discussion around how the independent advocacy service can be funded.

BdSec

PM suggested that it may be prudent for the Board to give some consideration to the budget allocation for implementation of the CQC Operating Plan, recognising that there are a number of actions in the Plan which will require resource to reach compliance with CQC. In addition, PM suggested that it is in the Board's interest to insist, at the earliest opportunity, on clarity around what will be included in the Regulation of Care Act as this will define the criteria against which Manx Care will be judged. JL confirmed that it is recognised that responding to many of the CQC recommendations will require additional resource but this had not been forthcoming as a top up to existing funding. Anything invested in this regard will therefore necessarily be at the expense of other funding allocations. In terms of a specific response to CQC, the intention is to seek support from the DHSC reserve fund to cover initial programme management costs. Ongoing funding will need to be built into Manx Care's funding request for 2023/24. PM pointed out that there may be a reasonable expectation from Tynwald members that by the time CQC returns, Manx Care will have resolved the issues identified. JL agreed and pointed out that there will be various other issues that limit Manx Care's capacity to respond in the desired timeframe.

In respect of violence and aggression towards staff, OE observed that for both staff and members of the public, in stressful situations it is not always clear what constitutes harassment or abuse. IP noted that the Fairness at Work Policy does make reference to members of the public and what behaviour is considered harassment and bullying. PM suggested that although the organisation has a strong reporting culture, it is more important to anticipate, plan for and mitigate incidents than to have to report them and involve the police. It was agreed that it is vital that staff feel they are able to report incidents but the preventative piece of work is important. TC confirmed that there is a Violence & Aggression Policy but it needs to be more nuanced around body language and aggression. SP suggested that the matter should be taken to the People Committee for further discussion.

BdSec

ICP Committee

The reports from the meetings held on 30 May and 27 June 2023 were noted.

TB noted one item for escalation from the June report being that the GOD (Geriatrician on Demand) on-call system cannot be established until the outgoing Geriatrician is replaced. Recruitment is in progress however there will be a time lag. Following discussion, it was agreed that acronym for this service could be considered inappropriate by service users.

FP&C Committee

NW provided a verbal report from a long and challenging meeting held on 28 June 2023 at which the following items were discussed:

- May management accounts
- Finance update and horizon scan
- May Integrated Performance Report
- Restoration & Recovery Report
- Commercial development strategy

Assurance was provided in respect of financial risks which are now on Datix and are included on the central risk register.

NW acknowledged the work of the Performance team in producing what is now a very comprehensive Integrated Performance Report.

The commercial development strategy poses challenges but is essential if Manx Care is to align with the Island Plan. TC agreed that the time is right to embrace the Private Patient agenda – the nursing workforce has stabilised, reductions in waiting lists have been achieved and there is now good quality data underpinning decision-making. Clear options will need to be presented to the Board for consideration.

Digital and Informatics Committee

The report from the meeting held on 12 May 2023 was noted.

Although the Manx Care Record was not marked for escalation, as it is not under Manx Care's control, the continuing delay in decision making remains highly concerning. A paper requesting clarity around what funding may be available had not yet gone to the Strategic Asset and Capital Investment Committee (SACIC). There are pockets of IT around the organisation which are at or nearing end of life and a tipping point is being reached at which the cost of maintaining the current IT infrastructure will be similar to implementing a Manx Care Record. OE concurred, observing that the current situation is putting a brake on innovation.

People Committee

The report from the meeting held on 12 May 2023 was noted.

SP noted the following escalations:

- Workforce and Culture - the Committee remained concerned that the lack of resource within the team is prohibiting the work required to improve culture throughout Manx Care.
- 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 Bamfield, which had resulted in the publication of some extremely negative feedback about the culture within the medical

community on Island. This feedback was damaging to staff and patient confidence in the service.

- People Dashboard and KPIs - the absence rates due musculoskeletal conditions remains 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.

Following discussion, it was agreed that a pilot for a musculoskeletal clinic for Manx Care staff be supported with a view to extending it to contracted services, for example GP Practices and Hospice if successful and capacity allows.

(The meeting adjourned at 10.30 am and reconvened at 10.45am)

PRIORITY ONE – IMPROVING PATIENT SAFETY

62.23 Integrated Performance Report (IPR)

The IPR for May 2023 was circulated with the meeting pack.

PM, OR and IP made the following observations:

- There is an increased incidence of Clostridium Difficile infections split roughly 50:50 between community and hospital acquired infections. A root and branch review of Infection Prevention & Control (IPC) is being carried out and the IPC Committee meeting in July will focus solely on this issue
- E. Coli Bacteraemia incidences are rising – this is another area receiving close scrutiny
- There is a reliability problem with administration of Anti-Microbial Stewardship and this may be a factor in the increased incidence of Clostridium Difficile. PM assured the Board that all possible steps are being taken to review and renew IPC arrangements
- Since commencement of the Restoration & Recovery programme, the day-case waiting list has reduced by 18% and the inpatient list by 28%
- 1,803 cataract procedures have been undertaken realising an 80.5% reduction in the waiting list. Wait time has reduced to approximately 9 weeks
- 491 hip and knee procedures and 147 day-cases have been carried out and wait time is currently 23 weeks. 450 more procedures will be carried out during Phase 2 of the programme after which it is anticipated that wait times will be further reduced to 6-8 weeks.
- General Surgery is much earlier in the process - 56 inpatient and 23 day cases have been delivered. There are 647 procedures still to be carried out
- The model for General Surgery has recently changed and operations now take place Friday to Monday which allows maximisation of Theatre resource
- In May 2023 73.9% of patients attending ED were seen and either discharged or transferred to an inpatient bed within four hours. Admission rates continue to be considerably lower than the UK - 20% compared to 27.7%.
- There have been no OPEL 4 days within the past three months and there were five twelve hour trolley waits in May (0.1% of admissions compared to UK at 1.4%)
- The SDEC business case has been approved and this is expected to have a significant impact on management of the Emergency Department
- The Ambulance Service saw a 50% reduction in the number of 60 minute or more handovers (from an average of 20 per month to 10 in May)
- In respect of validation of outpatient waiting lists, 4,619 patients have been validated so far representing 27% of the currently active patients. Just over 1,000 have been removed from the list.

- The Clinical Advisory Group has recently approved a new Policy around administrative validation, the implementation of which will accelerate the validation programme
- Clinical validation is being piloted in ENT and Neurology
- Cancer performance against access standards is variable, with the 2 week wait performance deteriorating to 40% during May. Current median wait stands at 16 days but referral rates continue to rise
- The UK is moving away from monitoring the 2 week wait standard toward the 28 day faster diagnostic standard. Measured against this standard, Breast, Colorectal and Dermatology are outperforming the UK. Other specialties are not performing so well, the reasons for which are currently being mapped. From July, Manx Care will also be moving towards the 28 day faster diagnostic standard although the 2 week wait will continue to be monitored. In addition, the way in which cancer targets are monitored is to change – in future a specialty by specialty Patient Tracker List (PTL) meeting will take place on a weekly basis reporting into the main PTL meeting. PM noted that experts are forecasting an exponential growth in the incidence of cancers and suggested that it would be prudent to take a more proactive approach in anticipation of the increased demand. JL noted that significant additional resource was invested in the service during the first year of Manx Care and any growth in excess of the budgeted 3% increase across the system will need to be factored into future calculations. OR noted that the majority of the additional investment went into tracking and MDT which has been hugely beneficial however demand is now significantly outstripping resource. JL observed that Manx Care is not only dealing with pent up unmet historic demand but also seeing growth higher than anticipated.

TC agreed that the move to the 28 day faster diagnostic standard is the right way to go and that it will be necessary to build a much higher level of growth into planning. This increase in demand should not be seen as a bad thing, rather an indicator of good Public Health messaging and GPs referring more quickly. Looking at outcome measures will require a wider strategic discussion with the DHSC and Public Health and TC suggested that the Quality, Safety & Engagement Committee should look at what else should be considered with regard to cancer care to supplement the hard measures around 2 week wait and faster diagnostic standard.

BdSec

TB noted that it would be useful to hear directly from clinical colleagues in both Primary and Secondary Care in respect of cancer care. IP noted that a Cancer Performance Day takes place quarterly providing the opportunity for exchange of ideas. It was acknowledged that there is a lack of Cancer Nurse Specialists but a business case for recruitment had recently been approved by the Transformation Programme, and IP queried whether this will help the 2 week wait position and to what extent it will future proof against the anticipated increased demand. OR confirmed that a Gynaecology Cancer Nurse Specialist had been recruited and that there is a business case for an Upper GI CNS which will leave Head & Neck as the only tumour site without a CNS. The benefit of the CNS is as a care navigator as well as a provider of clinical care so whilst they may not significantly improve the hard statistics they, along with the Cancer Care Co-ordinators, should help with the outcome measures.

OE agreed that having Cancer Care Co-ordinators and Nurse Specialists enables clinicians to work at the top of their licence and optimise efficiency, and pointed out focusing on hard targets should not distract from considering the overall patient experience particularly in respect of those patients who are falling outside the targets. OR confirmed that qualitative data is not collected proactively although feedback is received from patients, MCALS and cancer charities. OR confirmed that he would speak to the Cancer Services Team with a view to more proactively collecting this data.

BdSec

PM suggested that it would be useful to look at the longest waits and the reasons behind them. TC noted the importance of good quality data, the ability to exception report and escalate. The Quality Strategy work recognises the thresholds for undertaking harm reviews and the need to be really clear and explicit in respect of criteria. Having a much more considered approach around what would be the threshold for generating a harm review would be very helpful for the QSE to consider.

In respect of the Restoration & Recovery Programme TB queried how the transition out of this phase would be managed back to business as usual. OR confirmed that this is already being planned for Ophthalmology – there is an average of twelve additions to the cataract waiting list every week. Two new Ophthalmologists have been recruited, one full time and one part time. The latter will be focusing on cataracts as well as some elements of Paediatric Ophthalmology. A business case is being developed in conjunction with support from the Welfare Trustees at Ramsey District Cottage Hospital, for the development of a cataract unit in Ramsey. Other elements of the cataract waiting list are to be improved – a new commissioning framework will allow Opticians to refer directly to Ophthalmology, add patients directly to the cataract waiting list and to carry out first follow up appointments following surgery.

PM noted considerable progress in respect of mortality reviews. The Level 1 backlog has been cleared – this is a standardised review validated by the Royal College of Physicians taking place within 24 hours of death at the point when the death certificate is being prepared and referral made to the Coroner if appropriate. The expectation is that 20-25% of deaths should be going on to a structured Level 2 review however this is not happening and the recently appointed Medical Examiners are not yet functioning in the way intended. PM noted that when a more sophisticated system of Level 2 reviews is achieved it will provide data terms of avoidability factors, for example no discussion with patients regarding an appropriate ceiling of care or slow action from diagnostics resulting in an adverse outcomes on patient progression. This position will be reached quickly once the Medical Examiners start to become effective.

RB referred to the opportunity for shared learning in respect of the mortality review process. For the past 18 months his Care Group have been refining the process, documenting the learning and identifying emerging themes with the use of a multidisciplinary panel.

In respect of Integrated Social Care and Mental Health Services, RB made the following observations:

- Average length of stay in Mental Health Services has increased slightly but is still well within NHS established targets.
- The three day follow up performance has been 100% since May 2022, outstripping NHS England (73%).
- Particularly noteworthy is the Crisis Team's liaison function which is responding to 94% of ED referrals within one hour. Re-referrals are still a challenge in terms of data collection as RIO cannot distinguish between external and internal referrals. This is being addressed by the BI Team who are also working on the scope of reporting for Mental Health Services in respect of qualitative as well as quantitative measures.
- The number of re-referrals in Adult Social Work reduced in the month.
- There are still challenges around completion of assessments within timeframes and providing copies to service users. It is hoped that recent recruitments will ease such pressures.
- Children & Families Social Work continues to perform well although complex needs assessment has not reached the threshold in the month.

TB queried whether any audits are carried out by Experts by Experience. RB noted that the systems and process which allow such audits to happen are immature however their value is acknowledged.

TC confirmed that the full report from the wider OFSTED inspection of Children's Social Care had been received and Manx Care is committed to bringing a detailed action plan back to the next Board meeting at the beginning of September, after it has been through the Quality Safety & Engagement Committee for scrutiny. Although there are a number of positives in the report it picks up the deficits around safeguarding practices and the lack of advocacy. The Learning Disability service for young people needs to be developed as does fostering, adoption and support around care leavers. A comprehensive report and action plan will be brought to the Board in September.

BdSec

63.23 Duty of Candour Report Annual Report 2022/23

The Report circulated with the meeting pack had been through the Quality Safety & Engagement for scrutiny and was taken as read.

During the year, the complaints regulations have changed and compliance with the new regulations which took effect on 1 November 2023 was established quickly, recognising that Manx Care needs improve the speed at which it responds to service users.

The primary areas for complaint have been waiting lists, standard of clinical care and the attitude of staff delivering that care. Examples are provided in the Report of actions being undertaken to address these issues.

64.23 Experience and Engagement Annual Report 2022/23

The Report was circulated with the meeting pack was taken as read.

PM highlighted the significant work carried out by MCALS who are now resolving 90% of issues within 24 hours of being raised. This demonstrates a commitment to outstanding care from the staff. For more complex cases around 98% are dealt with within seven days. This is helping to drive down formal complaints and providing a rich source of learning to the organisation.

PRIORITY TWO – CREATING A POSITIVE WORKING CULTURE

65.23 Update on Pay Negotiations

TC reported that since the last Board meeting a revised offer for 2022/23 of 6% plus £1,000 consolidated lump sum has been accepted by the BMA. The RCN however has rejected the offer and has written to advise that there will be some form of industrial action details of which are awaited. Informally they have indicated that this is scheduled to take place during the week commencing 17 July 2023. A decision is still awaited from the Royal College of Podiatry and Prospect Union.

In order to offer the additional £1,000 lump sum it was necessary to use some of the allocation for the current financial year. Manx Care was funded for a 2% for pay increase but has not yet been able to put on offer for 2023/24 on the although PSC have an offer on the table to their members, representing around 37% of the Manx Care workforce. This creates a difficult situation and further discussions will be required with Treasury and DHSC around what Manx Care is able to offer.

It was agreed that is important from the point of view of the public that detailed plans around any industrial action are in place and communicated - this will be monitored by the Quality Safety & Engagement and People Committees.

PRIORITY THREE – IMPROVING FINANCIAL HEALTH

66.23 Director of Finance Report

The Report and management accounts for May 2023 circulated with the meeting pack were taken as read, having been through FP&C and the Board to Board.

JL highlighted the following:

- The year end position for 2022/23 has been finalised as an £8.7M deficit
- Whilst not meeting financial balance in the year was disappointing, it is important to note that the deficit has reduced year on year in the face of rising costs
- In the current year many savings are likely completely overtaken by the growth in funding pressures
- When the financial plan for 2023/24 was put together the substantial funding pressures were signalled and the funding allocated for the year fell far short of what Manx Care expected
- The forecast for 2023/24 is a £14.8M funding gap
- Treasury have advised from a prudence point of view all departments should work on a planning assumption of a 6% increase in pay, however they have been clear that there is no additional funding available to cover such an increase so the expectation is that those costs will be dealt with by savings elsewhere in the system.
- Manx Care starts the year in a deficit position and a 6% pay award, representing a cost pressure of around £7M which is unaffordable
- Aside from the pay issue, there is a CIP target of £4.5M built into the budget and a CIP programme which is aiming to deliver savings of around £11M. The forecast assumes that the target of £4.5M will be met but does not assume that the full scope of the CIP Programme will be realised. Even if the entire CIP savings were to be achieved, there would still be a deficit. In this context there have been some additional financial planning sessions to look at what measures will need to be taken to meet the financial envelope and the likely impact on services. Some decisions will be inappropriate for service areas to take by themselves and will have to be brought to the Board
- The financial plan for 2024/25 is being developed for presentation to Treasury in August 2023. Manx Care spend is tracking around £80M below Sir Jonathan Michael's suggested funding model but above actual funding

TC noted that in the context of no additional Restoration & Recovery funding and overall constraints on finances, to be able to fully hold Care Groups to account on their delivery, Manx Care needs to move from where it is currently into a better level of planning to enable assurance to be provided to the Finance Performance and Commissioning Committee that the system is operating efficiently. This will involve Capacity & Demand modelling and each Care Group starting the year with activity levels to which they can be held to account. JL observed that Manx Care is at a level of relative immaturity in this regard and activity based costing is in its infancy. TC suggested the matter be taken up by the Finance Performance & Commissioning Committee. OE noted the importance of understanding the cost of service provision in the context of Primary Care at Scale, one of the aims of which is to move work out of the Hospital and into Primary Care if it can be carried out more efficiently there.

67.23 Any Other Business with Prior Agreement of the Chair

There was no other business.

There being no other business the Chair declared the meeting closed.

The following questions from members of the public had been submitted in writing and are reproduced below with the respective responses:

(1) Will Manx Care please give consideration to the severance of the government owned Jurby Medical Centre from the operation of the privately owned Ramsey Group Practice so that the northern parishes of the Island have exclusive use of their medical centre and Ramsey Group Practice serves Ramsey and the immediate surrounding area only (ie the areas being considered for the extension of the Town boundary)

Jurby Medical Centre has a number of services operating from within it. Currently one of those services is Ramsey Group Practice who operate an appointment service for their patients, providing 1 x GP daily undertaking 2 sessions per day – 24 appointments, telephone calls, admin and results reviews. 1 x Practice Nurse 2 sessions per day – 28 appointments, triage telephone calls (on some days they have 2 practice nurses, undertaking 4 sessions), 1 x ANP 2 sessions per day – 28 appointments,. The strategic direction of Primary care is for more care to be provided at scale; so rather than increasing the number of smaller surgeries who have less resilience, the direction is to provide more services within geographical areas. It is therefore unlikely that there would a move in the future to severing Ramsey Group Practices use of Jurby Medical Centre in favour of establishing another Practice to work in Jurby.

(2) Will Manx Care please give consideration to the division of other dual medical practices on the Island so as to reduce the incidence of over loaded group practice call handling and appointment booking systems ie avoiding a single call centre/practice management running two surgeries to the detriment of both.

This question relates to Ramsey and Laxey/Onchan GP Practices, both of which are single GP Practices which operate over two sites. As in question 1 above splitting Ramsey or Laxey/Onchan GP Practices into two separate Practices each would create less resilience and is in the opposite direction to the Primary Care at Scale strategy.

(3) Could Manx Care please consider introducing a primary care dashboard similar to that provided for Nobles Hospital showing a wide range of primary care functions and performance indicators.

Manx Care does maintain a number of dashboards in relation to Primary and Community Care. The GP dashboard is used to provide information to contract manage GP surgeries. The dashboard is under an element of development however there is an intention, once the dashboard is fully developed, to publicise the information. We are also working on dashboards for dental and optical services.

(4) Could Manx care please provide the current standard contractual performance time periods for the following:

- (a) the allocation of an urgent GP appointment*
- (b) the allocation of a routine GP appointment*
- (c) the allocation of a non-urgent GP appointment*

GPs are contractually required to provide an appointment within a clinically appropriate time period with an appropriate clinician. In past iterations of the GP contract, both in the UK and IOM, there have been targets for 24 or 48 hours for an appointment, however the flexibility to ensure that patients are seen appropriately is the latest target. This means that those who have the most urgent need are clinically prioritised.

GP Practices aim to offer an urgent GP appointment on the day, either face to face or via phone, with a routine / non-urgent appointment being offered with the next available clinician, which could be a nurse, GP, physician associate, Advanced nurse practitioner, pharmacist etc dependant on clinical need.

As at 19/06/2023 the GP practices have routine appointments available between 1 and 16 days.

(5) Could Manx Care please clarify the contractual position that now seems to entitle GP s to limit a patient to discussing one issue at an appointment and has Manx Care considered how discriminatory this may be to elderly patients who may have complex and multiple ailments

Manx Care is aware that some GP Practices do ask patients to limit their consultation to one issue at a time. This is predominantly pertinent where for example a patient has an appointment for a urgent issue and where there is often a large number of patients to be seen during that clinic. This is not a Manx Care policy but has been adopted by GP Practices as a way of managing the throughput of their patients. Patients are able to request a longer appointment (for example a double appointment) where more issues can be discussed however sometimes patients do have to wait longer for that to be accommodated.

(6) Could Manx Care please indicate what plans there are to introduce six monthly regular health checks for pensioners.

There are no current plans to introduce six monthly regular health checks for pensioners. Manx Care does however have plans, through the implementation of primary care at scale, to better support those in community with multiple complex health conditions. More information will be available on this as this progresses.

(7) Could Manx Care please confirm what plans there are to introduce proper interim treatment plans and regular reviews for patients on hospital waiting lists.

Currently all outpatient waiting lists within Noble's are being administratively validated and all patients on waiting lists have or will receive a validation letter asking whether they wish to remain on the waiting list. The Recovery & Restoration programme has delivered 1508 cataract procedures, 980 orthopaedic procedures and 716 procedures across the surgical specialties and has reduced the waiting list by 80.5% in ophthalmology, 45% in orthopaedics, and 41% in surgical specialties.

(8) Could Manx Care please identify what expert Consultant facilities the Island currently has for patients diagnosed with allergies.

Currently there are no consultants specialising in allergy on island. All patients requiring allergy diagnosis or treatment are referred to the Immunology & Allergy Department at Royal Liverpool Hospital.

(9) Could Manx Care please undertake to ensure that the photographs GMC numbers, basic qualifications and any specialist experience of each GP, Locum, Trainee and all Clinicians are maintained on the websites of GP surgeries throughout the Island.

There is a requirement for all GP Practices to have a web site which identifies who their clinicians are. It doesn't require a photograph but all Practices do identify the clinicians working in their Practices, including all clinical staff.

(10) Could Manx Care please update on the current position as to the planned improvements to Nobles Hospital A & E

The Same Day Emergency Care (SDEC) Business Case has been approved by the Transformation Officer Board recently and is awaiting political board sign off. Plans that had been drawn up to relocate Fracture Clinic into the former Medical Records Library are currently being reviewed to see if they could be fit for

purpose to accommodate the Same Day Emergency Care Unit. Temporarily, the SDEC has moved into Radiology in order to accommodate the transfer of Fracture Clinic back from Ramsey.

(11) Could Manx Care please update on the current position on planned improvements to Ramsey Cottage Hospital to meet the increase planned increase in population

Ramsey & District Cottage Hospital offers local services to the population of the north (such as Minor Injuries, Physiotherapy, Podiatry, Blood Clinic, Outpatients, Cardiac Physiology, X Ray, Renal Dialysis, Audiology etc) as well as delivering services to the entire island, such as Skin Services, Wound Management Clinic, Martin Ward etc. Recent investment into RDCH has included the installation of a Phototherapy Unit for people with chronic skin diseases and the replacement of the X Ray facility to bring it to the standard as found in Noble's Hospital – these investments have been achievable through support of the two charities that provide funding to RDCH. We are also in the process of planning a redevelopment of the former Lezayre Ward to make it into an Ambulatory Day Surgery Unit that would mean that the operating theatre could be brought into more regular use and accommodate local anaesthetic lists such as cataract surgery, minor oral surgery and minor plastic surgery.

(12) Given the planned increase in population, could Manx Care please indicate what positive steps have been taken in conjunction with DHSC in the last six months to close the existing cramped and out dated GP surgery in Ramsey and provide at Government expense

The GP surgery in Ramsey does not belong to Manx Care or DHSC. It is owned by the Ramsey Group Practice Partnership. The Practice have made many improvements over the last 5 years within the Practice, including refurbishing rooms and adding a minor operations room.

(a) a new purpose built medical centre in Ramsey (not Jurby)

or

(b) a second GP surgery within the Town boundary run by another practice or directly employed GPs.

There is currently no plan to replace Ramsey GP surgery although it has been discussed with the Practice. there is also no plan to create a second GP surgery in Ramsey. Again this would be in contradiction to the delivery model of primary care at scale.

(13) Could Manx Care please state the policy for overseeing trainee GPs and what requirement there is for a practice partner to be in attendance when they are working within a GP surgery.

The GP trainee programme is overseen by the Mersey Deanery. GP training is provided on Island and it is a 3 year programme; 2 years in GP Practice and 1 year in a hospital environment, usually in 3 different specialties. Locally there is a Lead GP for GP Training part of whose role it is to support GPs to become trainers and to ensure that they receive the necessary training to become qualified trainers. There are three levels of GP trainer training; the first enables GPs (partners within a training practice) to be able to oversee Foundation level 2 doctors when they undertake a short rotation in general practice; the second level is Clinical Supervisor and enables GPs (partners within a training practice) to oversee the day to day work of the trainee GP in years 1 and 2 of training; the third is Educational Supervisor (a one year Masters level qualification). Each trainee GP has an allocated Educational Supervisor who will oversee their progress throughout the entire training programme. During the final year of training (year 3) the trainee is based in the Educational Supervisor's GP practice. The Educational Supervisor will, therefore, also be the Clinical Supervisor in year 3. In all cases, when a trainee GP is working in a practice they need to be supervised by an Educational Supervisor/Clinical Supervisor.

(14) Would Manx Care please consider introducing a text test result system for all clear x-ray, scan and blood test results.

Manx Care does offer access for patients to their medical records and for many of their test results through Patient Access. This can be setup at any of the GP surgeries on the Island. It does not push results to patients but it does allow patients to log in at any time to view results or their records.

The Manx Care Record project has within its scope the development of a 'patient portal' which would be app and internet based and allow people to access their summary care record as well as patient correspondence, blood tests, x-ray reports etc.

DRAFT

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

Manx Care Board - Action Log

completed	update required	not yet due	overdue/ delayed

Board Minute Ref No./Month	Action	Lead	Target Closure Date	Due date or revised date	Update	Date Closed
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	05.09.23	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. Update 04.07.23 - the NEDs had a brief session on 03.07.23 but a more comprehensive workshop (3 hours) for the entire Board is to be arranged. Attendance by all directors will be required	
57.23/July	Strengthening of Committee work plan around annual funding bid	Bd Sec	05.09.23			
60.23/July	OR to initiate discussion between Clinical Informatics and Ballasalla Group Practice around Patient Access App to ensure further investment in not needed to switch on additional modules	OR	05.09.23			
60.23/July	Detailed update on PCAS to be brought to the next Board meeting	Bd Sec	05.09.23		On the agenda for 05.09.23	
61.23/July	Independent advocacy to be taken to FP&C for further discussion around the need for the Board to make a decision in the context of no funding	JL	05.09.23		JL to provide verbal update	
61.23/July	Violence & Aggression Policy to be reviewed by People Committee following discussions at Board	TC	05.09.23		TC to provide verbal update	
62.23/July	Cancer outcomes to go to next QSE	BdSec	05.09.23		Went to QSE 25.07.23	
62.23/July	OR to speak to Cancer Services Team about proactively collecting qualitative data	OR	05.09.23			
62.23/July	Comprehensive OFSTED report and action plan for Children's services to be brought to the September Board	BdSec	05.09.23		On private Board agenda	

Education Quality Interventions Review Report



**Noble's Hospital
Specialty/Programme Group - Foundation
Triggered Review**

**North West Regional Office
11 and 12 May 2023
June 2023 Draft Report**

Review Overview

Background to the review

The 2022 GMC National Training Survey (NTS) results showed a significant decline in scores in several indicators within general psychiatry, together with 7 red and 4 pink outliers compared with only 1 red outlier for clinical supervision in 2021. Noble's Hospital were aware of the issues in general psychiatry and were already taking steps to improve the training experience of foundation doctors in psychiatry. NHS England North West Workforce, Training and Education (WTE) acknowledged the staffing and recruitment issues in this specialty which has meant difficulties in providing placements for foundation doctors. As a result, ward-based psychiatry placements are not currently provided, and psychiatry placements are now community based.

General psychiatry GMC NTS results were rated as a category 1 (minor concerns) as per Health Education England's Intensive Support Framework (ISF). As a quality review had not been undertaken recently at Noble's Hospital NHS England North West (WTE) took the opportunity to meet with all foundation doctors and their supervisors to hear of their experience at the hospital.

The review was undertaken face to face at Noble's Hospital.

We would like to thank Noble's Hospital and the medical education team for facilitating the sessions with doctors in postgraduate training and their supervisors and for making the visiting team from NHS England North West (WTE) feel very welcome.

Who we met with

Role	Programme / Specialty / Job Title (as appropriate)
Learners	21 foundation doctors (F1 and F2) specialties including Community Psychiatry, Acute Medicine, Emergency Medicine, Geriatric Medicine, Surgery, Trauma & Orthopaedics, GP, Radiology and Anaesthetics.
Supervisors	15 Educational/Clinical Supervisors
Education Leads	Director of Medical Education
	Postgraduate Administrators (Medical Education)
	Undergraduate and IT Administrator
	Head of Simulation and Clinical Skills

Evidence utilised

Information from the 2022 GMC National Training Survey (NTS).

Review Panel

Role	Name, Job Title
Education Quality Review Lead	Professor Paul Baker, Deputy Postgraduate Dean, North West of England School of Foundation Training and Physician Associates

NHS England North West Education Quality Representatives	Paula Fletcher, Quality Support Manager Carole Aitken, Quality Co-ordinator Leanne Moore, Quality Co-ordinator
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Executive Summary

The 2022 GMC National Training Survey (NTS) results showed a significant decline in scores in several indicators within general psychiatry, together with 7 red and 4 pink outliers compared with only 1 red outlier for clinical supervision in 2021. As a quality review had not been undertaken recently at Noble's Hospital NHS England WTE took the opportunity to meet with all foundation doctors and their supervisors.

High level verbal feedback was provided to the Director of Medical Education (DME) and the medical education team on the day of the visit. There were no patient safety concerns/immediate mandatory requirements identified.

Positive findings from the review include:

- Good quality teaching including simulation delivery.
- All foundation doctors would recommend their training at Noble's Hospital.
- Supportive DME, Foundation Programme Director and medical education team.
- Effective handover in medicine and A&E.
- Good support with conducting audits and quality improvement projects.
- Protected teaching time.
- Good local induction in most specialties.
- Good peer support.
- Supportive consultants.
- Wide range of learning opportunities.

The following areas for improvement were also fed back:

- General lack of awareness of how to escalate non-educational concerns. Some foundation doctors were aware of the Guardian of Safe Working role but were generally unaware who this was.
- Various issues within general surgery.
- Inappropriate behaviour towards some foundation doctors.
- Culture within paediatrics.

There is a recommendation for Noble's Hospital to consider the introduction of a Freedom to Speak Up Guardian to facilitate the escalation of non-educational concerns.

The visiting team from NHS England North West (WTE) were given a demonstration of Noble's virtual reality (VR) facilities overseen by Mark Roberts within the medical education team. The panel observed a foundation doctor using the VR equipment within a clinical VR setting to treat a patient with feedback from the programme and Mark. Mark ensures the technical maintenance of the system.

The simulation facilities at Noble's were described as very good by foundation doctors. The panel were shown the simulation room which provides varies clinical scenarios for doctors. This programme of learning and the simulation laboratory is managed by Matt Mustain, Head of Simulation and Clinical Skills who is a physician associate by background. The panel heard from the foundations doctor how useful the VR and simulation facilities are at Noble's and how valuable the support is from Matt and Mark.

A formal feedback meeting will take place via Microsoft Teams on 9 August 2023 to discuss the report and progress made since the quality intervention.

Draft

Review findings

Session One Foundation Doctors (Acute Medicine, Community Psychiatry, Geriatric Medicine, and Emergency Medicine)

Domain 1 Learning Environment and Culture

Handover

Medical handover was described as consistently good, and consultants use this as a teaching opportunity. A&E handover was also described as effective. Surgical handover was described as “reasonable”.

Raising Concerns

Foundation doctors were asked about the system for raising concerns at the trust. All foundation doctors were aware of the Datix process but had limited experience of completing them. Some were aware of the Guardian of Safe Working, but unaware who held the position.

The panel heard that foundation doctors were reluctant to raise concerns in general surgery due to the culture and political nature of the specialty. General surgery was described as “not the best place to raise concerns”. Some foundation doctors felt that if a senior doctor in surgery does not agree with your concerns, some will not hear you out. Some foundation doctors felt fearful and did not feel they could feedback to their seniors in general surgery. The culture was described as “if it generates more work for the senior, they do not like it”. Some foundation doctors felt that some consultants have a fear of management.

Alternatively, foundation doctors’ experience of raising concerns in general medicine was very positive. The specialty use Datix as a tool for improvement. The panel heard that A&E send emails regarding Datix reports received, and the actions taken as a result. Drug errors that have been Datixed are also shared at handover.

All foundation doctors confirmed they can conduct audits and quality improvement projects and are supported by the audit office.

Domain 2 Educational Governance and Commitment to Quality

When asked if they are treated with dignity and respect all foundation doctors in this session said they had not experienced any instances of not being treated appropriately in respect of equality, diversity, and inclusion. They had not experienced any negative behaviour from patients/staff or seen patients being treated without dignity and respect.

Domain 3 Developing and Supporting Learners

Induction

Foundation doctors said the trust induction was “ok”. Unit inductions for specialties such as A&E, stroke, GP, radiology, and psychiatry were described as good. The panel heard that no local induction is provided within general surgery. Foundation doctors explained that induction for medicine and general surgery were part of trust induction and there is an assumption that doctors will remember from their attendance at this. They suggested it would be helpful if a

reminder email about handover etc could be sent to them prior to their rotation to medicine/general surgery.

Foundation doctors explained that within psychiatry they received interface training and shadowing opportunities as part of their local induction.

The panel heard from a doctor that they had an “excellent” time on the Acute Medical Unit (AMU). They said the team on the unit are “amazing”, the consultants are supportive and allow foundation doctors to work independently and allow them to plan for patients with consultant overview.

The panel heard that foundation doctors had access to GP records which the panel were impressed with.

Foundation doctors confirmed that their educational supervisors are accessible and supportive.

Domain 5 Delivering Curricula and Assessments

Teaching

The panel heard that foundation doctors have protected teaching time and commented that this is one of the benefits of working at Noble’s Hospital compared to their peers working in the UK. They explained that the medical education team are “excellent”, they produce a timetable of their teaching which they receive in advance. Their timetable is split between teaching and simulation. Foundation doctors said that simulation facilities at Noble’s are very good. Foundation doctors commented that teaching is varied and is rarely cancelled. Topics have included for example, Mindfulness. The panel heard that foundation doctors are encouraged to participate in peer teaching, they said that the medical education team’s door is always open and “Donna and Jess are very approachable”.

The panel heard that anaesthetics and ICU teaching provided good consultant led teaching with lots of one-to-one time.

Foundation doctors in acute medicine felt that teaching in the specialty can be random and felt that the design of the teaching may benefit from more consultant oversight.

Foundation doctors said they had limited learning opportunities within Trauma and Orthopaedics (T&O).

Training Experience

The panel heard that senior cover within medicine was patchy and therefore supervision can be inconsistent. Foundation doctors explained that most of the time the highest level of doctor available is an Internal Medicine Training (IMT) doctor. The panel heard that this has since improved.

Foundation doctors said that it can be difficult to reach seniors in general surgery.

When asked if they are expected to participate in tasks with limited educational value, they explained that phlebotomy provision can be variable. They explained that phlebotomists are usually available Monday to Wednesday, but this is not always the case due to logistics. In this

instance foundation doctors or nurses take bloods. They explained that some nurses are not trained to do this or say they are not trained. Some doctors saw this as an opportunity to develop their skills further.

Foundation doctors were asked if they were exposed to duties, they have not been trained to undertake for example taking consent. The panel heard an example from within general surgery whereby a foundation doctor was asked twice to take consent for a procedure that was beyond their competency. The panel heard that some foundation doctors felt unable to say no when asked and felt that they should have refused.

All foundation doctors confirmed they are able to achieve their work placed based assessments (WBA).

Recommendation of Placement

The panel asked foundation doctors if they would recommend the foundation training at Noble's Hospital. All 8 foundation doctors in session one said "yes". When asked what the good things about Noble's Hospital were, responses included:

- Peers undertaking foundation training in the UK do not have as good an experience.
- Better work life balance and rota compared to their peers in the UK.
- Lower tax on the Isle of Man.
- Funded accommodation, council tax and bills.
- Good access to study budget.

When asked what they would like to see improve, responses included:

- Introduction of electronic prescribing – as paper prescribing does not feel as safe.
- Teaching on all subjects should not be mandatory. Foundation doctors should be able to attend the subject areas they are interested in.

Session Two Foundation Doctors (Anaesthetics, General Surgery, GP, Radiology, T&O)

Domain 1 Learning Environment and Culture

Handover

Handover was described as providing a good learning experience with senior involvement in most departments except in general surgery.

Raising Concerns

When asked how they would raise their concerns foundation doctors explained that issues should be raised via their clinical/educational supervisor. They explained that there is a fear of unfavourable treatment on shift if concerns are raised. The panel heard there is no obvious route to escalate as they do not want to appear "ungrateful" when mostly they have a very favourable post.

Foundation doctors were asked about the system for raising non educational concerns at the trust. All foundation doctors were aware of the Datix process as in group 1. They explained that due to time pressures they are not always completed, however they are not discouraged to

complete them. They had not experienced Datix being used as a threat against them. The panel heard that within the emergency department Datix is used as a learning tool and changes are made as a result. The panel heard that in other departments follow up on Datix reports can depend on the consultant involved.

Some foundation doctors were aware of the role of the Guardian of Safe Working, but not all were aware who held the position in the hospital.

All foundation doctors said they have enough time to complete quality improvement and audit projects and confirmed help is available if needed.

Domain 2 Educational Governance and Commitment to Quality

When asked if patients and themselves are treated with dignity and respect and if they had received any equality, diversity, and inclusion (EDI) training a foundation doctor commented “some of the seniors need it” The panel heard three specific examples of poor practice in relation to EDI. These were:

- Perceived culture of intolerance within paediatrics.
- Use of pronouns – a foundation doctor explained they were asked to remove their name badge when in A&E as it included their pronouns. The foundation doctor refused to remove their badge.
- Inappropriate behaviour towards some foundation doctors.

During this session the panel heard from foundation doctors that several doctors mainly staff grade in the hospital seem to be anti-COVID vaccinations. Examples were heard whereby some staff grades have commented to patients that their health problem could be due to the COVID vaccination.

Domain 3 Developing and Supporting Learners

Induction

All foundation doctors were happy with their local inductions.

- Radiology induction was described as “good”.
- GP induction was described as “excellent” and lasts between a week and a half to 2 weeks.
- T&O induction consisted of a one-to-one meeting with supervisors.

All doctors in the group confirmed they are able to complete their portfolio, and all had an educational and clinical supervisor. However, they did comment that some supervisors are more supportive than others. All said they can access WBAs, some seniors need prompting to complete, but are completed eventually.

The panel did hear concerns regarding an educational supervisor and their suitability to the role in terms of support provided and interest in education and development. This issue had not yet been escalated to the Foundation Programme Director (FPD).

This group of foundation doctors also commented that Adrian, the Director of Medical Education, Alison, the FPD and Jess and Donna in the medical education team are very approachable.

Domain 5 Delivering Curricula and Assessments

Training Experience

In T&O foundation doctors were happy with the training received, they commented that their workload can be variable and explained it can be low at times but then there can be lots to do in a limited amount of time which is the nature of surgery.

The panel heard similar concerns from this group of doctors as raised in session 1 regarding their experience of general surgery, they described their experience as service provision rather than a learning one. Examples provided included unavailability of some seniors and seniors apparent unwillingness to have a conversation with patients and make decisions. Foundation doctors felt that this can put them in a difficult situation and more direction is needed.

The panel heard that those in GP rotation were happy with their workload, they had a supervising clinician and a good length of slots.

Overall foundation doctors felt that teaching is very good and received protected time to attend teaching, access to study leave was also described as good.

Foundation doctors were asked if they were exposed to duties, they have not been trained to undertake, for example taking consent. Foundation doctors in this group commented that this happens in general surgery and have been asked to take consent from a patient for a procedure they are not trained to undertake. They explained that when they refuse, they are not pressured and are not asked again. This is similar to what the panel heard in the first session.

The panel also heard that some foundation doctors felt they were not in a position to say no to consenting a patient as there is no senior available which would leave the patient in danger. Availability and being able to contact seniors were described as “variable” which can delay things.

When asked if they are expected to participate in tasks with limited educational value, those doctors that had worked in general surgery commented that on weekends they have to take bloods as some nurses say “they have forgotten” how to take blood.

Working relationships were described as good and foundation doctors confirmed that they do not work nights and work twilight shifts until 1am. They explained that there is no bank to cover sickness. Foundation doctors said there are a small number of Physician Associates and Advanced Nurse Practitioners within the hospital.

Teaching

GP, palliative care, A&E, geriatric medicine, AMU, and anaesthetics were described as providing good learning opportunities. Geriatric medicine in particular has a passion for quality improvement. The panel heard that T&O provides lots of learning opportunities due to clinics and a multi-disciplinary team. Medical areas (ward-based medicine) were felt not to provide as many learning opportunities. However, it is easier to access a senior within medicine as there are IMTs.

Recommendation of Placement

The panel asked foundation doctors if they would recommend the foundation training at Noble's Hospital. All 13 foundation doctors in session two said "yes". When asked what the good things about Noble's Hospital were, responses included:

- Quality of life.
- Protected training.
- Preferable finance e.g., tax and accommodation.
- Compassionate and hard-working medical education department that go above and beyond.
- Support from other foundation doctors as they all live together.
- Consultant body are "human".
- Working in small team.
- No commuting.
- Good exposure across all fields and the lack of hierarchy is great. For example, a foundation doctor was able to treat malaria whereas where they trained in the UK this would not have been possible.
- Community psychiatry experience very good with an opportunity to have their own clinic with good support.

When asked what they would like to see improved, responses included:

- Electronic prescribing as this would help with workload.
- Electronic notes.
- More training for middle grade doctors as many have been on the island a significant amount of time.

Session Three – Supervisors

Domain 4 Developing and Supporting Supervisors

Educational Supervision and Job Planning

The panel lead explained why the visit had been triggered i.e., the psychiatry GMC NTS results. The lead informed them that NHS England North West (WTE) were aware that since the results, psychiatry rotations are now provided within the community and foundation doctors are happy with their community experience.

A psychiatry supervisor explained that they would like to reinstate foundation year 2 doctors onto psychiatry wards as they are missing opportunities to see acute patients.

There was discussion regarding the signing off of foundation doctor's portfolio for their final Annual Review of Competency Progression (ARCP) and the timetable set by the GMC. The panel lead explained that the ARCP timescales are set nationally and there is time built into this to enable supervisors to raise any concerns about a doctor in postgraduate training. The panel lead informed the group that supervisors can refuse to sign a foundation doctor's competencies off if they do not know enough about them.

There was also discussion regarding foundation doctors on psychiatric rotation and the expectation that they can also deal with the physical health needs of these patients.

When asked about their job plans and the programmed activities (PAs) allocated for education, most were happy with their job plans. Some supervisors felt their job plans were inadequate, for example, paediatrics, psychiatry, and anaesthetics.

One supervisor explained that they have been allocated one foundation doctor to supervise, but in reality, are supervising both foundation doctors in their speciality as both are working on their ward and the other supervisor is outside of the unit. They said they felt under pressure and cannot give everything they want to support the foundation doctors they are supervising.

Some supervisors felt there should be PAs for clinical supervision too as there is a heavy reliance on locums who do not provide clinical supervision.

All supervisors confirmed educational supervision forms part of their appraisal and that the hospital supports them with accessing training opportunities.

Equality, Diversity, and Inclusion (EDI)

Supervisors were asked if they are trained and prepared to deal with any EDI issues that may occur either with patients or doctors in postgraduate training. Supervisors confirmed they complete mandatory EDI training every 3 years.

The group were asked if they felt exposed to any issues. Supervisors explained that there are no more EDI issues within the hospital than there is anywhere else. They said there are several international medical graduates (IMGs) in specialty doctor roles, and they are valued and supported.

One consultant described an incident whereby they were racially abused by a patient's relative. The consultant said they were supported by the ward manager and clinical director, were offered pastoral care, and asked if they wanted to report the incident to the police.

One consultant explained that they were previously an IMG at Noble's and had come back to a consultant post and has not encountered any EDI issues.

Active bystander training was suggested by a consultant in the group as something that could be offered in the hospital.

The panel heard that there are some cultural issues within the hospital and there had been previous instances of inappropriate behaviour in the past towards some doctors.

Supervisors were clear that there were no issues with their relationship with the medical education team.

Supervisors said they have not witnessed any inappropriate behaviours or comments towards patients or staff, and all are respected as individuals and treated equally.

Training Experience

The panel lead asked supervisors what they felt the foundation doctors training experience was like. Supervisors felt that foundation doctors receive a broad experience and seem to enjoy working at the hospital. They said that they “are living the dream” in comparison to their peers training in the UK. No exception reports have been submitted, they leave on time and have a manageable workload. They also receive more one-to-one supervision and senior support. The simulation facilities on offer are also very good.

A discussion took place regarding physician associates (PAs) and their benefits. Most supervisors were supportive of the role and realised the support they offer to foundation doctors and the wider team. For example, they help to fill any gaps and allow foundation doctors to attend teaching. The panel lead commented that PAs know when to escalate and are aware of their competencies and there is enough work to go around.

Requirements

Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
1	Foundation doctors demonstrated a general lack of awareness on how to escalate non-educational concerns.	To be discussed at Senior Leadership meeting with the hospital on 9 August 2023. Timelines and evidence to be detailed in subsequent action plan.
2	Various issues within general surgery including: <ul style="list-style-type: none"> • Culture within the specialty, foundation doctors felt unable to feedback to seniors. • Difficulty in gaining senior support. • Lack of local induction. • Lack of teaching opportunities. • Service provision role rather than learning. • Foundation doctors being asked to take consent for procedures they are not competent to undertake. Some doctors felt unable to refuse. 	To be discussed at Senior Leadership meeting with the hospital on 9 August 2023. Timelines and evidence to be detailed in subsequent action plan.

3	<p>Issues relating to intolerance and inappropriate behaviours including:</p> <ul style="list-style-type: none"> • Culture within Paediatrics. • Anti Vaccination remarks made to patients. • Inappropriate behaviour towards some foundation doctors. • A foundation doctor being asked to remove their name badge as it contained their pronouns. 	<p>To be discussed at Senior Leadership meeting with the hospital on 9 August 2023. Timelines and evidence to be detailed in subsequent action plan.</p>
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Immediate Mandatory Requirements

None identified.

Recommendations

Related Education Quality Framework Domain(s) and Standard(s)	Recommendation
Quality Domain 2 Educational Governance and Commitment to Quality	Provision of a clear pathway for doctors to escalate non-educational concerns and consideration of a Freedom to Speak Up Guardian within the hospital to facilitate this.

Good Practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the Quality Review Team, deliver quality above and beyond the standards set-out in the *Quality Framework*. Examples of good practice may be worthy of wider dissemination.

Learning Environment/Professional Group/Department/Team	Good Practice	Related Education Quality Framework Domain(s) and Standard(s)
Simulation and clinical skills/medical education	Impressive simulation and clinical skills laboratory including virtual reality scenarios managed by the Head of Simulation and Clinical Skills, Matt Mustain who is a physician associate. IT support provided by Mark Roberts from the medical education team who	Quality Domain 1 Learning Environment and Culture

	ensures the maintenance of the VR programme.	
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NHSE Education Quality Domains and Standards for Quality Reviews

Quality Standard	Education Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
1.1	The learning environment is one in which education and training is valued and championed.	
1.2	The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.	
1.3	The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.	
1.4	There is a culture of continuous learning , where giving and receiving constructive feedback is encouraged and routine.	
1.5	Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users. <ul style="list-style-type: none"> • Patient safety discussions 	
1.6	The environment is one that ensures the safety of all staff, including learners on placement.	
1.7	All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences. <ul style="list-style-type: none"> • Freedom to Speak up Guardians • Survey intelligence including GMC NTS/NETS/PARE/GoSWH etc. 	
1.8	The environment is sensitive to both the diversity of learners and the population the organisation serves.	
1.9	There are opportunities for learners to take an active role in quality improvement initiatives, including participation in improving evidence-led practice activities and research and innovation. <ul style="list-style-type: none"> • Programme Review trainee representation discussions • Learner Educator trainee representation discussions 	
1.10	There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative.	
1.11	The learning environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to library and knowledge services and specialists.	

	<ul style="list-style-type: none"> • Facilities • IT provision • Library and knowledge services 	
1.12	<p>The learning environment promotes multi-professional learning opportunities.</p> <ul style="list-style-type: none"> • Multi-professional discussions around opportunities 	
1.13	<p>The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.</p>	

Quality Standard	Education Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.1	<p>There is clear, visible and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-professional and, where appropriate, inter-professional approach to education and training.</p> <ul style="list-style-type: none"> • GoSWH discussions i.e. Junior Doctor Forum/Trainee Led Huddle 	
2.2	<p>There is active engagement and ownership of equality, diversity and inclusion in education and training at a senior level.</p> <ul style="list-style-type: none"> • Discussions about racial discrimination/undermining – Trust engagement 	
2.3	<p>The governance arrangements promote fairness in education and training and challenge discrimination</p> <ul style="list-style-type: none"> • Discussions about racial discrimination/undermining – promotion and actions within Trust 	
2.4	<p>Education and training issues are fed into, considered and represented at the most senior level of decision making.</p>	
2.5	<p>The placement provider can demonstrate how educational resources (including financial) are allocated and used.</p>	
2.6	<p>Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training.</p> <ul style="list-style-type: none"> • SAR 	

2.7	<p>There is proactive and collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice.</p> <ul style="list-style-type: none"> • Good practice discussions 	
2.8	<p>Consideration is given to the potential impact on education and training of services changes (i.e. service re-design / service reconfiguration), taking into account the views of learners, supervisors and key stakeholders (including NHSE and education providers).</p>	

Quality Standard	Education Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.1	Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.	
3.2	There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.	
3.3	The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to protected characteristics.	
3.4	Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.	
3.5	Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.	
3.6	Learners receive the educational supervision and support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.	
3.7	Learners are supported to complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional standards, and learning outcomes.	
3.8	Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams.	
3.9	Learners receive an appropriate, effective and timely induction into the clinical learning environment.	
3.10	Learners understand their role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service users.	
3.11	Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate.	

Quality Standard	Education Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
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4.1	Supervisors can easily access resources to support their physical and mental health and wellbeing.	
4.2	Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.	
4.3	Those undertaking formal supervision roles are appropriately trained as defined by the relevant regulator and/or professional body and in line with any other standards and expectations of partner organisations (e.g. education providers, NHSE).	
4.4	Clinical Supervisors understand the scope of practice and expected competence of those they are supervising.	
4.5	Educational Supervisors are familiar with, understand and are up-to-date with the curricula of the learners they are supporting. They also understand their role in the context of learners' programmes and career pathways, enhancing their ability to support learners' progression.	
4.6	Clinical supervisors are supported to understand the educational needs (and other non-clinical needs) of their learners.	
4.7	Supervisor performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for continued professional development and role progression and/or when they may be experiencing difficulties and challenges.	

Quality Standard	Education Quality Domain 5 Delivering Curricula and Assessments	Requirement Reference Number
5.1	Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.	
5.2	Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments.	
5.3	Placement providers collaborate with professional bodies, curriculum/ programme leads and key stakeholders to help to shape curricula, assessments and programmes to ensure their content is responsive to changes in treatments, technologies and care delivery models, as well as a focus on health promotion and disease prevention.	
5.4	Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.	
5.5	The involvement of patients and service users, and also learners, in the development of education delivery is encouraged.	
5.6	Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions required to meet curriculum requirements.	

Quality Standard	Education Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
6.1	Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.	
6.2	There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.	
6.3	The provider engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.	
6.4	Transition from a healthcare education programme to employment and/or, where appropriate, career progression, is underpinned by a clear process of support developed and delivered in partnership with the learner.	

Report Approval

Report Completed by	Paula Fletcher, Quality Support Manager
Review Lead	Professor Paul Baker, Signature
Date signed	Date

NHSE Authorised Signature	Authorised signature
Date signed	Date

Final Report submitted to organisation	Draft report submitted 13 June 2023
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2021 NATIONAL TRAINEE SURVEY RESULTS

INTERNAL MEDICINE TRAINING

GENERIC INDICATORS

SEPTEMBER 2021

Rickane Shah, Quality Management Officer
Dr Mike Jones, Medical Director, Training & Development
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Introduction

The National Trainee Survey is an annual survey commissioned and administered by the General Medical Council (GMC). The survey has been in place since 2010.

The purpose of the survey is to gather feedback from trainees to help local education providers such as hospitals and general practices improve their training practice. It also helps postgraduate deaneries/local education and training boards (LETBs) manage training programmes, which are usually delivered across a number of different local education providers (LEPs).

The 2021 NTS Survey questions reflect the challenges faced by trainees during the Covid-19 Pandemic. The data and information provided in this report have been interpreted following analysis of the NTS results and it is acknowledged that the raw data and trends identified reflect the range of trainee responses to individual questions in terms of outlier's that are significantly above or below the average highlighted in the report. Any trends however will continue to be monitored and followed up in future NTS Reporting and analysis undertaken.

The GMC use red and green colour coding to highlight results that are significantly above or below the average to help identify areas for investigation.

The trainee survey is comprised of a set of generic questions which test trainees' perceptions of training providers' compliance with the GMC standards, and specialty specific questions set by Royal Colleges and Faculties which test their perceptions of the quality of delivery of the curricula.

It is a unique opportunity for managers of training programmes to hear the views of their trainees.

The generic questions test trainee's perceptions of the following areas:

- Overall satisfaction
- Clinical Supervision
- Clinical Supervision (out of hours)
- Reporting Systems
- Workload
- Teamwork
- Handover
- Supportive environment
- Induction
- Adequate Experience
- Curriculum coverage
- Educational Governance
- Educational Supervision
- Facilities
- Feedback
- Local Teaching
- Regional Teaching
- Study Leave
- Rota Design

Responses are colour coded as follows:

	Below outlier
	Within the lower quartile (Q1), but not a below outlier
	Within the middle quartile (Q2/IQR)
	Within the upper quartile (Q3), but not an above outlier
	Above outlier
	3 or less trainees, result not published
	0 trainees completed the survey, no result

Red – a red outlier is a score in the bottom quartile of the benchmark group, and the confidence interval does not overlap with that of the benchmark mean.

Green - a green outlier is a score in the top quartile of the benchmark group, and the confidence interval does not overlap with that of the benchmark mean.

Light Green – a score in the top quartile, but the confidence interval overlaps with that of the benchmark mean.

Pink – a score in the bottom quartile, but the confidence interval overlaps with that of the benchmark mean.

White – a score in between the top and bottom quartiles of the benchmark group.

Grey – fewer than three results ($n < 3$). We only report results which have three or more responses.

Yellow – no results ($n=0$).

Executive Summary

Between 2176-2180 IMT trainees (1126-1130 IMT1s and 1046-1050 IMT2s) completed the 2021 survey.

Data was available for **95% (153/161)** of Trusts/Boards with Internal Medicine trainees. Where data was available **158** Red flags and **172** Green flags have been recorded/classified.

The indicators showing the highest number of Trusts with red or green flags for 2021 are in the table below (further details can be found in pages 5 and 6 of the report):

Indicator (red flags)	No	Indicator (green flags)	No
Rota design	18	Adequate Experience	18
Facilities	11	Facilities	16
Clinical Supervision (out of hours)	10	Curriculum Coverage	15
Study Leave	10	Reporting Systems	15
Workload	10	Supportive Environment	15
Handover	9	Educational Governance	12
Local Teaching	9	Induction	9
Regional Teaching	9	Regional Teaching	9

Of the 158 red flags recorded for all of the indicators in 2021, **87%** (138/158) were in Trusts in England with **7%** (11/158) Boards in Scotland and **5%** (8/158) in Boards in Wales and **1%** (1/158) in Trusts in Northern Ireland.

The mean score of all Deanery/LETBs for Overall Satisfaction in 2021 is 71.41.

From a regional perspective the scores were as follows:

Quartile	Deanery / LETB	2021 Mean
4	Defence Postgraduate Medical Deanery	76.00
4	Health Education South West	75.44
4	Health Education Thames Valley	74.91
4	Health Education North East	73.47
3	Northern Ireland Medical & Dental Training Agency	72.50
3	Health Education West Midlands	72.00
3	Health Education North West London	71.86
3	Health Education North Central and East London	71.76
2	Health Education East of England	71.63
2	Health Education South London	71.61
2	NHS Education for Scotland	71.48
2	Health Education North West	71.14
1	Health Education Kent, Surrey and Sussex	70.00
1	Health Education and Improvement Wales	68.40
1	Health Education Yorkshire and the Humber	68.30
1	Health Education Wessex	67.34
1	Health Education East Midlands	66.17

IMT Overall Satisfaction Deanery/LETB score in comparison with other core programmes

The mean Deanery/LETB overall satisfaction score for each core programme was as follows:

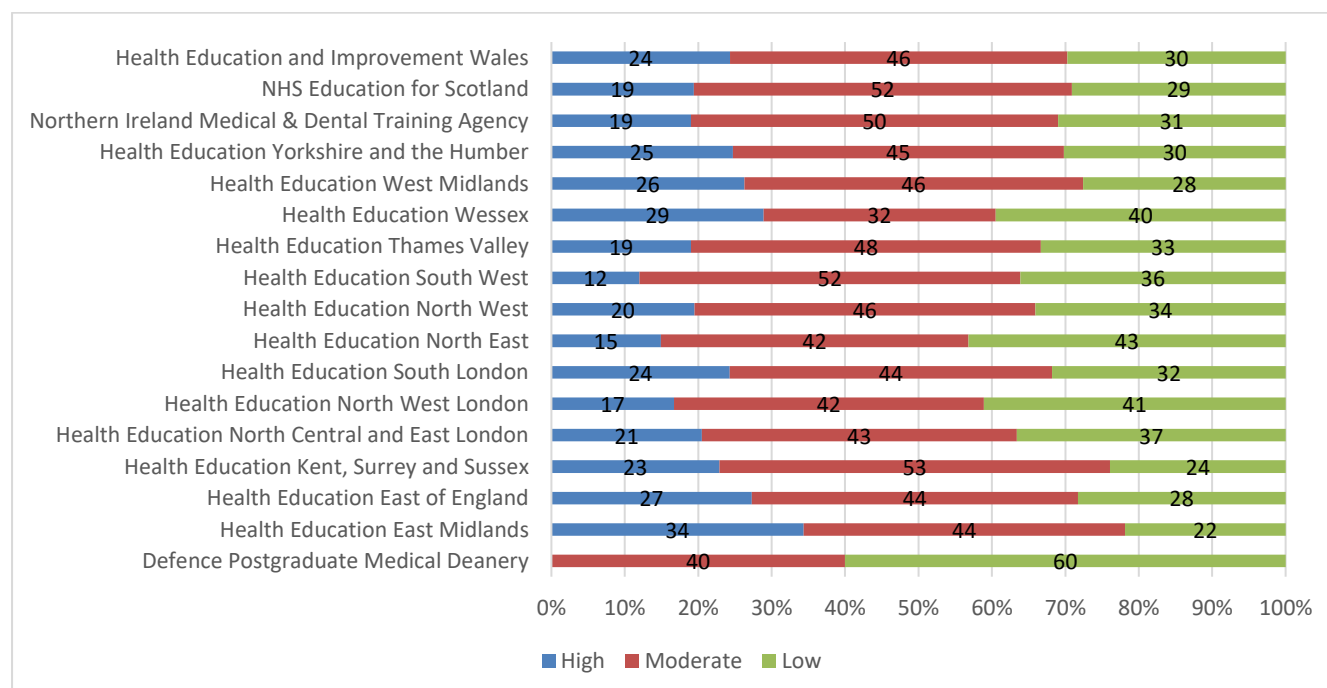
Programme	2021
Core Anaesthetics Training	85.26
Core Psychiatry Training*-No Defence	80.93
Core Surgical Training	72.99
Internal Medicine Training-Stage One	71.41

2021 IMT Trainee Burnout % in comparison with other core programmes

The results of the NTS burnout questions for trainees include split responses to the questions into high, moderate and low burnout categories as follows:

Programme	High	Moderate	Low
Core Anaesthetics Training	10.4%	37.0%	52.6%
Core Psychiatry Training	11.5%	33.3%	55.2%
Core Surgical Training	19.0%	46.0%	35.0%
Internal Medicine Training-Stage One	21.8%	46.0%	32.3%

2021 IMT Trainee Burnout % by Deanery/HEE Local Office



Trusts/Boards with highest proportion of red flags

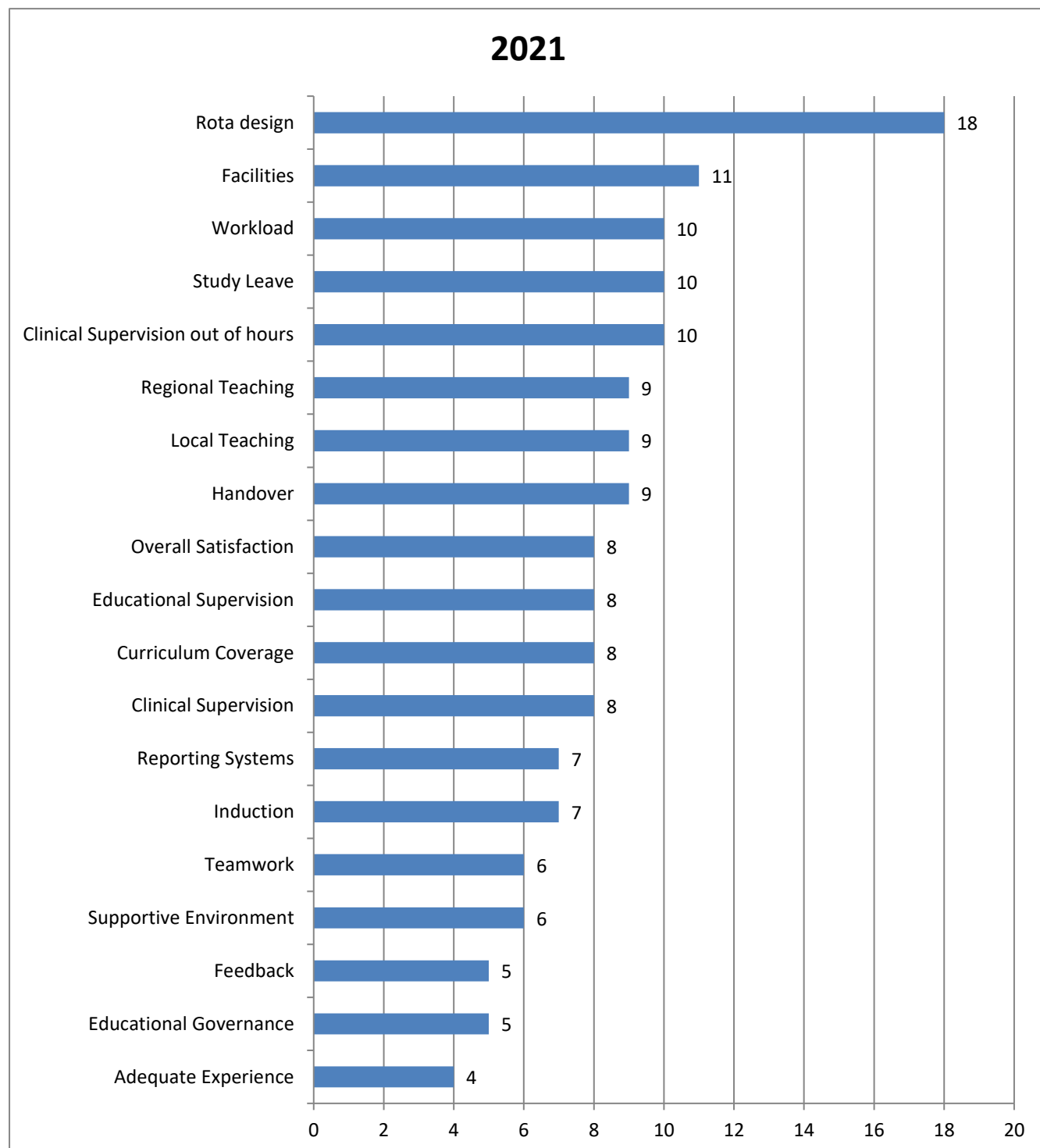
No	Trust / Board	2021 red flags
1	United Lincolnshire Hospitals NHS Trust	15/19 (79%)
2=	Lewisham and Greenwich NHS Trust	13/19 (68%)
2=	Northern Lincolnshire and Goole NHSFT	13/19 (68%)
4=	Frimley Health NHSFT	8/19 (42%)
4=	Tameside and Glossop Integrated Care NHSFT	8/19 (42%)
6=	Fife	5/19 (26%)
6=	The Rotherham NHSFT	5/19 (26%)
6=	Worcestershire Acute Hospitals NHS Trust	5/19 (26%)
9=	Aneurin Bevan University Lhb	4/19 (21%)
9=	Pennine Acute Hospitals NHS Trust	4/19 (21%)
9=	The Clatterbridge Cancer Centre NHSFT	4/19 (21%)
9=	Warrington and Halton Teaching Hospitals NHSFT	4/19 (21%)
9=	York Teaching Hospital NHSFT	4/19 (21%)

Trusts/Boards with highest proportion of green flags

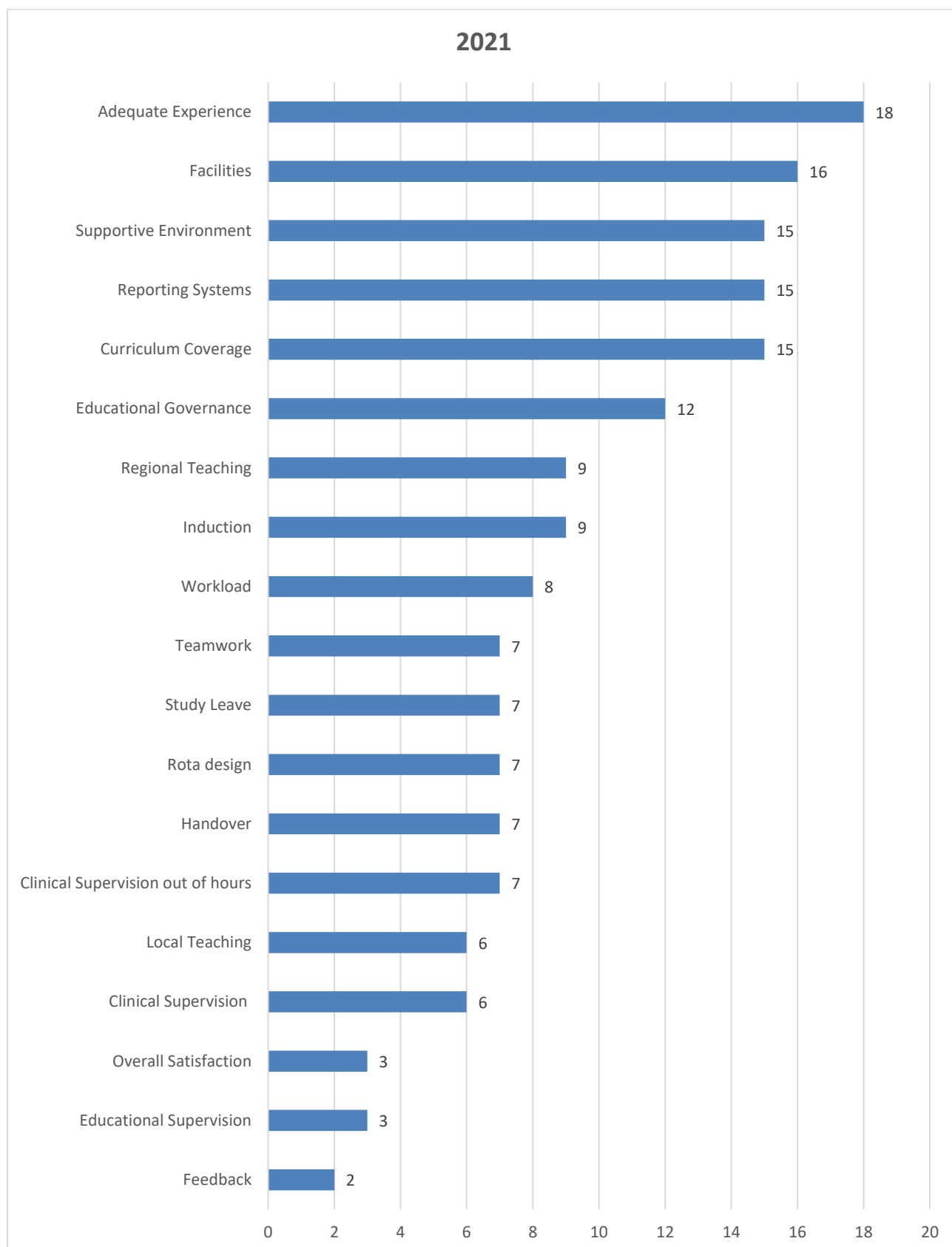
No	Trust / Board	2021 green flags
1	Isle of Man Secondary Healthcare Directorate	17/19 (89%)
2	Royal United Hospitals Bath NHSFT	15/19 (79%)
3	Velindre NHS Trust	11/19 (58%)
4	Surrey and Sussex Healthcare NHS Trust	9/19 (47%)
5=	Homerton University Hospital NHSFT	8/19 (42%)
5=	Torbay and South Devon NHSFT	8/19 (42%)
7=	Bolton NHSFT	6/19 (32%)
7=	Dorset County Hospital NHSFT	6/19 (32%)
9	The Walton Centre NHSFT	5/19 (26%)
10=	Royal Papworth Hospital NHSFT	4/19 (21%)
10=	South Tyneside and Sunderland NHSFT	4/19 (21%)

Results by Trust / Board

Red flags by indicator



Green flags by indicator



Appendix 1

Trusts/Boards with red flags in 2021

Trust / Board	Indicator	2021
Aneurin Bevan University Lhb	Clinical Supervision out of hours	76.74
Aneurin Bevan University Lhb	Work Load	30.90
Aneurin Bevan University Lhb	Curriculum Coverage	56.02
Aneurin Bevan University Lhb	Rota Design	36.11
Ashford and St Peter's Hospitals NHS Foundation Trust	Overall Satisfaction	56.88
Ashford and St Peter's Hospitals NHS Foundation Trust	Work Load	25.78
Ashford and St Peter's Hospitals NHS Foundation Trust	Facilities	38.25
Ayrshire & Arran	Clinical Supervision	75.00
Ayrshire & Arran	Supportive environment	52.50
Ayrshire & Arran	Rota Design	33.59
Barnsley Hospital NHS Foundation Trust	Feedback	34.38
Bedford Hospital NHS Trust	Study Leave	31.25
Bradford Teaching Hospitals NHS Foundation Trust	Local Teaching	30.70
Bradford Teaching Hospitals NHS Foundation Trust	Facilities	32.00
Calderdale and Huddersfield NHS Foundation Trust	Local Teaching	28.33
Cardiff & Vale University Lhb	Rota Design	33.33
Chesterfield Royal Hospital NHS Foundation Trust	Clinical Supervision	78.33
Chesterfield Royal Hospital NHS Foundation Trust	Clinical Supervision out of hours	79.17
County Durham and Darlington NHS Foundation Trust	Facilities	40.00
Croydon Health Services NHS Trust	Feedback	30.95
Cwm Taf Morgannwg University Local Health Board	Induction	50.19
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	Teamwork	62.88
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	Facilities	41.59
East Sussex Healthcare NHS Trust	Clinical Supervision	72.77
East Sussex Healthcare NHS Trust	Study Leave	29.49
East Sussex Healthcare NHS Trust	Rota Design	37.05
Fife	Clinical Supervision out of hours	74.65
Fife	Work Load	25.89
Fife	Handover	33.93
Fife	Induction	50.71
Fife	Rota Design	35.71
Frimley Health NHS Foundation Trust	Overall Satisfaction	56.88
Frimley Health NHS Foundation Trust	Work Load	26.39
Frimley Health NHS Foundation Trust	Handover	45.57
Frimley Health NHS Foundation Trust	Induction	48.07
Frimley Health NHS Foundation Trust	Curriculum Coverage	52.08
Frimley Health NHS Foundation Trust	Local Teaching	37.71
Frimley Health NHS Foundation Trust	Regional Teaching	30.73
Frimley Health NHS Foundation Trust	Rota Design	29.17
George Eliot Hospital NHS Trust	Educational Supervision	54.17
Harrogate and District NHS Foundation Trust	Work Load	27.08

Trust / Board	Indicator	2021
Hull University Teaching Hospitals NHS Trust	Clinical Supervision	78.13
Hull University Teaching Hospitals NHS Trust	Study Leave	30.02
Ipswich Hospital NHS Trust	Clinical Supervision out of hours	78.47
James Paget University Hospitals NHS Foundation Trust	Regional Teaching	28.13
Lanarkshire	Teamwork	60.30
Lanarkshire	Local Teaching	40.24
Lanarkshire	Rota Design	26.47
Lewisham and Greenwich NHS Trust	Overall Satisfaction	57.27
Lewisham and Greenwich NHS Trust	Reporting systems	54.25
Lewisham and Greenwich NHS Trust	Work Load	27.46
Lewisham and Greenwich NHS Trust	Handover	49.11
Lewisham and Greenwich NHS Trust	Supportive environment	52.50
Lewisham and Greenwich NHS Trust	Induction	48.52
Lewisham and Greenwich NHS Trust	Curriculum Coverage	54.17
Lewisham and Greenwich NHS Trust	Educational Governance	50.76
Lewisham and Greenwich NHS Trust	Educational Supervision	65.06
Lewisham and Greenwich NHS Trust	Feedback	29.43
Lewisham and Greenwich NHS Trust	Study Leave	33.04
Lewisham and Greenwich NHS Trust	Rota Design	33.33
Lewisham and Greenwich NHS Trust	Facilities	41.70
Liverpool Heart and Chest Hospital NHS Foundation Trust	Overall Satisfaction	58.33
London North West University Healthcare NHS Trust	Facilities	40.08
Maidstone and Tunbridge Wells NHS Trust	Regional Teaching	35.90
Manchester University NHS Foundation Trust	Educational Supervision	73.84
Mid Cheshire Hospitals NHS Foundation Trust	Induction	46.48
Mid Cheshire Hospitals NHS Foundation Trust	Feedback	37.50
Mid Yorkshire Hospitals NHS Trust	Overall Satisfaction	58.85
Mid and South Essex NHS Foundation Trust	Work Load	15.11
Mid and South Essex NHS Foundation Trust	Local Teaching	28.34
Milton Keynes University Hospital NHS Foundation Trust	Clinical Supervision out of hours	74.38
Milton Keynes University Hospital NHS Foundation Trust	Study Leave	31.25
North Cumbria Integrated Care NHS Foundation Trust	Rota Design	26.25
North Cumbria Integrated Care NHS Foundation Trust	Facilities	38.44
North Middlesex University Hospital NHS Trust	Reporting systems	51.92
North Middlesex University Hospital NHS Trust	Educational Governance	53.24
North Middlesex University Hospital NHS Trust	Rota Design	32.64
Northern Devon Healthcare NHS Trust	Educational Supervision	54.17
Northern Lincolnshire and Goole NHS Foundation Trust	Overall Satisfaction	44.00
Northern Lincolnshire and Goole NHS Foundation Trust	Clinical Supervision	69.13
Northern Lincolnshire and Goole NHS Foundation Trust	Clinical Supervision out of hours	69.87
Northern Lincolnshire and Goole NHS Foundation Trust	Reporting systems	50.17
Northern Lincolnshire and Goole NHS Foundation Trust	Work Load	25.83
Northern Lincolnshire and Goole NHS Foundation Trust	Teamwork	53.33
Northern Lincolnshire and Goole NHS Foundation Trust	Handover	41.11
Northern Lincolnshire and Goole NHS Foundation Trust	Supportive environment	34.67
Northern Lincolnshire and Goole NHS Foundation Trust	Curriculum Coverage	54.45

Trust / Board	Indicator	2021
Northern Lincolnshire and Goole NHS Foundation Trust	Educational Governance	48.33
Northern Lincolnshire and Goole NHS Foundation Trust	Local Teaching	39.33
Northern Lincolnshire and Goole NHS Foundation Trust	Study Leave	30.56
Northern Lincolnshire and Goole NHS Foundation Trust	Rota Design	26.25
Pennine Acute Hospitals NHS Trust	Clinical Supervision	78.46
Pennine Acute Hospitals NHS Trust	Clinical Supervision out of hours	80.73
Pennine Acute Hospitals NHS Trust	Teamwork	62.82
Pennine Acute Hospitals NHS Trust	Handover	49.52
Portsmouth Hospitals University National Health Service Trust	Regional Teaching	36.34
Royal Brompton & Harefield NHS Foundation Trust	Supportive environment	53.70
Royal Brompton & Harefield NHS Foundation Trust	Adequate Experience	48.91
Royal Brompton & Harefield NHS Foundation Trust	Curriculum Coverage	53.62
Royal Cornwall Hospitals NHS Trust	Study Leave	30.90
Salisbury NHS Foundation Trust	Regional Teaching	7.50
Salisbury NHS Foundation Trust	Rota Design	21.25
South Warwickshire NHS Foundation Trust	Facilities	37.08
Southern Health and Social Care Trust	Local Teaching	38.22
Swansea Bay University Local Health Board	Induction	54.94
Swansea Bay University Local Health Board	Educational Supervision	67.05
Tameside and Glossop Integrated Care NHS Foundation Trust	Clinical Supervision out of hours	64.06
Tameside and Glossop Integrated Care NHS Foundation Trust	Handover	35.94
Tameside and Glossop Integrated Care NHS Foundation Trust	Adequate Experience	25.00
Tameside and Glossop Integrated Care NHS Foundation Trust	Curriculum Coverage	18.75
Tameside and Glossop Integrated Care NHS Foundation Trust	Educational Supervision	46.88
Tameside and Glossop Integrated Care NHS Foundation Trust	Feedback	6.94
Tameside and Glossop Integrated Care NHS Foundation Trust	Study Leave	17.71
Tameside and Glossop Integrated Care NHS Foundation Trust	Rota Design	21.88
The Christie NHS Foundation Trust	Educational Supervision	59.03
The Clatterbridge Cancer Centre NHS Foundation Trust	Handover	43.75
The Clatterbridge Cancer Centre NHS Foundation Trust	Adequate Experience	45.83
The Clatterbridge Cancer Centre NHS Foundation Trust	Rota Design	29.17
The Clatterbridge Cancer Centre NHS Foundation Trust	Facilities	35.00
The Princess Alexandra Hospital NHS Trust	Overall Satisfaction	57.00
The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	Study Leave	30.42
The Rotherham NHS Foundation Trust	Reporting systems	46.00
The Rotherham NHS Foundation Trust	Work Load	25.00
The Rotherham NHS Foundation Trust	Handover	47.08
The Rotherham NHS Foundation Trust	Supportive environment	50.00
The Rotherham NHS Foundation Trust	Regional Teaching	35.83
The Royal Marsden NHS Foundation Trust	Educational Supervision	61.72
United Lincolnshire Hospitals NHS Trust	Overall Satisfaction	45.94
United Lincolnshire Hospitals NHS Trust	Clinical Supervision	72.02
United Lincolnshire Hospitals NHS Trust	Clinical Supervision out of hours	64.58
United Lincolnshire Hospitals NHS Trust	Reporting systems	46.07
United Lincolnshire Hospitals NHS Trust	Teamwork	52.08
United Lincolnshire Hospitals NHS Trust	Handover	47.01

Trust / Board	Indicator	2021
United Lincolnshire Hospitals NHS Trust	Supportive environment	46.56
United Lincolnshire Hospitals NHS Trust	Adequate Experience	44.53
United Lincolnshire Hospitals NHS Trust	Curriculum Coverage	48.44
United Lincolnshire Hospitals NHS Trust	Educational Governance	40.10
United Lincolnshire Hospitals NHS Trust	Local Teaching	44.06
United Lincolnshire Hospitals NHS Trust	Regional Teaching	33.59
United Lincolnshire Hospitals NHS Trust	Study Leave	28.57
United Lincolnshire Hospitals NHS Trust	Rota Design	27.50
United Lincolnshire Hospitals NHS Trust	Facilities	27.84
University Hospitals Dorset NHS Foundation Trust	Regional Teaching	19.45
Warrington and Halton Teaching Hospitals NHS Foundation Trust	Reporting systems	55.63
Warrington and Halton Teaching Hospitals NHS Foundation Trust	Work Load	26.88
Warrington and Halton Teaching Hospitals NHS Foundation Trust	Teamwork	57.50
Warrington and Halton Teaching Hospitals NHS Foundation Trust	Rota Design	18.75
West Hertfordshire Hospitals NHS Trust	Reporting systems	54.43
West Hertfordshire Hospitals NHS Trust	Facilities	27.14
Worcestershire Acute Hospitals NHS Trust	Induction	45.42
Worcestershire Acute Hospitals NHS Trust	Curriculum Coverage	54.17
Worcestershire Acute Hospitals NHS Trust	Educational Governance	43.06
Worcestershire Acute Hospitals NHS Trust	Regional Teaching	14.58
Worcestershire Acute Hospitals NHS Trust	Rota Design	31.25
York Teaching Hospital NHS Foundation Trust	Clinical Supervision	73.27
York Teaching Hospital NHS Foundation Trust	Clinical Supervision out of hours	72.60
York Teaching Hospital NHS Foundation Trust	Local Teaching	43.21
York Teaching Hospital NHS Foundation Trust	Rota Design	37.02

Appendix 2

Trusts/Boards with green flags in 2021

Trust / Board	Indicator	2021
Bedford Hospital NHS Trust	Curriculum Coverage	81.67
Bedford Hospital NHS Trust	Regional Teaching	73.34
Bolton NHS Foundation Trust	Reporting systems	81.43
Bolton NHS Foundation Trust	Teamwork	83.33
Bolton NHS Foundation Trust	Supportive environment	76.11
Bolton NHS Foundation Trust	Adequate Experience	83.33
Bolton NHS Foundation Trust	Curriculum Coverage	82.41
Bolton NHS Foundation Trust	Study Leave	76.30
Brighton and Sussex University Hospitals NHS Trust	Adequate Experience	78.41
Brighton and Sussex University Hospitals NHS Trust	Curriculum Coverage	76.51
Brighton and Sussex University Hospitals NHS Trust	Facilities	75.81
Buckinghamshire Healthcare NHS Trust	Induction	90.71
Cambridge University Hospitals NHS Foundation Trust	Reporting systems	76.42
Chesterfield Royal Hospital NHS Foundation Trust	Handover	79.17
Chesterfield Royal Hospital NHS Foundation Trust	Supportive environment	83.33
Croydon Health Services NHS Trust	Adequate Experience	78.75
Dorset County Hospital NHS Foundation Trust	Work Load	66.67
Dorset County Hospital NHS Foundation Trust	Supportive environment	85.00
Dorset County Hospital NHS Foundation Trust	Induction	91.67
Dorset County Hospital NHS Foundation Trust	Educational Governance	83.33
Dorset County Hospital NHS Foundation Trust	Educational Supervision	97.92
Dorset County Hospital NHS Foundation Trust	Facilities	85.00
East Cheshire NHS Trust	Feedback	93.75
East Kent Hospitals University NHS Foundation Trust	Adequate Experience	82.03
East Kent Hospitals University NHS Foundation Trust	Curriculum Coverage	77.34
East Kent Hospitals University NHS Foundation Trust	Rota Design	70.31
Grampian	Reporting systems	80.38
Grampian	Adequate Experience	77.94
Grampian	Curriculum Coverage	76.47
Guy's and St Thomas' NHS Foundation Trust	Reporting systems	77.05
Guy's and St Thomas' NHS Foundation Trust	Educational Governance	80.28
Highland	Adequate Experience	81.25
Highland	Educational Governance	79.17
Highland	Regional Teaching	72.23
Hinchingbrooke Health Care NHS Trust	Educational Governance	81.67
Hinchingbrooke Health Care NHS Trust	Facilities	75.00
Homerton University Hospital NHS Foundation Trust	Overall Satisfaction	90.00
Homerton University Hospital NHS Foundation Trust	Clinical Supervision	97.14
Homerton University Hospital NHS Foundation Trust	Clinical Supervision out of hours	95.00
Homerton University Hospital NHS Foundation Trust	Teamwork	85.71
Homerton University Hospital NHS Foundation Trust	Handover	77.68

Trust / Board	Indicator	2021
Homerton University Hospital NHS Foundation Trust	Adequate Experience	85.71
Homerton University Hospital NHS Foundation Trust	Curriculum Coverage	84.52
Homerton University Hospital NHS Foundation Trust	Rota Design	69.64
Isle of Man Secondary Healthcare Directorate	Overall Satisfaction	89.00
Isle of Man Secondary Healthcare Directorate	Clinical Supervision	95.75
Isle of Man Secondary Healthcare Directorate	Clinical Supervision out of hours	95.00
Isle of Man Secondary Healthcare Directorate	Reporting systems	95.00
Isle of Man Secondary Healthcare Directorate	Work Load	57.50
Isle of Man Secondary Healthcare Directorate	Teamwork	88.33
Isle of Man Secondary Healthcare Directorate	Handover	87.50
Isle of Man Secondary Healthcare Directorate	Supportive environment	87.00
Isle of Man Secondary Healthcare Directorate	Induction	89.00
Isle of Man Secondary Healthcare Directorate	Adequate Experience	87.50
Isle of Man Secondary Healthcare Directorate	Curriculum Coverage	80.00
Isle of Man Secondary Healthcare Directorate	Educational Governance	91.67
Isle of Man Secondary Healthcare Directorate	Local Teaching	86.67
Isle of Man Secondary Healthcare Directorate	Regional Teaching	68.33
Isle of Man Secondary Healthcare Directorate	Study Leave	82.92
Isle of Man Secondary Healthcare Directorate	Rota Design	82.50
Isle of Man Secondary Healthcare Directorate	Facilities	72.00
Kettering General Hospital NHS Foundation Trust	Supportive environment	76.25
Kettering General Hospital NHS Foundation Trust	Educational Governance	78.13
Kettering General Hospital NHS Foundation Trust	Facilities	76.43
Kingston Hospital NHS Foundation Trust	Clinical Supervision	95.56
Kingston Hospital NHS Foundation Trust	Clinical Supervision out of hours	96.88
Kingston Hospital NHS Foundation Trust	Supportive environment	77.78
Lancashire Teaching Hospitals NHS Foundation Trust	Reporting systems	75.72
Liverpool Heart and Chest Hospital NHS Foundation Trust	Clinical Supervision out of hours	95.31
Liverpool Heart and Chest Hospital NHS Foundation Trust	Reporting systems	79.11
Liverpool Heart and Chest Hospital NHS Foundation Trust	Work Load	72.92
London North West University Healthcare NHS Trust	Adequate Experience	78.52
London North West University Healthcare NHS Trust	Curriculum Coverage	79.17
Lothian	Reporting systems	75.21
Lothian	Adequate Experience	76.44
Mid Essex Hospital Services NHS Trust	Study Leave	70.83
North Bristol NHS Trust	Reporting systems	78.39
North Bristol NHS Trust	Adequate Experience	77.08
North West Anglia NHS Foundation Trust	Facilities	72.92
Oxford University Hospitals NHS Foundation Trust	Study Leave	72.10
Oxford University Hospitals NHS Foundation Trust	Facilities	72.99
Royal Brompton & Harefield NHS Foundation Trust	Work Load	60.15
Royal Papworth Hospital NHS Foundation Trust	Clinical Supervision out of hours	97.50
Royal Papworth Hospital NHS Foundation Trust	Reporting systems	81.25
Royal Papworth Hospital NHS Foundation Trust	Work Load	57.29
Royal Papworth Hospital NHS Foundation Trust	Supportive environment	80.00

Trust / Board	Indicator	2021
Royal United Hospitals Bath NHS Foundation Trust	Overall Satisfaction	95.00
Royal United Hospitals Bath NHS Foundation Trust	Clinical Supervision	100.00
Royal United Hospitals Bath NHS Foundation Trust	Clinical Supervision out of hours	96.25
Royal United Hospitals Bath NHS Foundation Trust	Reporting systems	86.00
Royal United Hospitals Bath NHS Foundation Trust	Teamwork	91.67
Royal United Hospitals Bath NHS Foundation Trust	Handover	81.77
Royal United Hospitals Bath NHS Foundation Trust	Supportive environment	89.00
Royal United Hospitals Bath NHS Foundation Trust	Induction	91.00
Royal United Hospitals Bath NHS Foundation Trust	Adequate Experience	92.50
Royal United Hospitals Bath NHS Foundation Trust	Curriculum Coverage	88.33
Royal United Hospitals Bath NHS Foundation Trust	Educational Governance	93.33
Royal United Hospitals Bath NHS Foundation Trust	Educational Supervision	96.25
Royal United Hospitals Bath NHS Foundation Trust	Feedback	90.28
Royal United Hospitals Bath NHS Foundation Trust	Local Teaching	77.67
Royal United Hospitals Bath NHS Foundation Trust	Rota Design	83.75
Salford Royal NHS Foundation Trust	Facilities	73.37
Sandwell and West Birmingham Hospitals NHS Trust	Study Leave	72.73
Somerset NHS Foundation Trust	Reporting systems	81.67
Somerset NHS Foundation Trust	Facilities	82.50
South Tees Hospitals NHS Foundation Trust	Induction	86.31
South Tyneside and Sunderland NHS Foundation Trust	Induction	85.42
South Tyneside and Sunderland NHS Foundation Trust	Educational Governance	75.69
South Tyneside and Sunderland NHS Foundation Trust	Regional Teaching	80.77
South Tyneside and Sunderland NHS Foundation Trust	Study Leave	75.70
South Warwickshire NHS Foundation Trust	Regional Teaching	79.17
St Helens and Knowsley Teaching Hospitals NHS Trust	Facilities	70.13
Surrey and Sussex Healthcare NHS Trust	Clinical Supervision	95.88
Surrey and Sussex Healthcare NHS Trust	Teamwork	85.83
Surrey and Sussex Healthcare NHS Trust	Supportive environment	79.00
Surrey and Sussex Healthcare NHS Trust	Induction	85.88
Surrey and Sussex Healthcare NHS Trust	Adequate Experience	82.50
Surrey and Sussex Healthcare NHS Trust	Curriculum Coverage	77.50
Surrey and Sussex Healthcare NHS Trust	Educational Governance	77.50
Surrey and Sussex Healthcare NHS Trust	Local Teaching	77.50
Surrey and Sussex Healthcare NHS Trust	Facilities	73.13
Tayside	Supportive environment	75.38
Tayside	Adequate Experience	77.88
Tayside	Curriculum Coverage	78.20
The Christie NHS Foundation Trust	Facilities	75.71
The Hillingdon Hospitals NHS Foundation Trust	Supportive environment	76.25
The Hillingdon Hospitals NHS Foundation Trust	Educational Governance	77.09
The Hillingdon Hospitals NHS Foundation Trust	Regional Teaching	68.75
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	Curriculum Coverage	75.38
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	Local Teaching	78.11
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	Regional Teaching	70.08

Trust / Board	Indicator	2021
The Royal Marsden NHS Foundation Trust	Local Teaching	76.88
The Royal Marsden NHS Foundation Trust	Rota Design	76.56
The Royal Wolverhampton NHS Trust	Study Leave	70.98
The Walton Centre NHS Foundation Trust	Work Load	63.54
The Walton Centre NHS Foundation Trust	Supportive environment	81.67
The Walton Centre NHS Foundation Trust	Induction	87.50
The Walton Centre NHS Foundation Trust	Curriculum Coverage	79.17
The Walton Centre NHS Foundation Trust	Rota Design	76.39
Torbay and South Devon NHS Foundation Trust	Reporting systems	82.92
Torbay and South Devon NHS Foundation Trust	Teamwork	88.54
Torbay and South Devon NHS Foundation Trust	Handover	79.95
Torbay and South Devon NHS Foundation Trust	Supportive environment	86.25
Torbay and South Devon NHS Foundation Trust	Curriculum Coverage	80.21
Torbay and South Devon NHS Foundation Trust	Educational Governance	85.71
Torbay and South Devon NHS Foundation Trust	Educational Supervision	96.09
Torbay and South Devon NHS Foundation Trust	Facilities	77.32
University College London Hospitals NHS Foundation Trust	Reporting systems	78.66
University Hospitals Coventry and Warwickshire NHS Trust	Clinical Supervision out of hours	94.53
University Hospitals Coventry and Warwickshire NHS Trust	Work Load	58.96
University Hospitals Plymouth NHS Trust	Facilities	71.41
University Hospitals Sussex NHS Foundation Trust	Supportive environment	78.00
University Hospitals Sussex NHS Foundation Trust	Adequate Experience	78.33
University Hospitals Sussex NHS Foundation Trust	Curriculum Coverage	76.67
University Hospitals of Derby and Burton NHS Foundation Trust	Handover	77.71
University Hospitals of Derby and Burton NHS Foundation Trust	Facilities	73.91
University Hospitals of Morecambe Bay NHS Foundation Trust	Adequate Experience	89.58
University Hospitals of Morecambe Bay NHS Foundation Trust	Regional Teaching	74.31
Velindre NHS Trust	Clinical Supervision	96.25
Velindre NHS Trust	Work Load	62.50
Velindre NHS Trust	Teamwork	87.50
Velindre NHS Trust	Handover	83.34
Velindre NHS Trust	Supportive environment	81.25
Velindre NHS Trust	Induction	87.50
Velindre NHS Trust	Adequate Experience	78.13
Velindre NHS Trust	Educational Governance	81.25
Velindre NHS Trust	Local Teaching	79.17
Velindre NHS Trust	Regional Teaching	68.75
Velindre NHS Trust	Rota Design	73.44
West Suffolk NHS Foundation Trust	Adequate Experience	81.25
Wirral University Teaching Hospital NHS Foundation Trust	Reporting systems	76.33
Wrightington, Wigan and Leigh NHS Foundation Trust	Facilities	70.56

Programme Group	Trust / Board	Indicator	2021	2022	2023
Internal Medicine Training Stage One	Blackpool Teaching Hospitals NHS Foundation Trust	Overall Satisfaction	72.14	72.68	65.33
Internal Medicine Training Stage One	Blackpool Teaching Hospitals NHS Foundation Trust	Clinical Supervision	85.75	90.98	85.92
Internal Medicine Training Stage One	Blackpool Teaching Hospitals NHS Foundation Trust	Clinical Supervision out of hours	81.47	84.21	81.25
Internal Medicine Training Stage One	Blackpool Teaching Hospitals NHS Foundation Trust	Reporting Systems	67.96	70.77	66.00
Internal Medicine Training Stage One	Blackpool Teaching Hospitals NHS Foundation Trust	Work Load	48.61	46.87	50.00
Internal Medicine Training Stage One	Blackpool Teaching Hospitals NHS Foundation Trust	Teamwork	68.65	76.34	70.56
Internal Medicine Training Stage One	Blackpool Teaching Hospitals NHS Foundation Trust	Handover	68.13	69.52	62.95
Internal Medicine Training Stage One	Blackpool Teaching Hospitals NHS Foundation Trust	Supportive Environment	66.19	68.39	62.00
Internal Medicine Training Stage One	Blackpool Teaching Hospitals NHS Foundation Trust	Induction	76.90	82.59	75.00
Internal Medicine Training Stage One	Blackpool Teaching Hospitals NHS Foundation Trust	Adequate Experience	72.02	72.32	60.83
Internal Medicine Training Stage One	Blackpool Teaching Hospitals NHS Foundation Trust	Curriculum Coverage	68.65		
Internal Medicine Training Stage One	Blackpool Teaching Hospitals NHS Foundation Trust	Educational Governance	63.10	72.02	60.00
Internal Medicine Training Stage One	Blackpool Teaching Hospitals NHS Foundation Trust	Educational Supervision	80.36	79.46	80.83
Internal Medicine Training Stage One	Blackpool Teaching Hospitals NHS Foundation Trust	Feedback	68.63	72.92	50.59
Internal Medicine Training Stage One	Blackpool Teaching Hospitals NHS Foundation Trust	Local Teaching	58.81	60.30	60.44
Internal Medicine Training Stage One	Blackpool Teaching Hospitals NHS Foundation Trust	Regional Teaching	60.12	64.14	60.56
Internal Medicine Training Stage One	Blackpool Teaching Hospitals NHS Foundation Trust	Study Leave	62.00	51.09	40.28
Internal Medicine Training Stage One	Blackpool Teaching Hospitals NHS Foundation Trust	Rota Design	52.68	56.47	42.08
Internal Medicine Training Stage One	Blackpool Teaching Hospitals NHS Foundation Trust	Facilities	59.14	67.07	62.05
Internal Medicine Training Stage One	Bolton NHS Foundation Trust	Overall Satisfaction	82.22	67.92	69.17
Internal Medicine Training Stage One	Bolton NHS Foundation Trust	Clinical Supervision	91.67	88.13	85.83
Internal Medicine Training Stage One	Bolton NHS Foundation Trust	Clinical Supervision out of hours	89.58	87.33	85.42
Internal Medicine Training Stage One	Bolton NHS Foundation Trust	Reporting Systems	81.43	74.66	67.73
Internal Medicine Training Stage One	Bolton NHS Foundation Trust	Work Load	45.83	42.71	42.19
Internal Medicine Training Stage One	Bolton NHS Foundation Trust	Teamwork	83.33	75.69	72.92
Internal Medicine Training Stage One	Bolton NHS Foundation Trust	Handover	72.22	68.58	71.01
Internal Medicine Training Stage One	Bolton NHS Foundation Trust	Supportive Environment	76.11	80.00	76.25
Internal Medicine Training Stage One	Bolton NHS Foundation Trust	Induction	83.89	83.75	87.08
Internal Medicine Training Stage One	Bolton NHS Foundation Trust	Adequate Experience	83.33	66.67	63.54
Internal Medicine Training Stage One	Bolton NHS Foundation Trust	Curriculum Coverage	82.41		
Internal Medicine Training Stage One	Bolton NHS Foundation Trust	Educational Governance	73.15	62.50	65.97
Internal Medicine Training Stage One	Bolton NHS Foundation Trust	Educational Supervision	84.03	89.58	79.17
Internal Medicine Training Stage One	Bolton NHS Foundation Trust	Feedback	84.03	71.53	44.91
Internal Medicine Training Stage One	Bolton NHS Foundation Trust	Local Teaching	63.15	53.61	54.45
Internal Medicine Training Stage One	Bolton NHS Foundation Trust	Regional Teaching	62.50	53.47	46.88
Internal Medicine Training Stage One	Bolton NHS Foundation Trust	Study Leave	76.30	60.04	53.79
Internal Medicine Training Stage One	Bolton NHS Foundation Trust	Rota Design	60.88	38.54	54.69
Internal Medicine Training Stage One	Bolton NHS Foundation Trust	Facilities	51.72	51.61	54.31
Internal Medicine Training Stage One	Countess of Chester Hospital NHS Foundation Trust	Overall Satisfaction	77.50	66.88	70.71
Internal Medicine Training Stage One	Countess of Chester Hospital NHS Foundation Trust	Clinical Supervision	87.86	87.81	86.79
Internal Medicine Training Stage One	Countess of Chester Hospital NHS Foundation Trust	Clinical Supervision out of hours	89.88	80.60	81.70
Internal Medicine Training Stage One	Countess of Chester Hospital NHS Foundation Trust	Reporting Systems	65.42	63.75	65.42
Internal Medicine Training Stage One	Countess of Chester Hospital NHS Foundation Trust	Work Load	47.77	41.15	40.48
Internal Medicine Training Stage One	Countess of Chester Hospital NHS Foundation Trust	Teamwork	70.83	68.23	72.62
Internal Medicine Training Stage One	Countess of Chester Hospital NHS Foundation Trust	Handover	57.29	58.46	52.83
Internal Medicine Training Stage One	Countess of Chester Hospital NHS Foundation Trust	Supportive Environment	67.14	72.19	74.29
Internal Medicine Training Stage One	Countess of Chester Hospital NHS Foundation Trust	Induction	73.30	71.09	77.14
Internal Medicine Training Stage One	Countess of Chester Hospital NHS Foundation Trust	Adequate Experience	68.75	62.50	73.21
Internal Medicine Training Stage One	Countess of Chester Hospital NHS Foundation Trust	Curriculum Coverage	62.50		
Internal Medicine Training Stage One	Countess of Chester Hospital NHS Foundation Trust	Educational Governance	67.26	54.69	62.50
Internal Medicine Training Stage One	Countess of Chester Hospital NHS Foundation Trust	Educational Supervision	80.80	72.27	82.59
Internal Medicine Training Stage One	Countess of Chester Hospital NHS Foundation Trust	Feedback	73.15	44.23	43.40
Internal Medicine Training Stage One	Countess of Chester Hospital NHS Foundation Trust	Local Teaching	65.48	52.40	53.09
Internal Medicine Training Stage One	Countess of Chester Hospital NHS Foundation Trust	Regional Teaching	55.65	44.27	52.68
Internal Medicine Training Stage One	Countess of Chester Hospital NHS Foundation Trust	Study Leave	44.94	48.75	46.95
Internal Medicine Training Stage One	Countess of Chester Hospital NHS Foundation Trust	Rota Design	52.68	38.28	45.98
Internal Medicine Training Stage One	Countess of Chester Hospital NHS Foundation Trust	Facilities	56.96	61.04	65.25
Internal Medicine Training Stage One	East Cheshire NHS Trust	Overall Satisfaction	74.00	76.00	68.75
Internal Medicine Training Stage One	East Cheshire NHS Trust	Clinical Supervision	86.00	88.75	80.00
Internal Medicine Training Stage One	East Cheshire NHS Trust	Clinical Supervision out of hours	87.08	87.08	62.50
Internal Medicine Training Stage One	East Cheshire NHS Trust	Reporting Systems	71.00	76.25	55.00
Internal Medicine Training Stage One	East Cheshire NHS Trust	Work Load	41.25	37.50	20.31

Internal Medicine Training Stage One	East Cheshire NHS Trust	Teamwork	75.00	71.67	56.25
Internal Medicine Training Stage One	East Cheshire NHS Trust	Handover	66.25	64.58	56.25
Internal Medicine Training Stage One	East Cheshire NHS Trust	Supportive Environment	69.00	78.00	60.00
Internal Medicine Training Stage One	East Cheshire NHS Trust	Induction	81.00	87.00	88.75
Internal Medicine Training Stage One	East Cheshire NHS Trust	Adequate Experience	75.00	77.50	75.00
Internal Medicine Training Stage One	East Cheshire NHS Trust	Curriculum Coverage	71.67		
Internal Medicine Training Stage One	East Cheshire NHS Trust	Educational Governance	70.00	73.33	50.00
Internal Medicine Training Stage One	East Cheshire NHS Trust	Educational Supervision	88.75	91.25	76.56
Internal Medicine Training Stage One	East Cheshire NHS Trust	Feedback	93.75	70.00	79.17
Internal Medicine Training Stage One	East Cheshire NHS Trust	Local Teaching	71.00	74.00	51.67
Internal Medicine Training Stage One	East Cheshire NHS Trust	Regional Teaching	61.67	60.83	46.88
Internal Medicine Training Stage One	East Cheshire NHS Trust	Study Leave	43.75	63.33	27.60
Internal Medicine Training Stage One	East Cheshire NHS Trust	Rota Design	50.00	48.75	25.00
Internal Medicine Training Stage One	East Cheshire NHS Trust	Facilities	62.00	57.81	64.58
Internal Medicine Training Stage One	East Lancashire Hospitals NHS Trust	Overall Satisfaction	75.23	78.08	81.04
Internal Medicine Training Stage One	East Lancashire Hospitals NHS Trust	Clinical Supervision	89.75	87.45	92.03
Internal Medicine Training Stage One	East Lancashire Hospitals NHS Trust	Clinical Supervision out of hours	88.23	87.50	88.13
Internal Medicine Training Stage One	East Lancashire Hospitals NHS Trust	Reporting Systems	71.64	69.15	75.21
Internal Medicine Training Stage One	East Lancashire Hospitals NHS Trust	Work Load	43.75	43.27	47.05
Internal Medicine Training Stage One	East Lancashire Hospitals NHS Trust	Teamwork	70.45	77.24	75.69
Internal Medicine Training Stage One	East Lancashire Hospitals NHS Trust	Handover	69.03	77.00	80.12
Internal Medicine Training Stage One	East Lancashire Hospitals NHS Trust	Supportive Environment	71.59	73.27	76.67
Internal Medicine Training Stage One	East Lancashire Hospitals NHS Trust	Induction	77.61	82.12	88.33
Internal Medicine Training Stage One	East Lancashire Hospitals NHS Trust	Adequate Experience	75.00	76.92	75.52
Internal Medicine Training Stage One	East Lancashire Hospitals NHS Trust	Curriculum Coverage	74.62		
Internal Medicine Training Stage One	East Lancashire Hospitals NHS Trust	Educational Governance	71.59	68.59	76.74
Internal Medicine Training Stage One	East Lancashire Hospitals NHS Trust	Educational Supervision	85.80	82.93	84.38
Internal Medicine Training Stage One	East Lancashire Hospitals NHS Trust	Feedback	68.49	69.17	77.78
Internal Medicine Training Stage One	East Lancashire Hospitals NHS Trust	Local Teaching	65.91	76.41	80.35
Internal Medicine Training Stage One	East Lancashire Hospitals NHS Trust	Regional Teaching	61.17	62.18	66.67
Internal Medicine Training Stage One	East Lancashire Hospitals NHS Trust	Study Leave	54.07	59.96	65.49
Internal Medicine Training Stage One	East Lancashire Hospitals NHS Trust	Rota Design	51.99	53.61	66.15
Internal Medicine Training Stage One	East Lancashire Hospitals NHS Trust	Facilities	69.44	74.29	76.69
Internal Medicine Training Stage One	Isle of Man Secondary Healthcare Directorate	Overall Satisfaction	89.00	55.83	84.17
Internal Medicine Training Stage One	Isle of Man Secondary Healthcare Directorate	Clinical Supervision	95.75	70.21	91.04
Internal Medicine Training Stage One	Isle of Man Secondary Healthcare Directorate	Clinical Supervision out of hours	95.00	77.08	87.50
Internal Medicine Training Stage One	Isle of Man Secondary Healthcare Directorate	Reporting Systems	95.00	59.17	72.50
Internal Medicine Training Stage One	Isle of Man Secondary Healthcare Directorate	Work Load	57.50	45.83	65.63
Internal Medicine Training Stage One	Isle of Man Secondary Healthcare Directorate	Teamwork	88.33	62.50	79.17
Internal Medicine Training Stage One	Isle of Man Secondary Healthcare Directorate	Handover	87.50	62.50	67.36
Internal Medicine Training Stage One	Isle of Man Secondary Healthcare Directorate	Supportive Environment	87.00	60.83	83.33
Internal Medicine Training Stage One	Isle of Man Secondary Healthcare Directorate	Induction	89.00	55.00	91.67
Internal Medicine Training Stage One	Isle of Man Secondary Healthcare Directorate	Adequate Experience	87.50	58.33	70.83
Internal Medicine Training Stage One	Isle of Man Secondary Healthcare Directorate	Curriculum Coverage	80.00		
Internal Medicine Training Stage One	Isle of Man Secondary Healthcare Directorate	Educational Governance	91.67	54.17	80.56
Internal Medicine Training Stage One	Isle of Man Secondary Healthcare Directorate	Educational Supervision	93.75	59.38	88.54
Internal Medicine Training Stage One	Isle of Man Secondary Healthcare Directorate	Feedback	84.17	54.17	87.50
Internal Medicine Training Stage One	Isle of Man Secondary Healthcare Directorate	Local Teaching	86.67	69.72	93.06
Internal Medicine Training Stage One	Isle of Man Secondary Healthcare Directorate	Regional Teaching	68.33	59.72	80.56
Internal Medicine Training Stage One	Isle of Man Secondary Healthcare Directorate	Study Leave	82.92	45.83	75.00
Internal Medicine Training Stage One	Isle of Man Secondary Healthcare Directorate	Rota Design	82.50	63.54	79.17
Internal Medicine Training Stage One	Isle of Man Secondary Healthcare Directorate	Facilities	72.00	54.58	76.75
Internal Medicine Training Stage One	Lancashire Teaching Hospitals NHS Foundation Trust	Overall Satisfaction	77.00	70.71	78.26
Internal Medicine Training Stage One	Lancashire Teaching Hospitals NHS Foundation Trust	Clinical Supervision	87.50	88.75	87.84
Internal Medicine Training Stage One	Lancashire Teaching Hospitals NHS Foundation Trust	Clinical Supervision out of hours	86.16	81.99	83.24
Internal Medicine Training Stage One	Lancashire Teaching Hospitals NHS Foundation Trust	Reporting Systems	75.72	65.60	70.45
Internal Medicine Training Stage One	Lancashire Teaching Hospitals NHS Foundation Trust	Work Load	51.46	39.73	42.39
Internal Medicine Training Stage One	Lancashire Teaching Hospitals NHS Foundation Trust	Teamwork	76.67	69.94	73.55
Internal Medicine Training Stage One	Lancashire Teaching Hospitals NHS Foundation Trust	Handover	70.50	65.97	72.01
Internal Medicine Training Stage One	Lancashire Teaching Hospitals NHS Foundation Trust	Supportive Environment	70.25	71.43	73.04
Internal Medicine Training Stage One	Lancashire Teaching Hospitals NHS Foundation Trust	Induction	77.75	77.50	80.43
Internal Medicine Training Stage One	Lancashire Teaching Hospitals NHS Foundation Trust	Adequate Experience	73.13	67.86	78.80
Internal Medicine Training Stage One	Lancashire Teaching Hospitals NHS Foundation Trust	Curriculum Coverage	71.25		

Internal Medicine Training Stage One	Lancashire Teaching Hospitals NHS Foundation Trust	Educational Governance	72.92	65.33	71.01
Internal Medicine Training Stage One	Lancashire Teaching Hospitals NHS Foundation Trust	Educational Supervision	86.25	84.82	86.68
Internal Medicine Training Stage One	Lancashire Teaching Hospitals NHS Foundation Trust	Feedback	67.86	70.11	74.77
Internal Medicine Training Stage One	Lancashire Teaching Hospitals NHS Foundation Trust	Local Teaching	58.33	47.68	68.19
Internal Medicine Training Stage One	Lancashire Teaching Hospitals NHS Foundation Trust	Regional Teaching	66.25	69.79	60.69
Internal Medicine Training Stage One	Lancashire Teaching Hospitals NHS Foundation Trust	Study Leave	61.07	67.67	65.63
Internal Medicine Training Stage One	Lancashire Teaching Hospitals NHS Foundation Trust	Rota Design	57.19	49.11	54.08
Internal Medicine Training Stage One	Lancashire Teaching Hospitals NHS Foundation Trust	Facilities	50.78	58.13	66.19
Internal Medicine Training Stage One	Liverpool Heart and Chest Hospital NHS Foundation Trust	Overall Satisfaction	58.33	77.50	73.64
Internal Medicine Training Stage One	Liverpool Heart and Chest Hospital NHS Foundation Trust	Clinical Supervision	92.08	92.50	93.64
Internal Medicine Training Stage One	Liverpool Heart and Chest Hospital NHS Foundation Trust	Clinical Supervision out of hours	95.31	90.63	86.88
Internal Medicine Training Stage One	Liverpool Heart and Chest Hospital NHS Foundation Trust	Reporting Systems	79.11	81.11	75.63
Internal Medicine Training Stage One	Liverpool Heart and Chest Hospital NHS Foundation Trust	Work Load	72.92	66.25	70.08
Internal Medicine Training Stage One	Liverpool Heart and Chest Hospital NHS Foundation Trust	Teamwork	75.93	89.17	83.33
Internal Medicine Training Stage One	Liverpool Heart and Chest Hospital NHS Foundation Trust	Handover	60.42	72.22	65.91
Internal Medicine Training Stage One	Liverpool Heart and Chest Hospital NHS Foundation Trust	Supportive Environment	75.56	81.50	77.73
Internal Medicine Training Stage One	Liverpool Heart and Chest Hospital NHS Foundation Trust	Induction	80.00	84.00	79.55
Internal Medicine Training Stage One	Liverpool Heart and Chest Hospital NHS Foundation Trust	Adequate Experience	54.17	63.75	70.45
Internal Medicine Training Stage One	Liverpool Heart and Chest Hospital NHS Foundation Trust	Curriculum Coverage	61.11		
Internal Medicine Training Stage One	Liverpool Heart and Chest Hospital NHS Foundation Trust	Educational Governance	69.44	79.17	82.58
Internal Medicine Training Stage One	Liverpool Heart and Chest Hospital NHS Foundation Trust	Educational Supervision	87.50	88.75	86.36
Internal Medicine Training Stage One	Liverpool Heart and Chest Hospital NHS Foundation Trust	Feedback	83.93	64.88	48.96
Internal Medicine Training Stage One	Liverpool Heart and Chest Hospital NHS Foundation Trust	Local Teaching	73.52	83.67	89.39
Internal Medicine Training Stage One	Liverpool Heart and Chest Hospital NHS Foundation Trust	Regional Teaching	58.34	62.08	69.32
Internal Medicine Training Stage One	Liverpool Heart and Chest Hospital NHS Foundation Trust	Study Leave	61.11	51.30	75.42
Internal Medicine Training Stage One	Liverpool Heart and Chest Hospital NHS Foundation Trust	Rota Design	68.75	77.50	76.70
Internal Medicine Training Stage One	Liverpool Heart and Chest Hospital NHS Foundation Trust	Facilities	59.22	76.25	74.38
Internal Medicine Training Stage One	Liverpool University Hospitals NHS Foundation Trust	Overall Satisfaction	68.82	67.64	73.62
Internal Medicine Training Stage One	Liverpool University Hospitals NHS Foundation Trust	Clinical Supervision	89.85	86.97	92.02
Internal Medicine Training Stage One	Liverpool University Hospitals NHS Foundation Trust	Clinical Supervision out of hours	87.29	82.27	82.47
Internal Medicine Training Stage One	Liverpool University Hospitals NHS Foundation Trust	Reporting Systems	67.22	67.50	69.14
Internal Medicine Training Stage One	Liverpool University Hospitals NHS Foundation Trust	Work Load	44.42	39.81	45.88
Internal Medicine Training Stage One	Liverpool University Hospitals NHS Foundation Trust	Teamwork	71.08	71.82	73.58
Internal Medicine Training Stage One	Liverpool University Hospitals NHS Foundation Trust	Handover	61.78	61.93	70.70
Internal Medicine Training Stage One	Liverpool University Hospitals NHS Foundation Trust	Supportive Environment	67.79	70.00	73.40
Internal Medicine Training Stage One	Liverpool University Hospitals NHS Foundation Trust	Induction	68.93	66.98	69.92
Internal Medicine Training Stage One	Liverpool University Hospitals NHS Foundation Trust	Adequate Experience	66.18	64.55	64.89
Internal Medicine Training Stage One	Liverpool University Hospitals NHS Foundation Trust	Curriculum Coverage	67.89		
Internal Medicine Training Stage One	Liverpool University Hospitals NHS Foundation Trust	Educational Governance	66.67	61.21	66.13
Internal Medicine Training Stage One	Liverpool University Hospitals NHS Foundation Trust	Educational Supervision	76.65	80.45	83.51
Internal Medicine Training Stage One	Liverpool University Hospitals NHS Foundation Trust	Feedback	63.22	56.84	56.86
Internal Medicine Training Stage One	Liverpool University Hospitals NHS Foundation Trust	Local Teaching	63.28	59.94	66.95
Internal Medicine Training Stage One	Liverpool University Hospitals NHS Foundation Trust	Regional Teaching	54.90	57.20	59.58
Internal Medicine Training Stage One	Liverpool University Hospitals NHS Foundation Trust	Study Leave	58.40	60.25	52.74
Internal Medicine Training Stage One	Liverpool University Hospitals NHS Foundation Trust	Rota Design	54.17	44.66	57.31
Internal Medicine Training Stage One	Liverpool University Hospitals NHS Foundation Trust	Facilities	51.25	57.76	61.29
Internal Medicine Training Stage One	Manchester University NHS Foundation Trust	Overall Satisfaction	62.79	67.43	77.66
Internal Medicine Training Stage One	Manchester University NHS Foundation Trust	Clinical Supervision	87.59	84.82	90.71
Internal Medicine Training Stage One	Manchester University NHS Foundation Trust	Clinical Supervision out of hours	85.37	85.16	86.37
Internal Medicine Training Stage One	Manchester University NHS Foundation Trust	Reporting Systems	66.51	64.77	71.84
Internal Medicine Training Stage One	Manchester University NHS Foundation Trust	Work Load	46.71	46.58	50.37
Internal Medicine Training Stage One	Manchester University NHS Foundation Trust	Teamwork	66.96	69.58	73.42
Internal Medicine Training Stage One	Manchester University NHS Foundation Trust	Handover	64.58	62.98	67.21
Internal Medicine Training Stage One	Manchester University NHS Foundation Trust	Supportive Environment	63.14	67.57	74.75
Internal Medicine Training Stage One	Manchester University NHS Foundation Trust	Induction	68.72	72.55	78.53
Internal Medicine Training Stage One	Manchester University NHS Foundation Trust	Adequate Experience	58.14	61.25	71.99
Internal Medicine Training Stage One	Manchester University NHS Foundation Trust	Curriculum Coverage	60.46		
Internal Medicine Training Stage One	Manchester University NHS Foundation Trust	Educational Governance	62.40	61.55	71.94
Internal Medicine Training Stage One	Manchester University NHS Foundation Trust	Educational Supervision	73.84	80.27	86.95
Internal Medicine Training Stage One	Manchester University NHS Foundation Trust	Feedback	42.61	53.69	69.15
Internal Medicine Training Stage One	Manchester University NHS Foundation Trust	Local Teaching	53.80	59.95	68.35
Internal Medicine Training Stage One	Manchester University NHS Foundation Trust	Regional Teaching	50.87	61.96	63.34
Internal Medicine Training Stage One	Manchester University NHS Foundation Trust	Study Leave	50.25	56.92	62.20

Internal Medicine Training Stage One	Manchester University NHS Foundation Trust	Rota Design	49.85	45.26	56.20
Internal Medicine Training Stage One	Manchester University NHS Foundation Trust	Facilities	54.53	58.55	66.50
Internal Medicine Training Stage One	Mid Cheshire Hospitals NHS Foundation Trust	Overall Satisfaction	65.91	66.76	70.00
Internal Medicine Training Stage One	Mid Cheshire Hospitals NHS Foundation Trust	Clinical Supervision	90.00	81.25	90.67
Internal Medicine Training Stage One	Mid Cheshire Hospitals NHS Foundation Trust	Clinical Supervision out of hours	89.58	83.04	86.61
Internal Medicine Training Stage One	Mid Cheshire Hospitals NHS Foundation Trust	Reporting Systems	70.56	59.23	71.15
Internal Medicine Training Stage One	Mid Cheshire Hospitals NHS Foundation Trust	Work Load	44.13	33.46	37.08
Internal Medicine Training Stage One	Mid Cheshire Hospitals NHS Foundation Trust	Teamwork	68.94	68.14	77.22
Internal Medicine Training Stage One	Mid Cheshire Hospitals NHS Foundation Trust	Handover	71.59	61.03	72.64
Internal Medicine Training Stage One	Mid Cheshire Hospitals NHS Foundation Trust	Supportive Environment	64.55	71.76	72.33
Internal Medicine Training Stage One	Mid Cheshire Hospitals NHS Foundation Trust	Induction	46.48	62.94	75.08
Internal Medicine Training Stage One	Mid Cheshire Hospitals NHS Foundation Trust	Adequate Experience	65.91	63.97	65.00
Internal Medicine Training Stage One	Mid Cheshire Hospitals NHS Foundation Trust	Curriculum Coverage	70.45		
Internal Medicine Training Stage One	Mid Cheshire Hospitals NHS Foundation Trust	Educational Governance	66.67	64.22	71.11
Internal Medicine Training Stage One	Mid Cheshire Hospitals NHS Foundation Trust	Educational Supervision	76.70	80.88	80.42
Internal Medicine Training Stage One	Mid Cheshire Hospitals NHS Foundation Trust	Feedback	37.50	50.28	62.04
Internal Medicine Training Stage One	Mid Cheshire Hospitals NHS Foundation Trust	Local Teaching	63.33	58.87	58.22
Internal Medicine Training Stage One	Mid Cheshire Hospitals NHS Foundation Trust	Regional Teaching	56.82	57.60	55.28
Internal Medicine Training Stage One	Mid Cheshire Hospitals NHS Foundation Trust	Study Leave	48.96	36.81	54.51
Internal Medicine Training Stage One	Mid Cheshire Hospitals NHS Foundation Trust	Rota Design	41.10	27.34	34.58
Internal Medicine Training Stage One	Mid Cheshire Hospitals NHS Foundation Trust	Facilities	51.09	49.64	55.75
Internal Medicine Training Stage One	Northern Care Alliance NHS Foundation Trust	Overall Satisfaction	71.00	71.69	68.27
Internal Medicine Training Stage One	Northern Care Alliance NHS Foundation Trust	Clinical Supervision	87.50	85.15	82.80
Internal Medicine Training Stage One	Northern Care Alliance NHS Foundation Trust	Clinical Supervision out of hours	89.58	83.07	78.93
Internal Medicine Training Stage One	Northern Care Alliance NHS Foundation Trust	Reporting Systems	74.38	73.25	70.41
Internal Medicine Training Stage One	Northern Care Alliance NHS Foundation Trust	Work Load	55.00	40.78	45.34
Internal Medicine Training Stage One	Northern Care Alliance NHS Foundation Trust	Teamwork	74.58	74.58	74.55
Internal Medicine Training Stage One	Northern Care Alliance NHS Foundation Trust	Handover	67.29	66.70	66.55
Internal Medicine Training Stage One	Northern Care Alliance NHS Foundation Trust	Supportive Environment	73.25	74.66	67.91
Internal Medicine Training Stage One	Northern Care Alliance NHS Foundation Trust	Induction	80.25	79.28	77.18
Internal Medicine Training Stage One	Northern Care Alliance NHS Foundation Trust	Adequate Experience	68.13	71.61	64.77
Internal Medicine Training Stage One	Northern Care Alliance NHS Foundation Trust	Curriculum Coverage	67.50		
Internal Medicine Training Stage One	Northern Care Alliance NHS Foundation Trust	Educational Governance	68.75	67.94	66.06
Internal Medicine Training Stage One	Northern Care Alliance NHS Foundation Trust	Educational Supervision	83.44	82.73	80.34
Internal Medicine Training Stage One	Northern Care Alliance NHS Foundation Trust	Feedback	61.98	66.87	56.25
Internal Medicine Training Stage One	Northern Care Alliance NHS Foundation Trust	Local Teaching	70.83	68.59	60.09
Internal Medicine Training Stage One	Northern Care Alliance NHS Foundation Trust	Regional Teaching	61.67	60.38	59.02
Internal Medicine Training Stage One	Northern Care Alliance NHS Foundation Trust	Study Leave	67.45	57.23	56.66
Internal Medicine Training Stage One	Northern Care Alliance NHS Foundation Trust	Rota Design	66.56	51.48	53.03
Internal Medicine Training Stage One	Northern Care Alliance NHS Foundation Trust	Facilities	73.37	60.63	59.27
Internal Medicine Training Stage One	Pennine Acute Hospitals NHS Trust	Overall Satisfaction	65.77		
Internal Medicine Training Stage One	Pennine Acute Hospitals NHS Trust	Clinical Supervision	78.46		
Internal Medicine Training Stage One	Pennine Acute Hospitals NHS Trust	Clinical Supervision out of hours	80.73		
Internal Medicine Training Stage One	Pennine Acute Hospitals NHS Trust	Reporting Systems	55.00		
Internal Medicine Training Stage One	Pennine Acute Hospitals NHS Trust	Work Load	46.63		
Internal Medicine Training Stage One	Pennine Acute Hospitals NHS Trust	Teamwork	62.82		
Internal Medicine Training Stage One	Pennine Acute Hospitals NHS Trust	Handover	49.52		
Internal Medicine Training Stage One	Pennine Acute Hospitals NHS Trust	Supportive Environment	56.92		
Internal Medicine Training Stage One	Pennine Acute Hospitals NHS Trust	Induction	67.31		
Internal Medicine Training Stage One	Pennine Acute Hospitals NHS Trust	Adequate Experience	67.31		
Internal Medicine Training Stage One	Pennine Acute Hospitals NHS Trust	Curriculum Coverage	66.67		
Internal Medicine Training Stage One	Pennine Acute Hospitals NHS Trust	Educational Governance	58.33		
Internal Medicine Training Stage One	Pennine Acute Hospitals NHS Trust	Educational Supervision	70.67		
Internal Medicine Training Stage One	Pennine Acute Hospitals NHS Trust	Feedback	42.59		
Internal Medicine Training Stage One	Pennine Acute Hospitals NHS Trust	Local Teaching	67.31		
Internal Medicine Training Stage One	Pennine Acute Hospitals NHS Trust	Regional Teaching	64.10		
Internal Medicine Training Stage One	Pennine Acute Hospitals NHS Trust	Study Leave	44.97		
Internal Medicine Training Stage One	Pennine Acute Hospitals NHS Trust	Rota Design	44.23		
Internal Medicine Training Stage One	Pennine Acute Hospitals NHS Trust	Facilities	61.75		
Internal Medicine Training Stage One	Southport and Ormskirk Hospital NHS Trust	Overall Satisfaction	64.00	66.82	50.00
Internal Medicine Training Stage One	Southport and Ormskirk Hospital NHS Trust	Clinical Supervision	87.88	80.23	72.50
Internal Medicine Training Stage One	Southport and Ormskirk Hospital NHS Trust	Clinical Supervision out of hours	81.25	81.82	63.46
Internal Medicine Training Stage One	Southport and Ormskirk Hospital NHS Trust	Reporting Systems	61.94	72.36	62.00

Internal Medicine Training Stage One	Southport and Ormskirk Hospital NHS Trust	Work Load	38.75	46.59	41.35
Internal Medicine Training Stage One	Southport and Ormskirk Hospital NHS Trust	Teamwork	63.75	67.42	59.62
Internal Medicine Training Stage One	Southport and Ormskirk Hospital NHS Trust	Handover	63.89	66.10	56.73
Internal Medicine Training Stage One	Southport and Ormskirk Hospital NHS Trust	Supportive Environment	65.50	74.55	63.46
Internal Medicine Training Stage One	Southport and Ormskirk Hospital NHS Trust	Induction	61.88	65.45	44.23
Internal Medicine Training Stage One	Southport and Ormskirk Hospital NHS Trust	Adequate Experience	63.75	57.95	48.08
Internal Medicine Training Stage One	Southport and Ormskirk Hospital NHS Trust	Curriculum Coverage	60.00		
Internal Medicine Training Stage One	Southport and Ormskirk Hospital NHS Trust	Educational Governance	62.50	53.03	52.56
Internal Medicine Training Stage One	Southport and Ormskirk Hospital NHS Trust	Educational Supervision	73.75	72.16	62.98
Internal Medicine Training Stage One	Southport and Ormskirk Hospital NHS Trust	Feedback	52.08	59.26	49.65
Internal Medicine Training Stage One	Southport and Ormskirk Hospital NHS Trust	Local Teaching	52.50	64.09	40.51
Internal Medicine Training Stage One	Southport and Ormskirk Hospital NHS Trust	Regional Teaching	57.92	53.79	49.04
Internal Medicine Training Stage One	Southport and Ormskirk Hospital NHS Trust	Study Leave	55.32	38.83	36.70
Internal Medicine Training Stage One	Southport and Ormskirk Hospital NHS Trust	Rota Design	43.13	39.38	31.25
Internal Medicine Training Stage One	Southport and Ormskirk Hospital NHS Trust	Facilities	50.42	59.22	58.88
Internal Medicine Training Stage One	St Helens and Knowsley Teaching Hospitals NHS Trust	Overall Satisfaction	77.50	61.96	65.17
Internal Medicine Training Stage One	St Helens and Knowsley Teaching Hospitals NHS Trust	Clinical Supervision	85.00	83.48	83.66
Internal Medicine Training Stage One	St Helens and Knowsley Teaching Hospitals NHS Trust	Clinical Supervision out of hours	83.48	74.03	70.91
Internal Medicine Training Stage One	St Helens and Knowsley Teaching Hospitals NHS Trust	Reporting Systems	69.55	52.93	54.07
Internal Medicine Training Stage One	St Helens and Knowsley Teaching Hospitals NHS Trust	Work Load	33.78	31.03	33.69
Internal Medicine Training Stage One	St Helens and Knowsley Teaching Hospitals NHS Trust	Teamwork	77.38	65.77	63.09
Internal Medicine Training Stage One	St Helens and Knowsley Teaching Hospitals NHS Trust	Handover	64.58	48.81	55.48
Internal Medicine Training Stage One	St Helens and Knowsley Teaching Hospitals NHS Trust	Supportive Environment	72.50	59.82	55.69
Internal Medicine Training Stage One	St Helens and Knowsley Teaching Hospitals NHS Trust	Induction	73.21	63.84	67.50
Internal Medicine Training Stage One	St Helens and Knowsley Teaching Hospitals NHS Trust	Adequate Experience	75.89	62.95	61.21
Internal Medicine Training Stage One	St Helens and Knowsley Teaching Hospitals NHS Trust	Curriculum Coverage	73.81		
Internal Medicine Training Stage One	St Helens and Knowsley Teaching Hospitals NHS Trust	Educational Governance	69.05	55.65	54.60
Internal Medicine Training Stage One	St Helens and Knowsley Teaching Hospitals NHS Trust	Educational Supervision	84.38	80.36	78.88
Internal Medicine Training Stage One	St Helens and Knowsley Teaching Hospitals NHS Trust	Feedback	74.07	57.29	64.38
Internal Medicine Training Stage One	St Helens and Knowsley Teaching Hospitals NHS Trust	Local Teaching	62.14	60.42	58.97
Internal Medicine Training Stage One	St Helens and Knowsley Teaching Hospitals NHS Trust	Regional Teaching	52.68	59.23	44.40
Internal Medicine Training Stage One	St Helens and Knowsley Teaching Hospitals NHS Trust	Study Leave	49.40	47.77	49.33
Internal Medicine Training Stage One	St Helens and Knowsley Teaching Hospitals NHS Trust	Rota Design	49.55	34.60	29.46
Internal Medicine Training Stage One	St Helens and Knowsley Teaching Hospitals NHS Trust	Facilities	70.13	65.97	68.31
Internal Medicine Training Stage One	Stockport NHS Foundation Trust	Overall Satisfaction	80.83	58.64	70.71
Internal Medicine Training Stage One	Stockport NHS Foundation Trust	Clinical Supervision	83.33	74.50	86.54
Internal Medicine Training Stage One	Stockport NHS Foundation Trust	Clinical Supervision out of hours	85.42	74.38	88.94
Internal Medicine Training Stage One	Stockport NHS Foundation Trust	Reporting Systems	73.75	49.86	66.82
Internal Medicine Training Stage One	Stockport NHS Foundation Trust	Work Load	55.21	33.52	56.70
Internal Medicine Training Stage One	Stockport NHS Foundation Trust	Teamwork	76.39	60.61	71.43
Internal Medicine Training Stage One	Stockport NHS Foundation Trust	Handover	66.67	51.70	68.11
Internal Medicine Training Stage One	Stockport NHS Foundation Trust	Supportive Environment	74.17	59.55	73.93
Internal Medicine Training Stage One	Stockport NHS Foundation Trust	Induction	83.33	69.09	81.07
Internal Medicine Training Stage One	Stockport NHS Foundation Trust	Adequate Experience	68.75	54.55	70.54
Internal Medicine Training Stage One	Stockport NHS Foundation Trust	Curriculum Coverage	76.39		
Internal Medicine Training Stage One	Stockport NHS Foundation Trust	Educational Governance	61.11	53.03	63.10
Internal Medicine Training Stage One	Stockport NHS Foundation Trust	Educational Supervision	84.38	73.86	87.50
Internal Medicine Training Stage One	Stockport NHS Foundation Trust	Feedback	78.33	55.36	64.58
Internal Medicine Training Stage One	Stockport NHS Foundation Trust	Local Teaching	55.00	49.85	66.55
Internal Medicine Training Stage One	Stockport NHS Foundation Trust	Regional Teaching	45.83	61.74	60.71
Internal Medicine Training Stage One	Stockport NHS Foundation Trust	Study Leave	54.58	68.12	54.51
Internal Medicine Training Stage One	Stockport NHS Foundation Trust	Rota Design	64.58	35.80	61.16
Internal Medicine Training Stage One	Stockport NHS Foundation Trust	Facilities	46.67	38.57	63.75
Internal Medicine Training Stage One	Tameside and Glossop Integrated Care NHS Foundation Trust	Overall Satisfaction	53.75	68.57	53.13
Internal Medicine Training Stage One	Tameside and Glossop Integrated Care NHS Foundation Trust	Clinical Supervision	75.00	85.36	73.75
Internal Medicine Training Stage One	Tameside and Glossop Integrated Care NHS Foundation Trust	Clinical Supervision out of hours	64.06	79.76	68.75
Internal Medicine Training Stage One	Tameside and Glossop Integrated Care NHS Foundation Trust	Reporting Systems	42.50	65.00	43.57
Internal Medicine Training Stage One	Tameside and Glossop Integrated Care NHS Foundation Trust	Work Load	34.38	55.36	40.63
Internal Medicine Training Stage One	Tameside and Glossop Integrated Care NHS Foundation Trust	Teamwork	41.67	72.62	63.54
Internal Medicine Training Stage One	Tameside and Glossop Integrated Care NHS Foundation Trust	Handover	35.94	60.71	37.24
Internal Medicine Training Stage One	Tameside and Glossop Integrated Care NHS Foundation Trust	Supportive Environment	40.00	67.14	56.25
Internal Medicine Training Stage One	Tameside and Glossop Integrated Care NHS Foundation Trust	Induction	57.50	78.57	59.84
Internal Medicine Training Stage One	Tameside and Glossop Integrated Care NHS Foundation Trust	Adequate Experience	25.00	67.86	59.38

Internal Medicine Training Stage One	Tameside and Glossop Integrated Care NHS Foundation Trust	Curriculum Coverage	18.75		
Internal Medicine Training Stage One	Tameside and Glossop Integrated Care NHS Foundation Trust	Educational Governance	37.50	72.62	58.33
Internal Medicine Training Stage One	Tameside and Glossop Integrated Care NHS Foundation Trust	Educational Supervision	46.88	82.14	80.47
Internal Medicine Training Stage One	Tameside and Glossop Integrated Care NHS Foundation Trust	Feedback	6.94	48.81	56.25
Internal Medicine Training Stage One	Tameside and Glossop Integrated Care NHS Foundation Trust	Local Teaching	48.34	40.00	36.25
Internal Medicine Training Stage One	Tameside and Glossop Integrated Care NHS Foundation Trust	Regional Teaching	51.04	66.07	65.10
Internal Medicine Training Stage One	Tameside and Glossop Integrated Care NHS Foundation Trust	Study Leave	17.71	54.51	52.08
Internal Medicine Training Stage One	Tameside and Glossop Integrated Care NHS Foundation Trust	Rota Design	21.88	50.89	35.94
Internal Medicine Training Stage One	Tameside and Glossop Integrated Care NHS Foundation Trust	Facilities		67.50	48.33
Internal Medicine Training Stage One	The Christie NHS Foundation Trust	Overall Satisfaction	71.11	66.11	53.64
Internal Medicine Training Stage One	The Christie NHS Foundation Trust	Clinical Supervision	82.36	78.75	77.63
Internal Medicine Training Stage One	The Christie NHS Foundation Trust	Clinical Supervision out of hours	85.88	84.72	79.73
Internal Medicine Training Stage One	The Christie NHS Foundation Trust	Reporting Systems	70.00	50.83	55.00
Internal Medicine Training Stage One	The Christie NHS Foundation Trust	Work Load	57.18	44.44	40.34
Internal Medicine Training Stage One	The Christie NHS Foundation Trust	Teamwork	74.07	71.30	73.49
Internal Medicine Training Stage One	The Christie NHS Foundation Trust	Handover	65.97	63.43	62.88
Internal Medicine Training Stage One	The Christie NHS Foundation Trust	Supportive Environment	65.56	72.78	69.55
Internal Medicine Training Stage One	The Christie NHS Foundation Trust	Induction	58.33	68.33	81.36
Internal Medicine Training Stage One	The Christie NHS Foundation Trust	Adequate Experience	66.67	61.11	44.32
Internal Medicine Training Stage One	The Christie NHS Foundation Trust	Curriculum Coverage	71.30		
Internal Medicine Training Stage One	The Christie NHS Foundation Trust	Educational Governance	60.19	71.30	57.58
Internal Medicine Training Stage One	The Christie NHS Foundation Trust	Educational Supervision	59.03	81.25	84.09
Internal Medicine Training Stage One	The Christie NHS Foundation Trust	Feedback	54.17	65.10	65.97
Internal Medicine Training Stage One	The Christie NHS Foundation Trust	Local Teaching	66.11	73.70	64.55
Internal Medicine Training Stage One	The Christie NHS Foundation Trust	Regional Teaching	63.43	46.30	45.83
Internal Medicine Training Stage One	The Christie NHS Foundation Trust	Study Leave	56.51	44.53	49.79
Internal Medicine Training Stage One	The Christie NHS Foundation Trust	Rota Design	61.81	42.36	43.75
Internal Medicine Training Stage One	The Christie NHS Foundation Trust	Facilities	75.71	83.44	69.44
Internal Medicine Training Stage One	The Clatterbridge Cancer Centre NHS Foundation Trust	Overall Satisfaction	60.00	62.86	69.17
Internal Medicine Training Stage One	The Clatterbridge Cancer Centre NHS Foundation Trust	Clinical Supervision	85.00	92.29	90.83
Internal Medicine Training Stage One	The Clatterbridge Cancer Centre NHS Foundation Trust	Clinical Supervision out of hours	83.33	87.50	89.58
Internal Medicine Training Stage One	The Clatterbridge Cancer Centre NHS Foundation Trust	Reporting Systems		67.50	70.00
Internal Medicine Training Stage One	The Clatterbridge Cancer Centre NHS Foundation Trust	Work Load	60.42	39.29	42.36
Internal Medicine Training Stage One	The Clatterbridge Cancer Centre NHS Foundation Trust	Teamwork	72.22	76.19	83.33
Internal Medicine Training Stage One	The Clatterbridge Cancer Centre NHS Foundation Trust	Handover	43.75	56.25	66.25
Internal Medicine Training Stage One	The Clatterbridge Cancer Centre NHS Foundation Trust	Supportive Environment	65.00	75.71	75.83
Internal Medicine Training Stage One	The Clatterbridge Cancer Centre NHS Foundation Trust	Induction	70.00	70.71	90.83
Internal Medicine Training Stage One	The Clatterbridge Cancer Centre NHS Foundation Trust	Adequate Experience	45.83	46.43	58.33
Internal Medicine Training Stage One	The Clatterbridge Cancer Centre NHS Foundation Trust	Curriculum Coverage	58.33		
Internal Medicine Training Stage One	The Clatterbridge Cancer Centre NHS Foundation Trust	Educational Governance	72.22	63.10	75.00
Internal Medicine Training Stage One	The Clatterbridge Cancer Centre NHS Foundation Trust	Educational Supervision	72.92	78.57	94.79
Internal Medicine Training Stage One	The Clatterbridge Cancer Centre NHS Foundation Trust	Feedback		34.03	58.33
Internal Medicine Training Stage One	The Clatterbridge Cancer Centre NHS Foundation Trust	Local Teaching	63.89	57.38	45.28
Internal Medicine Training Stage One	The Clatterbridge Cancer Centre NHS Foundation Trust	Regional Teaching	52.78	56.55	61.81
Internal Medicine Training Stage One	The Clatterbridge Cancer Centre NHS Foundation Trust	Study Leave	27.08	33.68	58.33
Internal Medicine Training Stage One	The Clatterbridge Cancer Centre NHS Foundation Trust	Rota Design	29.17	35.71	41.67
Internal Medicine Training Stage One	The Clatterbridge Cancer Centre NHS Foundation Trust	Facilities	35.00	43.13	56.25
Internal Medicine Training Stage One	The Walton Centre NHS Foundation Trust	Overall Satisfaction	85.00	81.43	76.67
Internal Medicine Training Stage One	The Walton Centre NHS Foundation Trust	Clinical Supervision	93.33	88.57	85.00
Internal Medicine Training Stage One	The Walton Centre NHS Foundation Trust	Clinical Supervision out of hours	91.32	86.61	85.42
Internal Medicine Training Stage One	The Walton Centre NHS Foundation Trust	Reporting Systems	75.00	61.25	69.00
Internal Medicine Training Stage One	The Walton Centre NHS Foundation Trust	Work Load	63.54	69.64	57.29
Internal Medicine Training Stage One	The Walton Centre NHS Foundation Trust	Teamwork	77.78	72.62	77.78
Internal Medicine Training Stage One	The Walton Centre NHS Foundation Trust	Handover	73.96	63.39	62.92
Internal Medicine Training Stage One	The Walton Centre NHS Foundation Trust	Supportive Environment	81.67	78.57	75.00
Internal Medicine Training Stage One	The Walton Centre NHS Foundation Trust	Induction	87.50	82.14	87.50
Internal Medicine Training Stage One	The Walton Centre NHS Foundation Trust	Adequate Experience	75.00	78.57	75.00
Internal Medicine Training Stage One	The Walton Centre NHS Foundation Trust	Curriculum Coverage	79.17		
Internal Medicine Training Stage One	The Walton Centre NHS Foundation Trust	Educational Governance	77.09	73.81	68.06
Internal Medicine Training Stage One	The Walton Centre NHS Foundation Trust	Educational Supervision	81.25	85.71	85.42
Internal Medicine Training Stage One	The Walton Centre NHS Foundation Trust	Feedback	73.96	52.78	76.04
Internal Medicine Training Stage One	The Walton Centre NHS Foundation Trust	Local Teaching	76.11	76.90	76.67
Internal Medicine Training Stage One	The Walton Centre NHS Foundation Trust	Regional Teaching	64.58	60.12	66.67

Internal Medicine Training Stage One	The Walton Centre NHS Foundation Trust	Study Leave	62.50	61.61	50.35
Internal Medicine Training Stage One	The Walton Centre NHS Foundation Trust	Rota Design	76.39	65.18	66.67
Internal Medicine Training Stage One	The Walton Centre NHS Foundation Trust	Facilities	66.67		
Internal Medicine Training Stage One	University Hospitals of Morecambe Bay NHS Foundation Trust	Overall Satisfaction	80.83	70.56	62.50
Internal Medicine Training Stage One	University Hospitals of Morecambe Bay NHS Foundation Trust	Clinical Supervision	92.50	91.11	89.13
Internal Medicine Training Stage One	University Hospitals of Morecambe Bay NHS Foundation Trust	Clinical Supervision out of hours	79.17	88.89	87.50
Internal Medicine Training Stage One	University Hospitals of Morecambe Bay NHS Foundation Trust	Reporting Systems	76.00	61.88	70.00
Internal Medicine Training Stage One	University Hospitals of Morecambe Bay NHS Foundation Trust	Work Load	52.08	38.89	48.75
Internal Medicine Training Stage One	University Hospitals of Morecambe Bay NHS Foundation Trust	Teamwork	79.86	67.59	70.83
Internal Medicine Training Stage One	University Hospitals of Morecambe Bay NHS Foundation Trust	Handover	76.04	63.43	63.13
Internal Medicine Training Stage One	University Hospitals of Morecambe Bay NHS Foundation Trust	Supportive Environment	77.50	75.00	77.00
Internal Medicine Training Stage One	University Hospitals of Morecambe Bay NHS Foundation Trust	Induction	65.00	77.78	65.13
Internal Medicine Training Stage One	University Hospitals of Morecambe Bay NHS Foundation Trust	Adequate Experience	89.58	61.11	62.50
Internal Medicine Training Stage One	University Hospitals of Morecambe Bay NHS Foundation Trust	Curriculum Coverage	70.84		
Internal Medicine Training Stage One	University Hospitals of Morecambe Bay NHS Foundation Trust	Educational Governance	75.00	62.96	66.67
Internal Medicine Training Stage One	University Hospitals of Morecambe Bay NHS Foundation Trust	Educational Supervision	78.13	90.28	69.38
Internal Medicine Training Stage One	University Hospitals of Morecambe Bay NHS Foundation Trust	Feedback	83.33	79.17	65.74
Internal Medicine Training Stage One	University Hospitals of Morecambe Bay NHS Foundation Trust	Local Teaching	57.22	52.59	46.17
Internal Medicine Training Stage One	University Hospitals of Morecambe Bay NHS Foundation Trust	Regional Teaching	74.31	61.57	59.58
Internal Medicine Training Stage One	University Hospitals of Morecambe Bay NHS Foundation Trust	Study Leave	52.50	57.29	49.77
Internal Medicine Training Stage One	University Hospitals of Morecambe Bay NHS Foundation Trust	Rota Design	60.42	42.36	51.25
Internal Medicine Training Stage One	University Hospitals of Morecambe Bay NHS Foundation Trust	Facilities	61.00	59.79	68.21
Internal Medicine Training Stage One	Warrington and Halton Teaching Hospitals NHS Foundation Trust	Overall Satisfaction	64.50	54.29	53.08
Internal Medicine Training Stage One	Warrington and Halton Teaching Hospitals NHS Foundation Trust	Clinical Supervision	84.00	82.86	81.25
Internal Medicine Training Stage One	Warrington and Halton Teaching Hospitals NHS Foundation Trust	Clinical Supervision out of hours	80.63	78.13	73.40
Internal Medicine Training Stage One	Warrington and Halton Teaching Hospitals NHS Foundation Trust	Reporting Systems	55.63	51.52	57.50
Internal Medicine Training Stage One	Warrington and Halton Teaching Hospitals NHS Foundation Trust	Work Load	26.88	28.57	22.60
Internal Medicine Training Stage One	Warrington and Halton Teaching Hospitals NHS Foundation Trust	Teamwork	57.50	61.31	64.10
Internal Medicine Training Stage One	Warrington and Halton Teaching Hospitals NHS Foundation Trust	Handover	59.38	62.02	59.94
Internal Medicine Training Stage One	Warrington and Halton Teaching Hospitals NHS Foundation Trust	Supportive Environment	63.50	59.29	58.85
Internal Medicine Training Stage One	Warrington and Halton Teaching Hospitals NHS Foundation Trust	Induction	65.75	60.00	73.08
Internal Medicine Training Stage One	Warrington and Halton Teaching Hospitals NHS Foundation Trust	Adequate Experience	63.75	57.14	51.92
Internal Medicine Training Stage One	Warrington and Halton Teaching Hospitals NHS Foundation Trust	Curriculum Coverage	64.17		
Internal Medicine Training Stage One	Warrington and Halton Teaching Hospitals NHS Foundation Trust	Educational Governance	64.17	54.76	57.69
Internal Medicine Training Stage One	Warrington and Halton Teaching Hospitals NHS Foundation Trust	Educational Supervision	71.25	78.57	82.21
Internal Medicine Training Stage One	Warrington and Halton Teaching Hospitals NHS Foundation Trust	Feedback	60.94	61.98	68.40
Internal Medicine Training Stage One	Warrington and Halton Teaching Hospitals NHS Foundation Trust	Local Teaching	45.83	38.69	51.79
Internal Medicine Training Stage One	Warrington and Halton Teaching Hospitals NHS Foundation Trust	Regional Teaching	39.58	42.56	43.27
Internal Medicine Training Stage One	Warrington and Halton Teaching Hospitals NHS Foundation Trust	Study Leave	44.17	31.25	28.79
Internal Medicine Training Stage One	Warrington and Halton Teaching Hospitals NHS Foundation Trust	Rota Design	18.75	18.75	17.31
Internal Medicine Training Stage One	Warrington and Halton Teaching Hospitals NHS Foundation Trust	Facilities	51.50	42.02	51.50
Internal Medicine Training Stage One	Wirral University Teaching Hospital NHS Foundation Trust	Overall Satisfaction	77.06	68.33	78.57
Internal Medicine Training Stage One	Wirral University Teaching Hospital NHS Foundation Trust	Clinical Supervision	92.43	90.54	92.14
Internal Medicine Training Stage One	Wirral University Teaching Hospital NHS Foundation Trust	Clinical Supervision out of hours	86.76	85.02	85.88
Internal Medicine Training Stage One	Wirral University Teaching Hospital NHS Foundation Trust	Reporting Systems	76.33	66.02	71.75
Internal Medicine Training Stage One	Wirral University Teaching Hospital NHS Foundation Trust	Work Load	51.35	39.58	41.22
Internal Medicine Training Stage One	Wirral University Teaching Hospital NHS Foundation Trust	Teamwork	76.96	70.56	75.00
Internal Medicine Training Stage One	Wirral University Teaching Hospital NHS Foundation Trust	Handover	72.67	69.25	72.76
Internal Medicine Training Stage One	Wirral University Teaching Hospital NHS Foundation Trust	Supportive Environment	75.59	72.33	80.00
Internal Medicine Training Stage One	Wirral University Teaching Hospital NHS Foundation Trust	Induction	72.06	70.71	70.85
Internal Medicine Training Stage One	Wirral University Teaching Hospital NHS Foundation Trust	Adequate Experience	71.32	63.33	72.77
Internal Medicine Training Stage One	Wirral University Teaching Hospital NHS Foundation Trust	Curriculum Coverage	67.16		
Internal Medicine Training Stage One	Wirral University Teaching Hospital NHS Foundation Trust	Educational Governance	68.63	62.50	72.32
Internal Medicine Training Stage One	Wirral University Teaching Hospital NHS Foundation Trust	Educational Supervision	81.25	71.67	89.51
Internal Medicine Training Stage One	Wirral University Teaching Hospital NHS Foundation Trust	Feedback	63.10	50.18	65.42
Internal Medicine Training Stage One	Wirral University Teaching Hospital NHS Foundation Trust	Local Teaching	58.53	53.14	69.23
Internal Medicine Training Stage One	Wirral University Teaching Hospital NHS Foundation Trust	Regional Teaching	50.49	56.25	61.46
Internal Medicine Training Stage One	Wirral University Teaching Hospital NHS Foundation Trust	Study Leave	59.56	43.97	59.19
Internal Medicine Training Stage One	Wirral University Teaching Hospital NHS Foundation Trust	Rota Design	58.82	45.00	60.27
Internal Medicine Training Stage One	Wirral University Teaching Hospital NHS Foundation Trust	Facilities	49.17	62.88	65.07
Internal Medicine Training Stage One	Wrightington, Wigan and Leigh NHS Foundation Trust	Overall Satisfaction	72.50	82.27	75.56
Internal Medicine Training Stage One	Wrightington, Wigan and Leigh NHS Foundation Trust	Clinical Supervision	90.97	86.36	85.28
Internal Medicine Training Stage One	Wrightington, Wigan and Leigh NHS Foundation Trust	Clinical Supervision out of hours	75.70	82.64	81.60

Internal Medicine Training Stage One	Wrightington, Wigan and Leigh NHS Foundation Trust	Reporting Systems	60.00	70.50	68.89
Internal Medicine Training Stage One	Wrightington, Wigan and Leigh NHS Foundation Trust	Work Load	51.04	52.08	56.94
Internal Medicine Training Stage One	Wrightington, Wigan and Leigh NHS Foundation Trust	Teamwork	72.22	71.21	71.30
Internal Medicine Training Stage One	Wrightington, Wigan and Leigh NHS Foundation Trust	Handover	52.08	55.63	73.96
Internal Medicine Training Stage One	Wrightington, Wigan and Leigh NHS Foundation Trust	Supportive Environment	68.00	75.45	74.44
Internal Medicine Training Stage One	Wrightington, Wigan and Leigh NHS Foundation Trust	Induction	63.50	78.18	73.33
Internal Medicine Training Stage One	Wrightington, Wigan and Leigh NHS Foundation Trust	Adequate Experience	70.00	78.41	73.61
Internal Medicine Training Stage One	Wrightington, Wigan and Leigh NHS Foundation Trust	Curriculum Coverage	70.00		
Internal Medicine Training Stage One	Wrightington, Wigan and Leigh NHS Foundation Trust	Educational Governance	65.00	71.21	64.81
Internal Medicine Training Stage One	Wrightington, Wigan and Leigh NHS Foundation Trust	Educational Supervision	75.00	82.95	81.25
Internal Medicine Training Stage One	Wrightington, Wigan and Leigh NHS Foundation Trust	Feedback	58.33	73.33	77.32
Internal Medicine Training Stage One	Wrightington, Wigan and Leigh NHS Foundation Trust	Local Teaching	69.17	79.39	82.41
Internal Medicine Training Stage One	Wrightington, Wigan and Leigh NHS Foundation Trust	Regional Teaching	57.50	70.83	50.00
Internal Medicine Training Stage One	Wrightington, Wigan and Leigh NHS Foundation Trust	Study Leave	64.38	59.64	51.04
Internal Medicine Training Stage One	Wrightington, Wigan and Leigh NHS Foundation Trust	Rota Design	55.63	53.98	59.26
Internal Medicine Training Stage One	Wrightington, Wigan and Leigh NHS Foundation Trust	Facilities	70.56	57.78	63.91

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

Failure to provide safe health care.		Overall risk owner:	Amendment date:	May-23																										
		Paul Moore	Committee scrutiny:	QSE Committee																										
			TARGET: L x I	5 x 2 = 10																										
			Jul '22: L x I	5 x 4 = 20																										
			Oct '22: L x I	5 x 4 = 20																										
			Dec '22: L x I	5x3 = 15																										
			Feb '23: L x I	5x3 = 15																										
			May '23: L x I	5x3 = 15																										
			Jul '23: L x I	5x3 = 15																										
<p>Which of the 2022-23 objectives may be impacted:</p> <table border="1"> <tr> <td>1 Covid-19 response.</td> <td>x</td> <td>7 Reducing waiting times.</td> <td>x</td> </tr> <tr> <td>2 Service user feedback drives improvement.</td> <td>x</td> <td>8 Continuous improvement.</td> <td>x</td> </tr> <tr> <td>3 Transforming health & social care delivery.</td> <td>x</td> <td>9 Workforce engagement and development.</td> <td></td> </tr> <tr> <td>4 Corporate, clinical and social care governance.</td> <td>x</td> <td>10 Primary Care at scale.</td> <td>x</td> </tr> <tr> <td>5 Transform urgent and emergency care.</td> <td>x</td> <td>11 Early interventions.</td> <td>x</td> </tr> <tr> <td>6 Financial balance.</td> <td></td> <td>12 Environmental sustainability contribution.</td> <td></td> </tr> </table>							1 Covid-19 response.	x	7 Reducing waiting times.	x	2 Service user feedback drives improvement.	x	8 Continuous improvement.	x	3 Transforming health & social care delivery.	x	9 Workforce engagement and development.		4 Corporate, clinical and social care governance.	x	10 Primary Care at scale.	x	5 Transform urgent and emergency care.	x	11 Early interventions.	x	6 Financial balance.		12 Environmental sustainability contribution.	
1 Covid-19 response.	x	7 Reducing waiting times.	x																											
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Related operational risks:	Primary Controls	Lead	Positive Assurance: Satisfactory control	Negative Assurance: Gaps in control	Gaps in assurance	Assurance RAG																								
A widespread loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction.	Quality Governance Arrangements 1. Clear and resourced Care Group triumvirate leadership teams 2. Quality governance meeting structures at ward/department/Care Group/Exec/sub-board levels 3. Nursing workforce models for each ward and clinical department (to verify establishment needs and staffing levels required) combined with rota and leave planning 4. Comprehensive set of policies, procedures and guidelines available and accessible to front line clinical teams and practitioners 5. Quality dashboard enables monitoring and reporting of a range of leading, lagging and predictive quality measures for Manx Care aligned to Manx Care's priorities 6. Incident reporting system and comprehensive procedures for handling serious incidents including Causal Factor Analysis in operation 7. Complaints handling procedures 8. Established risk management process operating at Manx Care 9. A mandatory and role specific training programme to support practitioners in their work 10. International nurse recruitment to boost staffing 11. Use of bank and agency to cover shortfalls in staffing 12. Suitable and sufficient supplies of medical devices required to meet patient needs 13. Effective safeguarding procedures for vulnerable adults and children 14. There are clear procedures to recognise and respond to the signs of clinical deterioration for inpatients at Nobles and Ramsey	Paul Moore	1. Leadership structures in place and operating - L1 2. Evidence of regular monthly meetings and line of sight between Care Group/Operational Group/QSE and Board - L2 3. Establishments reviewed and in place for all wards and clinical departments. Health roster reset well underway and likely to conclude by December 2022 ahead of schedule - L2 4. Stable and reliable quality dashboard gives Manx Care insight into safety and quality performance, improvement and flags areas for improvement - L2 5. Effective incident reporting system in operation. Duty of Candour obligations are met. - L2 6. Effective serious incident handling procedures, outputs examined by QSE. Stable numbers and lower than expect volume of serious incidents in the year to date. Causal Factor Analysis established. No 'Never Events' for more than a year at Manx Care. 7. Complaints responsive now under control and compliant with new regulations. L2 8. Risk Management policy and process now in place, risk Management Committee operational since October 2022, all Care Group and Corporate function risk registers are now under review. 8. Risk Manager substantive recruitment unsuccessful at first pass - L1, continuing to rely on agency 10. International recruitment is underway, staffing position much more stable, and lower Band 5 vacancies -L2 11. Rotas are much more stable, substantive recruitment progressing and nursing agency spend significantly reduced - L2 13. CQC have recognised safeguarding improvements - L3 14. Deteriorating patient reports in October 2022 indicate strong compliance and sustained improvement in timeliness of vital sign measurements - L2 14. substantial improvement in recognising and responding to the signs of clinical deterioration - L2	4. Volume of out of date policies, procedures and guidelines remains a concern, harmonisation of shared service policies to address the needs of Manx Care remains a concern, access to policies and procedures for some staff is complicated and not intuitive (those using Windows 10 for example cannot use links in the same way) - L2 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 11. Vacancies and sickness results in substantial gaps in the workforce meaning we continue to be reliant on high bank and very high agency usage to deliver safe care. Although even these contingencies are becoming unreliable to fill gaps - L2 12. CQC have identified concern in respect of control over equipment replacement and maintenance upon which front line practitioners depend. This is subject to actions to be set out in the CQC action plan and will be led by the Director of Infrastructure - L3 13. Mixed picture in CQC reports - in some cases CQC highlight the improvements being made and safeguarding leadership, but also draw Manx Care's attention to the adequacy or maturity of safeguarding procedures in clinical practice - L3	13. Audit the adequacy of safeguarding procedures for vulnerable adults and children	A																								
	Clinical Audit & Clinical Effectiveness 1. Clinical Audit medical lead(s) and Team established 2. Regular meeting of the Clinical Audit Committee 3. Updated annual plan of clinical audit requirements prioritised in response to any identified quality concerns, national audit priorities or local service improvements 4. Report of the delivery of the Clinical Audit Programme into Operational Clinical Governance Group 5. Agreed Clinical Audit Policy and Clinical Effectiveness strategy directs frontline teams to oversee and improve clinical outcomes 6. Mortality Review process in place to evaluate the safety and effectiveness of care for those who die in hospital. There is a local requirement to carry out a medically-led review of a death in hospital within 1 month of the death being certified.	Dr Hudson	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 6. Manx Care is now achieving the volume of mortality reviews at Level 1 required by local standards- L2.	1. Dependent upon one Clinical Audit Officer to meet Manx Care's clinical audit needs; a single point of failure that is likely not sufficient to meet the Board's assurance needs - L1 3. Very limited audit activity linked to UK national audit requirements, this can impede effective clinical benchmarking and comparison - L2 5. No Clinical Audit Policy or Clinical Effectiveness Strategy is yet in place - L2	5. Clinical coding 5. Clinical benchmarking availability 5. Clinical outcomes for priority conditions	A																								
If MC does not communicate, engage effectively and respond to service users concerns in the planning and delivery of care, stakeholders may be dissatisfied with the service provided and may not meet the needs of local communities.	Service User Experience, Engagement & Involvement 1. Established Manx Care Advice & Liaison Service (MCALS) - aims to signpost and resolve concerns on the spot 2. Service user engagement (discovery interviews, focus groups, liaison with representative groups) 3. Continuous testing of the level of satisfaction using a modified Friends & Family Test (FFT) 4. Complaints handling procedures 5. User representation in meetings where quality of care is reviewed and services redesigned Service User Engagement & Involvement Strategy provides a stakeholder map of representative groups or people Manx Care uses for advice and to help shape future services	Paul Moore	1. MCALS in place and operational. Achieving 92% of concerns raised being resolved on the spot in October '22. 2. Manx Care has established links at the Western Wellbeing Centre, Southern Wellbeing Centre and Northern Wellbeing Centre - 25 contacts made in October '22 - held coffee morning to promote MCALS. Specific drive to engage with those who are learning disabled, autism initiatives, Breathe Easy IOM, voluntary organisations - L1 3. FFT has been rolled out to all areas of Manx Care from August 2022. 63% of services users currently rate the service as very good or good in October '22. 4. Complaints responsiveness now under control and compliant with new regulations. L2 5. User representation via HCC at QSE, F&P and Mandate	2. No independent advocacy service on Island - L1	None	G																								

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

1b Failure to provide safe social care.		Overall risk owner:	Amendment date:				
		David Hamilton	Apr-23				
			Committee scrutiny:	QSE Committee			
Which of the 2022-23 objectives may be impacted:				TARGET: L x I	3 x 3 = 9	Jun '23: L x I	3x4 = 12
1 Covid-19 response.		7 Reducing waiting times.	x	Aug '22: L x I	4 x 4 = 16	Jul '23: L x I	3x4=12
2 Service user feedback drives improvement.	x	8 Continuous improvement.	x	Oct '22: L x I	4 x 4 = 16		
3 Transforming health & social care delivery.	x	9 Workforce engagement and development.		Dec '22: L x I	-		
4 Corporate, clinical and social care governance	x	10 Primary Care at scale.		Feb '23: L x I	3x4 = 12		
5 Transform urgent and emergency care.	x	11 Early interventions.	x	Apr '23: L x I	3x4 = 12		
6 Financial balance.	x	12 Environmental sustainability contribution.	x	May '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 KEY L1 - internal/operational level L2 - Director/Board level L3 - external review/audit/inspection	Policy governance 1. Review, update and draft of policy suite 2. Robust process for ratification of policies, with oversight at Exec level 3. Partnership working with the Safeguarding Board in respect of policy development and review in relevant areas of Adults and C&F	David Hamilton	1. The review and completion of the suite of policies governing social care is an ongoing project. Progress has been made with ratification of policies focussing on falls and a procedure for ENPLUG usage - L1 2. Policies are ratified by the Operational Care Quality Group ('OCQG') and its deliberations are reported by exception to the Executive Management Committee ('EMC') monthly. The end of a care episode all service users are invited to provide feedback on their experience. Together with complaints and compliments intelligence, these are used as prompts for further improvement in the design of controls. The updated Complaints Regulations and accompanying policy are a positive move towards a more joined-up approach in complaint handling across Social Care - L2 3. The Safeguarding Board has commissioned external support to review and develop safeguarding policy and practice across Adults and C&F, with a number of policies being signed off - L3	1. Whilst the policy suite remains incomplete, it does not cover the wide range of areas required nor can it be consistently applied. A number of policies are out of date, some significantly so, within the Adult Social Care/Social Work Policy Index. C&F use an online provider TriX to store policies and procedures, which are publically visible. The lack of a joined-up policy index which is freely accessible by all Care Group staff is sub-optimal v- L1 Work towards a Manx Care wide solution, Policystat, is being explored as a move towards mitigation - L2	2. There can be a disconnect between the clinical and care OCGs - this means that policy ratification is sometimes disjointed. Social Care representation on the clinical OCQG has been arranged to work towards mitigation - L2 Until all procedures have been ratified by a group of appropriate subject matter experts, there remain gaps in control effectiveness. This is compounded by the vacancy factor and resulting operational pressures across the Care Group - L1/L2 Social Care are planning work in 2023/24 on a policy gap analysis, with a work / remediation plan to capture the status of each policy - L1	A.	
	Training Mandatory and role-specific training covering a range of areas, from information governance to RQF training qualifications	Louise Hand	There is some reporting functionality in eLearn Vannin around mandated and role-specific training courses, where managers can see via a dashboard the courses direct reports have undertaken - L1 Service areas keep a comprehensive set of training matrices which are manually updated by admin staff, given the limitations of eLearn reporting - L1 The Care Group holds a central budget of £150k for the benefit of all service areas. This includes a provision for 'train the trainer' to build resilience in staff development and continuing professional development	The budget of £150k does not include any uplift in 2023/24 or any reflection in the Care Group's expansion to include Health Safeguarding. The Health Safeguarding Lead has highlighted the need for extensive training in the near future following CQC recommendations around health safeguarding training - an uplift may be required in this financial year to ensure that all obligations can be met - L2 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 'mandatory' training is not tailored by role or Care Group. Concern has been raised with OHR around these particular issues. OHR have indicated that alignment to the PiP structure is a live piece of work, along with an overarching training policy to be approved via OCQGs - clinical and care - 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, minor structural works are required to Murray House to facilitate the accommodation of the MASH. This is a potential stumbling block. A bid has been submitted to the Seized Assets fund for the start-up costs of £15k - L3		G.	

	<p>Functional design, consistent application and effective operation of the Scheme of Delegation</p>	<p>Louise Hand</p>	<p>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 continuing in this area to embed this 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 During 2023/24, work will commence in Social Care and Mental Health to align the Scheme of Delegation in respect of functions. This is a piece of work that would ideally be centrally-led given the scope of the challenge, given that Manx Care as an entity requires a Scheme of Delegation to be introduced reflective of the current structure - L2 Work was carried out in 2022/23 to review, evaluate and update Financial Delegations which are now in place following recruitment to leadership roles - L1</p>	<p>The lack of Scheme of Delegation (excluding Financial Delegations) is a potential finding of the Ofsted inspection of Children & Families.</p>	<p>The success of Resource Panel is being regularly monitored to ensure there is no drift from the Terms of Reference. Following recruitment of managers in Adult Social Work, it is expected that quality assurance and process will improve over Q1 and Q2 of 2023/24 - L1</p>	<p>A.</p>
	<p>Adding resilience and capacity to the <i>provider of last resort</i> facilities and capabilities within Manx Care.</p>	<p>Jonathan Carey</p>	<p>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</p>	<p>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 These issues are compounded by staffing levels, which also impact operational service delivery. A number of recruitments over 2022/23 weren't successful - L2</p>	<p>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 Resources within services are limited, in the event of market failure Manx Care do not have the capacity to function as a 'safety net', this would be dependent on DHSC directing/mandating Manx Care to do so and providing appropriate additional resource in the event of provider failure - at present, there is no clear framework for this to take place - L3</p>	<p>A.</p>

MANX CARE: 2022-23 BOARD ASSURANCE FRAMEWORK

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

Related operational risks:	Main Controls 1-4	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	Assurance RAG
#281 CCU demand may exceed capacity. #242 Covid 19 impact upon cohort of renal patients. #289 Insufficient staff to deliver renal replacement therapy to ventilated renal patients. Nursing vacancy rate is 20%. Anaesthetist vacancy rate is 25%	1 Covid 19 adaptation, vigilance and vaccination campaigns	Oliver Radford	Island vaccination programme reduced mortality and morbidity, allowing a much reduced demand on hospital services from people who are Covid positive. Island continues to follow JCVI guidelines around programmes of delivery, with the Autumn Booster commencing in September 2022. 60% of the eligible population have elected to take the Autumn Booster offer which is 5% less than the UK. Performance around vaccine uptake is monitored via the Vaccination & Immunisation Board. The Spring Booster programme 2023 is scheduled to commence on the 1st April, offering boosters to the most vulnerable in society including residents of care homes, those who are 75 or above and anyone who is five years and over and immunosuppressed. The Spring Booster and further booster programmes will be delivered by the now permanently funded Vaccination Service which is operated by Manx Care. The Manx Care Covid internal escalation plan has been shown to be effective with clear allocation of well understood resources when response to infection has to be ramped up. This is overseen by the Performance & Delivery Group which reports by exception to the EMC. In the past 6 months, no escalation beyond level 1 has been reported which is indicative of moving to an endemic approach in April 2022. Additional resources have been allocated within the Manx Care Winter Plan which will allow escalation of spot purchasing of temporary placements within the residential/nursing home sector should numbers of Covid patients in hospital increase on top of general winter pressures - this funding ends on the 1st April with four spot purchase placements purchased during the winter pressures period.		The lack of Covid-19 surveillance data around community transmission prevents Manx Care's ability to plan for potential increases in demand on hospital services and staff absence	A.
	2 General escalation planning	Oliver Radford	The Operational Pressure Escalation Levels ('OPEL') framework is in place and embedded. It is in a constant state of review by the Access and Capacity Team and has been shown to be an effective tool in managing and escalating operational pressure. OPEL reporting is a constant item of review for the Performance and Delivery Group which reports by exception to the EMC.		The systematic capture of timely, high quality data on this topic is improving however significant progress needs to be made particularly around data validation, automation, reporting and effective use of this information to drive change/improvement	A.
	3 Service transformation of urgent and emergency care	Transformation team	Clear project aims established to divert appropriate patients into community pathways (i.e. Intermediate Care) allowing for a reconfiguration of ED services and non-elective pathways. Led by the Transformation resources within Cabinet Office and reported into the Transformation Oversight Group. Internally, Manx Care project leaders (M Cox, S Taylor) report progress to Executives. Manx Care CEO is a member of the Transformation Programme Officer Board and the Manx Care Chair is a member of the Transformation Political Board. The See and Treat Programme has been funded for two years by the Healthcare Transformation Fund - once established, this will mean that calls coming into Emergency Services Joint Control will be clinically triaged and where appropriate, signposting advice can be provided by the Hear and Treat Clinician which may avoid despatch of an ambulance resource. Intermediate Care and See, Treat and Leave projects are also being decoupled from the overarching Urgent & Emergency Care Transformation Business Case and separate applications for Healthcare Transformation Funding are being submitted via the Transformation Officers Board	The Urgent and Emergency Care Transformation Programme is currently on pause until April 2023 to enable resources to be focussed on the Manx Care/DHSC financial situation. Whilst some projects are continuing outside of the remit of the transformation programme, such as Intermediate Care, and Same Day Emergency Care, funding is being sourced for each project separately rather than as an integrated programme.	Sir Jonathan Michael review of progress made to date in transforming urgent care (Nov 21) identified a lack of progress due to a lack of clinical and managerial staff to resource the project.	R.
	4 Capacity and demand planning	Oliver Radford	Appointment of Head of Performance who will provide leadership on the roll out of demand and capacity analysis and ongoing monitoring - additional external support will be required to undertake demand and capacity analyses for all services in a timely way to inform service development plans/business cases or areas of focus around productivity. Service sustainability review is underway within Transformation to determine which services can be sustainably delivered on island and which services need to	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.

		<p>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.</p> <p>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.</p>			
5	Winter Planning 2023/4	<p>Oliver Radford</p> <p>The Winter Period is traditionally a time of significantly increased pressure on the non-elective pathway from people suffering winter illnesses as well as increased falls and exacerbation of the symptoms of frailty. This year has also been impacted by the increased cost of living where the vulnerable have had to make the difficult choice of heating their home or eating sufficiently.</p> <p>A 2022/23 winter planning document has been developed to outline mitigations that Manx Care will be implementing to reduce the impact of the winter period. These initiatives include expanding the presence of ED consultants for 16h per day, development of a dedicated outliers team to review medical patients who are resident in surgical wards, earlier implementation of the frailty unit and a robust media campaign outlining the alternative methods of receiving care such as use of Pharmacies and the Minor Eye Condition Service as well as MIU and MEDS. Funding has been provided on a non-recurrent basis to allow these initiatives to be commissioned for the Winter Pressures period 22/23 and these have alleviated the pressures of what has been the most challenging winter on record for the IOM and UK health services.</p> <p>The 23/24 Winter Planning process will commence in Q1 23/24 to identify areas of focus and required investment for the winter period 23/24. Funding equivalent to the 22/23 funding allocation has been set aside in the Manx Care budget 23/24 in order that additional capacity or services can be stepped up for the winter pressures period to alleviate demands across the health system. Oversight of the Winter Planning 23/24 process will sit with the Performance and Delivery Group</p>	<p>Winter Planning 23/24 document currently under development with target completion date for the end of June 2023.</p>	<p>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</p>	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 e	x	11 Early interventions.		Dec '22: L x I	25
6	Financial balance.		12 Environmental sustainability contribution.		Feb '23: L x I	25

Related operational risks:	Main Controls 1-6	Lead	Assurance re: effective control	Gaps in control	Gaps in assurance	Assurance RAG	
#417 ED establishment is under-resourced. #306 Recruitment and retention of ICU staff. Shortage of theatre & anaesthetics staff. Diagnostic breast service - lack of clinical capacity. Endoscopy capacity. Ramsay Theatres admin support. Insufficient access to attractive accommodation for lower paid staff.	1. Staff Recruitment Controls 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 targeting 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 management sides via partnership forum. exception reporting to ELT and People Committee	1. Gaps in Recruitment Controls Demand and capacity planning are at low levels of maturity which hamper the collation of input data into workforce planning. 'Make or buy' decision making for on/off island services remain a current project following a review of services and the outcomes will impact upon workforce planning. No overarching strategic plan for recruitment	1. Gaps in recruitment assurance. No established routine reporting to board or sub-committees for following: Overseas recruitment; Talent Acquisition, work of MIAA.	R.	
	2. Workforce Development Controls Academy Programme launched 2022 Revised Appraisal Scheme. Development of Mandatory Training Policy. E-Learn Vannin Data Cleanse. Nurse training and bursary. Support for GP trainees. Specialist training of GPs Support for CESR route to consultant qualification. Social Worker trainee scheme	Leadership	Workforce & Culture team Anne Corkill/OHR Director of Nursing Medical Director Director of Social Care	2. Assurance re Workforce Development Controls Revised Appraisal Scheme -Progress reported by WF&C Team via monthly project plan updates to Transformation Steering Group, ELT, Board and People Committee Mandatory Training Policy - regular updates provided to staff and management 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 planning and skills gap analysis in place across organisation. The Workforce and Culture Team are in the process of submitting 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 Committee, 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 policies and procedures up to date and/or published. Work on organisational 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 conjunction 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 analytics 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 Quantitative 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 vacancy reports supplied to managers on a monthly basis. Ad hoc service reviews to determine best model 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 structure 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 perceived 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	Mar '23: L x I	16
2 Service user feedback drives improvement.	x	8 Continuous improvement.		June '22: L x I	16	April '23: L x I	16
3 Transforming health & social care delivery.		9 Workforce engagement and development.	x	Aug '22: L x I	16	June '23: L x I	16
4 Corporate, clinical and social care governance.		10 Primary Care at scale.	x	Oct '22: L x I	16	July '23: L x I	16
5 Transform urgent and emergency care.	x	11 Early interventions.		Dec '22: L x I	16		
6 Financial balance.		12 Environmental sustainability contribution.		Feb '23: L x I	16		

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

MANX CARE: BOARD ASSURANCE FRAMEWORK

5 Loss of stakeholder support & confidence		Overall risk owner:	Amendment date:			
		Teresa Cope	May-22			
			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.	x	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.	x	Dec '22: L x I	4x4 = 16	
6 Financial balance.	x	12 Environmental sustainability contribution.	x	Feb '23: L x I	4x4 = 16	
				Apr '23 L x I	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	<p>Required Outcomes Framework (23/24) approved by Board in March 2023.</p> <p>Chair meets regularly with the Minister.</p> <p>CEO meets regularly with DHSC CEO.</p> <p>The four Principals meet together monthly.</p> <p>Joint Oversight Group includes leadership from DHSC and Manx Care at which greatest mutual risks discussed, including safety; reputational; financial (monthly)</p> <p>Mandate assurance meetings (monthly)</p> <p>Positive political engagement in NED recruitment process.</p> <p>Performance & Accountability Framework agreed and aligned to Single Oversight Framework.</p> <p>Board to Board meetings established.</p> <p>Funding position for 2023/24 have been presented to Council of Ministers.</p>	Working with Elected Members framework requires updating.	<p>DHSC Oversight group: Terms of reference and approved minutes to be shared with the FPC Committee.</p> <p>Health & Care Partnership Board terms of reference and approved minutes to routinely be shared with QSE Committee.</p> <p>A paper on compliance with the guidance 'Working with Elected Members to be updated.</p> <p>Health & Care Partnership Board (quarterly).</p> <p>Sign-off of funding priorities for 2023/24 required in relation to affordability of mandate objectives and compliance actions arising from CQC inspections.</p>	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	<p>CEO engaging positively with the H & S at Work Inspectorate regarding ionising radiation compliance.</p> <p>Joint protocol in place with IOM Constabulary and Coroner for serious incident investigations; DHA and DHSC.</p> <p>Information governance arrangements are beginning to be strengthened via the Non Clinical Quality group with oversight of the Digital & Informatics Committee of the Board.</p> <p>Medical Director formalising engagement with the Coroner calendar (Q2 calendar '22).</p> <p>CEO and Chief Constable formalising an MoU on parallel investigations (Q2 calendar '22).</p> <p>Strong engagement in safeguarding arrangement and leading multi-agency safeguarding hub.</p> <p>Monthly meetings with ICO.</p> <p>Monthly meetings with Attorney General's Office.</p> <p>Effective engagement with CQC via DHSC.</p> <p>Monthly IGAB and bi-monthly D&I Committee reviews all IT/IG and digital issues.</p>	Manx Care has not yet demonstrated compliance with the DSTP Toolkit, which would contribute to assuring the ICO, but has an aim for compliance by June '23 (as stated IGAB on 04/05/22).	<p>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.</p> <p>Deferment notice agreed with the ICO.</p> <p>Approved minutes of the Multi-Agency safeguarding Hub to be shared with the QSE Committee routinely.</p> <p>Pay awards with all staff for '21/'22 and 22/23 are yet to be concluded.</p> <p>Pay awards have been rejected by a number of Unions.</p>	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	<p>Chair & CEO meet Principals in Transformation to discuss governance and progress.</p> <p>Developing constructive working relationships with education providers including University College IoM and training establishments to increase placement opportunities and numbers.</p> <p>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.</p> <p>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.</p> <p>Manx Care have re-profiled an Executive Director post which will have increased executive oversight of a number of shared service arrangements.</p>	<p>Insufficient numbers of rotational training opportunities results in students in training not being exposed to manx opportunities for subsequent employment.</p> <p>Transformation programme management approach still underplays the potential benefits of Manx Care views of the most effective ways to transform.</p> <p>Transformation leadership not yet routinely reporting in person to the Manx Care Board.</p> <p>Likely to create financial risk to ManxCare regarding shared services.</p>	<p>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.</p>	A

	4 Proactive engagement with all staff; including clinical staff and social care staff.	Teresa Cope	<p>Induction includes an introduction by an Exec Team member.</p> <p>Bi-monthly open sessions for the CEO & Medical Director to listen to consultant body.</p> <p>Fortnightly <i>Let's Connect</i>.</p> <p>Weekly <i>all staff</i> bulletins.</p> <p>Regular reports on workforce and culture provided to the People Committee with a developing dashboard of metrics.</p> <p>CEO back to the floor sessions and 'ask me anything' sessions to gain insight and feedback from staff.</p> <p>EDI forum launched and chaired by the CEO</p> <p>Cultural improvement action plans in place which are monitored by the Board.</p> <p>Partnership board with staff side representatives held monthly</p> <p>A Communications & Engagement Plan is due to be reviewed and approved by the Board.</p> <p>People's Strategy to be launched in May 2023.</p> <p>Manx Care linked into the wider Great Place to Work Programme.</p>	<p>Data quality of human resource dashboard metrics requires further refinement.</p> <p>Operational People's Group as a sub-group of EMC will be established from May '23.</p> <p>Manx Care linked into the wider Great Place to Work Programme.</p>	Operational oversight and analysis for workforce planning.	G
	5 Proactive engagement with providers of tertiary and specialist care in England.	Teresa Cope	<p>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.</p> <p>Manx Care to join CMAST Acute Collaborative in the North West</p>	<p>Notes of tertiary provider and network meetings yet to feed into Manx Care governance processes.</p> <p>No formal strategic partnerships in place.</p>	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	<p>Manx Care Head of Comms maintains close contact with opinion formers and journalists at principal Island outlets.</p> <p>Manx Care has a planned calendar of engagement activity.</p> <p>Communications and Engagement strategy in place</p>	<p>Media channels cannot be controlled - Manx Care aims only to ensure our voice is represented accurately and heard.</p> <p>Manx Care is not always aware of communications relative to its services or wider health and care matters across government and vice versa</p>	<p>Manx Care to have closer engagement with Central Cabinet offices communications.</p> <p>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.</p>	G
	7 Proactive engagement with the Island's voluntary and charity sector.	Teresa Cope	<p>CEO has a seat on the Council of Voluntary Organisations ('CVO') Board and meets frequently with the CVO Chair.</p> <p>Manx Care works in a structured way with <i>Hospice IoM</i>.</p> <p>CEO engages with <i>Crossroads</i> charity, <i>putting carers first</i>.</p> <p>CEO and senior officers regularly meet with with key charities across the Island.</p> <p>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.</p> <p>CVO is assisting Manx Care in undertaking a stakeholder map to identify all charities on the Island who are involved with Health and Care</p>		A paper on Manx Care engagement with voluntary and charity sector to be provided to QSE Committee Q2 calendar '22.	G

6 Failure to achieve financial sustainability.	Overall risk owner:	Amendment date:	Oct-22
	Jackie Lawless	Committee scrutiny:	FPC 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
2 Service user feedback drives improvement.		8 Continuous improvement	x
3 Transforming health & social care delivery.	x	9 Workforce engagement a	x
4 Corporate, clinical and social care governance.	x	10 Primary Care at scale.	x
5 Transform urgent and emergency care.	x	11 Early interventions.	x
6 Financial balance.	x	12 Environmental sustainabi	x
		May '22: L x I	Residual Score
		June '22: L x I	25
		Aug '22: L x I	25
		Oct '22: L x I	12
		Dec '22: L x I	12
		Feb '23: L x I	12
		Mar '22: L x I	12
		June '23: L x I	12
		July '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 budgeted establishment which is not always clearly visible There are opportunities to improve forecasting techniques and reporting	Connecting budget holders with budgets, aligned to accurate HR system PIP numbers; to those who are on limited term appointments; permanent contracts, flexible working contracts and agency staff is at an immature level of sophistication.	A
#2 Pay awards remain under negotiation / arbitration.	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 Significant investment required to reduce waiting list backlogs	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 Transformation projects generating significant future funding pressures	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 supplier whilst in possession of a purchase requisition pad without the necessary authority	The scheme of financial delegation has design weaknesses which do not accurately align delegated powers with appropriate officers. It is not possible for the Finance Shared Service team to ensure full compliance with Delegations before making payments due to the process being paper based.	A
#5 Future funding not yet agreed - growth has been agreed but no funding for investment / service development	5. Closing the gap between Transformation and Manx Care	Jackie Lawless	Transformation Oversight Group with representatives from Manx Care and the Transformation team has been formed to monitor and drive progress of the Transformation programme.	There are delays in completing and implementing transformation projects - with delayed benefits realisation and can result in cost pressures as near obsolete or obsolete systems maintained at high cost. New initiatives are also generating ongoing cost pressures for Manx Care, funding for which has not been agreed by Treasury. Transformation may seek commitment from Manx Care to pump prime or fund an initiative or activity for a greater period than the financial settlement that DHSC has provided Manx Care with. Without longer term financial planning, Manx Care cannot adequately plan to grow services.	Understanding Manx Care's baseline cost for delivering planned service levels remains uncertain - undermining any discussion about establishment funding. Without longer term financial planning, Manx Care cannot adequately plan to grow services or plan other investment decisions.	R
#6 Inherited widespread non-compliance with Financial Regulations with regard to contracting and procurement	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

<p>7. Improving internal financial governance mechanisms</p>	<p>Jackie Lawless</p>	<p>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</p>	<p>CIP programme requires additional operational resource to drive performance - this is currently provided by external resource but work is underway to recruit a CIP Programme Manager . More recently, additional resource has been funded by Transformation to accelerate the delivery of the CIP Programme to deliver a total of £10m savings in 22/23 rather than the target savings of £4.3m 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</p>	<p>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</p>	<p>A</p>
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 manx care Kiarail Vannin	SUMMARY REPORT	Meeting Date:	05/09/2023

Meeting:	Board of Directors		
Report Title:	BAF Risk #1a: Failure to provide safe health care		
Authors:	Paul Moore, Deputy CEO, Executive Director of Nursing and Governance		
Accountable Directors:	Paul Moore, Deputy CEO, Executive Director of Nursing and Governance Dr Marina Hudson, Executive Medical Director		
Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/ Recommendation from that Committee

Summary of key points in report

This report provides a deep-dive into those assurances underpinning the Board's Assurance Framework Risk 1a. This report outlines the rationale for the current risk rating, alongside considering a selection of positive, negative and inconclusive assurances to help inform the Board's judgement on risk exposure and control.

Recommendation for the Board to consider:

Consider for Action Approval Assurance Information

The Board are invited to:

- a) consider, reflect on and discuss the report;
- b) reflect on the Board's assurance needs and priorities in light of the challenges posed by this risk; and
- c) advise on any further action required to enable the Board to keep this risk under prudent control.

1. Purpose

1.1 The Purpose of this report is to enable the Board to delve deeper into the assurances which underpin the analysis of the Board Assurance Framework Risk 1a: *the risk of a failure to provide safe health care within Manx Care*. This report will help outline the rationale for the current risk rating and, looking ahead, invites the Board to consider and determine its future assurance needs and priorities for safety and quality in healthcare going forward.

1.2 To help the Board consider this report, we have adopted the use of the three-lines of defence model of assurance which refer to: **Level-1 assurance** as assurances obtained directly from those who own and manage the risk on the front line; **Level-2 assurance** as those assurances analysed and produced by those functions that are authorised to oversee or who specialise in compliance of the management of risk; and **Level-3 assurances** as those functions that provide independent or external assurance. In addition, in this paper, we attempt to illustrate those assurances that are positive (i.e. demonstrate compliance, improvement or progress in a direction that gives confidence in the achievement of corporate objectives), those assurances that are negative (i.e. demonstrate a lack of compliance, a deterioration or insufficient progress and therefore may lack confidence in the achievement of corporate objectives), and those assurances which are inconclusive.

2. Understanding the risk

2.1 Quantifying the risk to safety and quality of care is challenging due to the multifaceted nature of a complex adaptive system, the many interdependencies that underpin contemporary health care and organisational culture. Healthcare is a safety-critical industry with a myriad of risks to simultaneously handle. We highlight below a range of plausible vectors from which risk to patient safety may arise. These feature as factors requiring proactive control within the day-to-day provision of health care on the Isle of Man which, taken together, inform the evaluation of the Board's BAF Risk #1a.

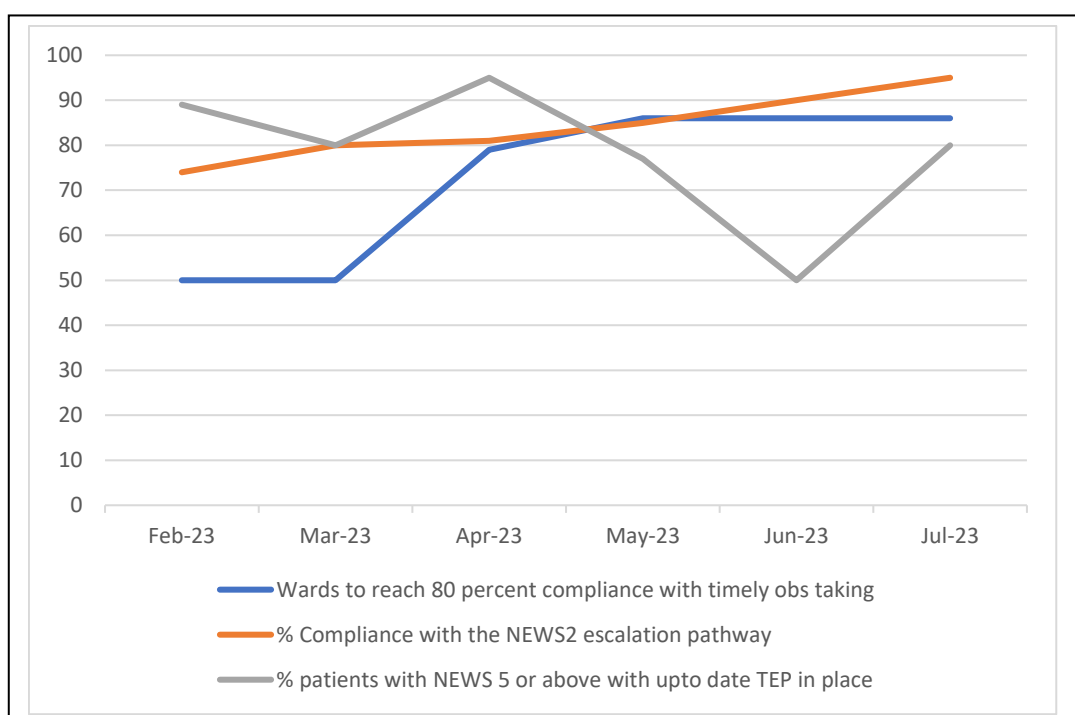
- i) **Patient Safety and Medical/Clinical errors:** Medical/clinical errors including misdiagnosis, medication errors, surgical errors, infections acquired in care settings, falls resulting in harm, failures or delays to act on abnormal clinical results, complications of necessary treatment, failure to monitor and review patients, and compliance failures.
- ii) **Workforce Shortages and Fatigue:** Shortages of healthcare professionals, such as doctors, registered nurses, allied health professionals, and support workers can lead to increased workload and fatigue. This may compromise the quality and safety of care provided as exhausted, overstretched healthcare workers are more prone to errors, distraction and lapses in judgement.
- iii) **Communication Breakdowns:** Poor communication between professionals, healthcare providers, patients and their families across the health and social care system can lead to misunderstandings, incorrect treatment plans, delays in care, risks such as failures to convey vital clinical information such as allergy, or insufficient compliance with treatment leading to poor clinical response/outcome.
- iv) **Fragmented Care:** Fragmentation of care occurs when patients receive treatment from multiple health care providers and agencies without proper care coordination. This can lead to duplicated tests, breakdown of communication at hand-offs, conflicting medication prescriptions and failures in continuity of care.
- v) **Pressure on Emergency Services:** Overcrowded emergency departments, wards, critical care units and long waiting times can result in delayed treatment for patients in a critical condition. This can lead to worsened health outcomes and potentially avoidable mortality.
- vi) **Pressure on Elective Services:** expanding waiting lists pose a significant risk to safety and quality, especially for those whose ability to function normally deteriorates whilst waiting. This can lead to a poor experience of care and poorer clinical outcomes in some cases.

- vii) **Pressure on Community Services:** a growing population, rising demand for care combined with home-first, lower length of stay in secondary care alongside admission avoidance manifestly shifts a significant workload out of hospital and into primary care. Without the right infrastructure and staffing levels this can overwhelm primary and community care services leading to harms and more dependency on secondary care.
- viii) **Inadequate Resource Allocation:** limited funding and resources can lead to reduced availability of essential medical equipment, reduced maintenance of clinical premises and/or fewer staff than required. Choices taken to balance limited resources in the presence of increasing demand can lead to patients waiting longer for their treatment and their health and chances of recovery deteriorating whilst waiting.
- ix) **Lack of Standardised Protocols:** a lack of knowledge, inability to locate or inconsistent implementation of clinical policies, procedures and guidelines can result in erroneous care, unwarranted variation in the standard of care and can lead to an inability or failure apply clinical evidence as part of treatment plans or processes.
- x) **Technology Implementation Challenges:** While technology can improve healthcare delivery, its improper implementation, use or infiltration (such as penetrating cyber-attack) can lead to errors, data breaches and significant disruptions to care.
- xi) **Medication Safety:** Errors in the supply, prescription (including reconciliation and allergy management), administration, disposal or storage of medicines can lead to patient harm.
- xii) **Patient Engagement and Informed Consent:** Lack of patient involvement in decision-making and inadequate informed consent processes can result in patients receiving treatments they do not fully understand or agree with. This can lead to dissatisfaction, non-compliance and legal issues.
- xiii) **Ageing Population and Complex Care Needs:** An ageing population often comes with multiple co-morbidities, long-term chronic disease and extremely complex care needs. Healthcare systems must adapt to address these challenges to ensure that the system can function to meet the demands placed upon it.
- xiv) **Governance, Regulatory and Oversight Challenges:** Inadequate governance, Board or regulatory oversight and action can lead to substandard care being unchallenged and delivered to people using Manx Care's services. Effective Board oversight, scrutiny and challenge is vital to maintaining high standards, balancing risk, responding to concerns and addressing intolerable situations.

3. Positive Assurance

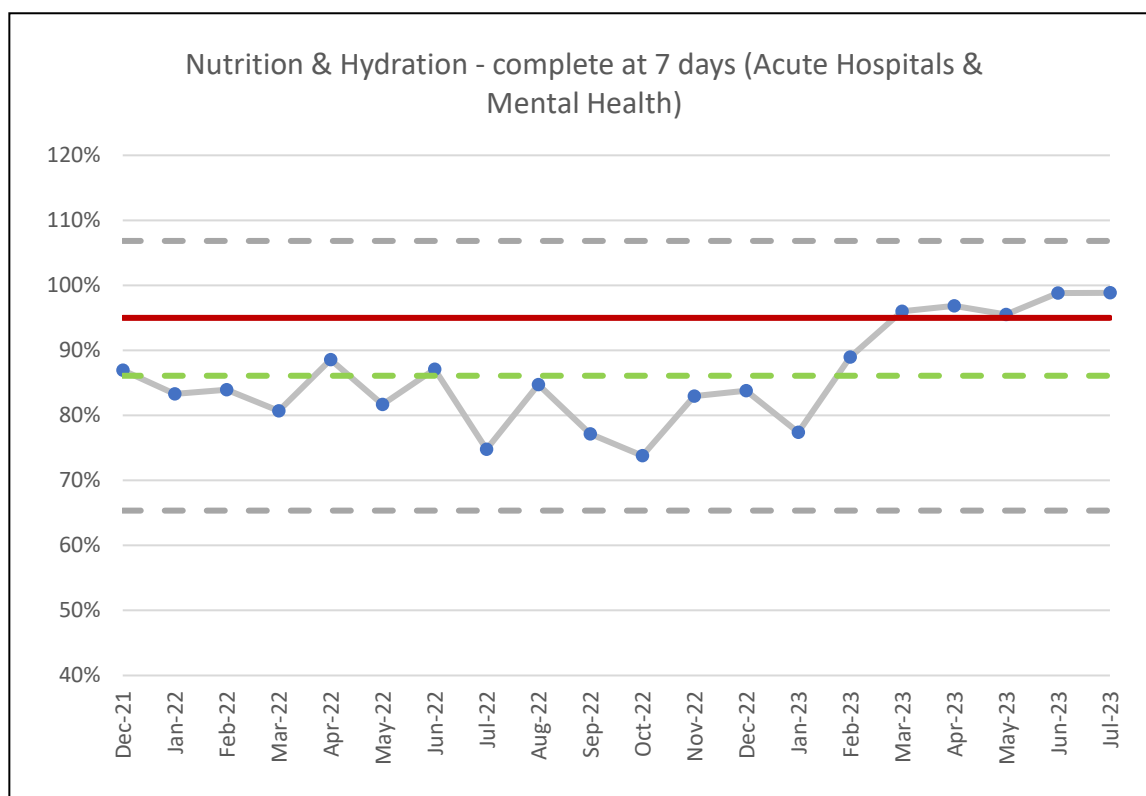
3.1 The Board has put the safety of care as its highest priority. In response, Manx Care has reviewed and rebuilt the arrangements on which the Board depend for quality governance and assurance. Manx Care has responded with energy and commitment to the organisational challenge to help mitigate the risk. Below, whilst not an exhaustive list, we highlight some examples of the positive assurances upon which the Board can be satisfied with the level of control and overall outcomes:

- i) **Recognising and responding to the signs of clinical deterioration in inpatient settings:** It was evident from July 2021 that Manx Care had unsatisfactory compliance with the utilisation of the Modified Early Warning Scoring tool and treatment escalation planning. At this time, compliance to the NEWS2 escalation policy was 30%. Only half of inpatient wards were able to demonstrate compliance with the requirements for vital sign measurement. For the last 18-months there has been a dedicated Task & Finish Group established to improve the standard of vital sign measurement, recording, escalation and response. In spite of staffing challenges, prioritisation of this risk has enabled sustained improvement in the timeliness of vital sign measurement, escalation of deterioration and clinical intervention in response. In addition, there has also been an improvement in the number of patients who are showing the signs of clinical deterioration with an up to date and documented treatment escalation plan in place. This indicates that clinical deterioration has been anticipated by the clinical team with advance planning to manage any change in condition should it arise.



The Quality, Safety and Experience Committee has been reviewing the assurances on Manx Care's ability to detect clinical deterioration and respond. Substantial progress has been made and the Task & Finish Group has concluded, allowing Manx Care to focus on other risks requiring intervention such as discharge letters.

- ii) **Malnutrition Universal Screening Tool (MUST):** The MUST is a five-step screening tool to identify adults who are malnourished or at risk of malnutrition on admission to hospital. It was highlighted in 2022 that Manx Care did not have sufficient reliability in the assessment of nutrition and hydration risk on admission using the MUST. Action was taken through the Senior Nursing Leadership Team to review the standards, nursing procedures and accountability at ward-level to leverage an improvement. Manx Care's standards have been set to a high level with a purpose. Progress was initially slow; however, following significant investment in time and focus, enhanced visibility of clinical leaders and accountability conversations with frontline staff the standard of care has steadily improved. This standard of care is now transitioning towards being classified as high-reliability care, should the level of compliance continue.

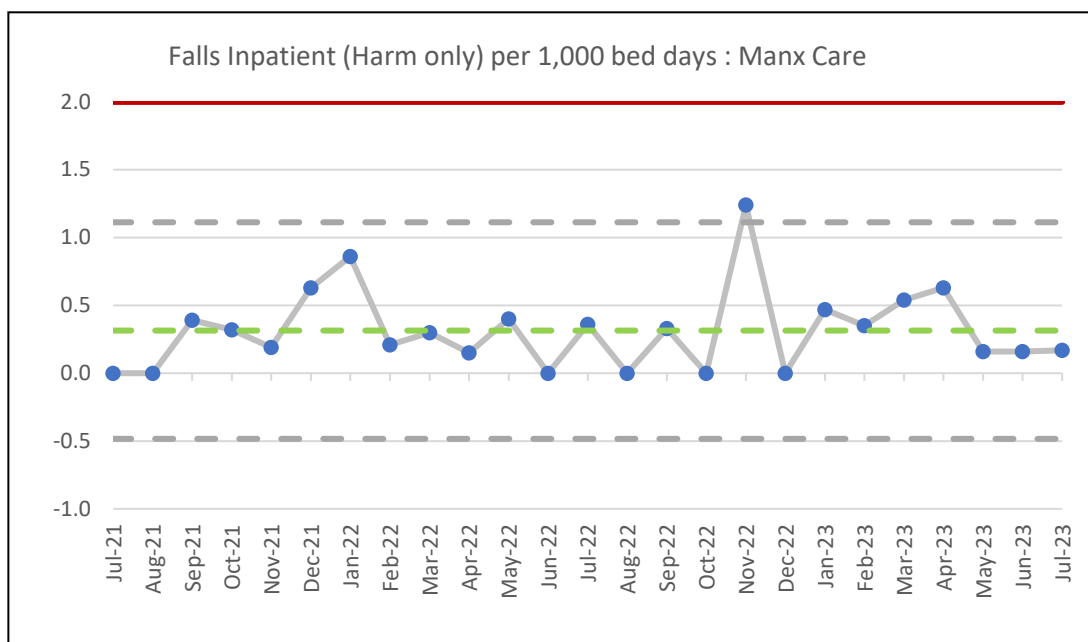


iii) **Managing the risk of harmful falls:** An aging population, increasing frailty, polypharmacy, drug and alcohol use and care dependency combine to intensify the risk of falls at home and in hospital. There is, inherently, a high risk of falls. The management of the risk in hospital includes:

- (a) detailed assessment on admission, discharge or transfer to alternative care venue;
- (b) medicines review and optimisation;
- (c) use of devices such as bedside alarms or sensors;
- (d) decluttering of the clinical environment where care is provided;
- (e) provision of aid such as walking aids, anti-slip socks/footwear, handrails etc;
- (f) maintenance of the clinical environment to eliminate defects in the condition of flooring, manage spillages or other hazards, lighting;
- (g) patient and carer education;
- (h) equipment such as low-profiling beds, safety rails, safety mats, hip protectors; and
- (i) incident analysis.

This forms a large part of the nursing assessment and care plan for each patient, with those deemed higher risk receiving the appropriate intervention and support. In England, it is reported that the rate of falls per 1000 occupied bed days is 6.6/1000, and up to 30% of falls result in physical injury¹. Manx Care has a similar exposure to the prevalence of falls, but a much lower rate of harmful falls per 1000 occupied bed days, indicating Manx Care is exercising a degree of effective control of the interventions designed to reduce harm for people using our services.

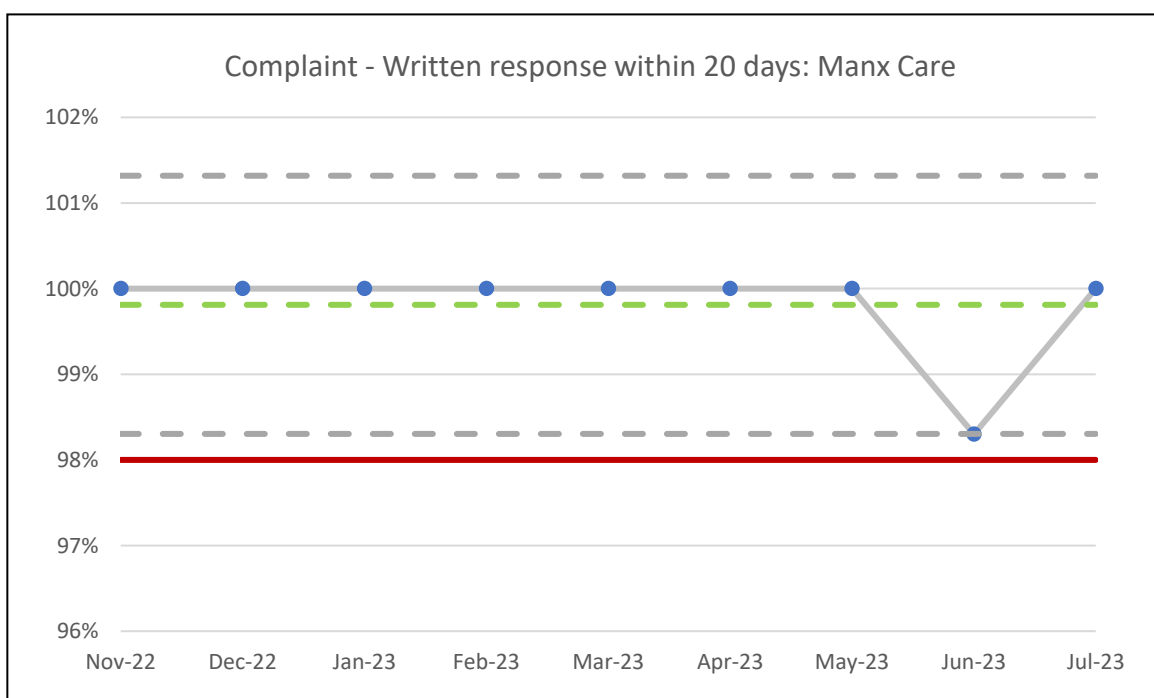
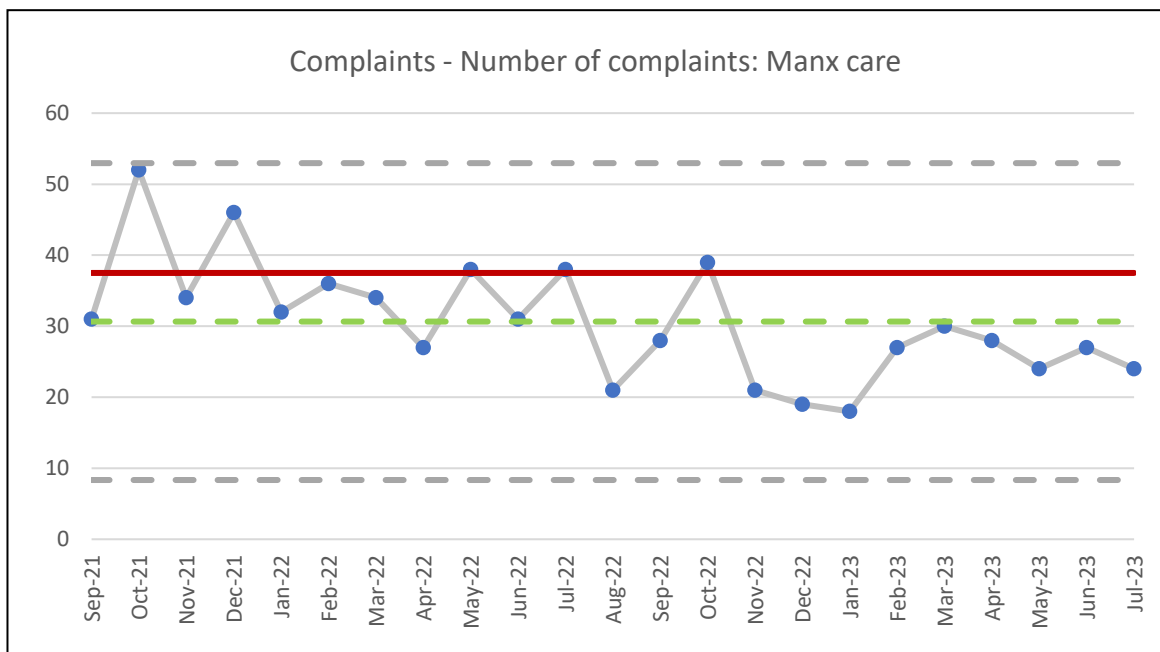
¹ Shepherd D., Clarke E., Hemming K., Martin J., & Lilford R. (2021) An opportunistic evaluation of routine service improvement project to reduce falls in hospital. *BMC Health Services Research* 21:79



- IV) **Exposure to Serious Incidents:** Manx Care acted quickly after its formation to align its procedures for the handling of serious incidents to NHS England's Serious Incident Framework. This was achieved in short order and led to the formation of the Serious Incident Review Group (SIRG). More than 6000 incidents are reported in Datix each year. The SIRG meet weekly to consider new cases that have the potential for crossing the threshold for seriousness, and also to review, discuss learning and sign off completed investigations. In addition, the Quality Safety & Experience Committee, a sub-Committee of the Board of Directors, is in receipt at each formal meeting of all completed serious incident investigations from which it takes assurance that incidents are thoroughly investigated and lessons learned from them. In common with all NHS providers, Manx Care does encounter serious incidents. Whilst incident reporting has remained buoyant, the number of serious incidents has reduced since new incident handling procedures were introduced in 2021 and also following greater scrutiny and review led by the Executive Director of Nursing & Governance as part of the governance arrangements. The Board can take assurance that there is an open reporting culture; that those incidents are assessed for seriousness; that incidents are presented to and discussed at the Serious Incident Review Group; that there is executive-level involvement in the review of serious incidents; and that incidents are investigated and signed off by senior leaders with Executive input.

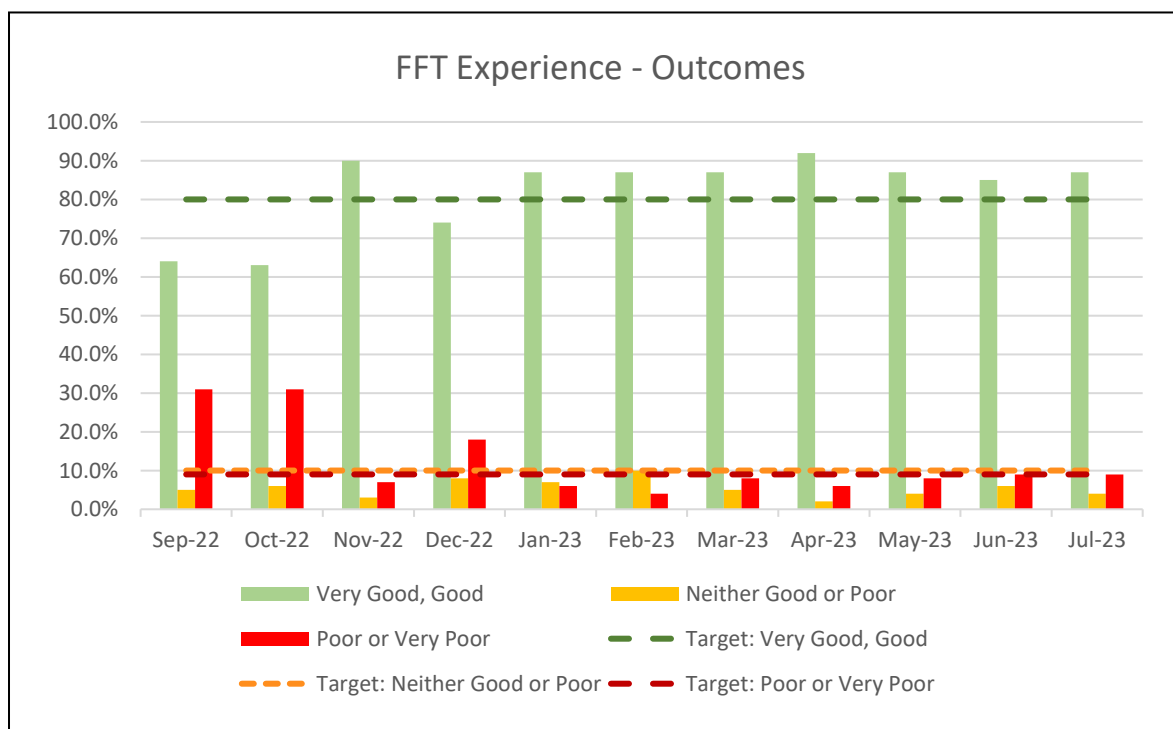
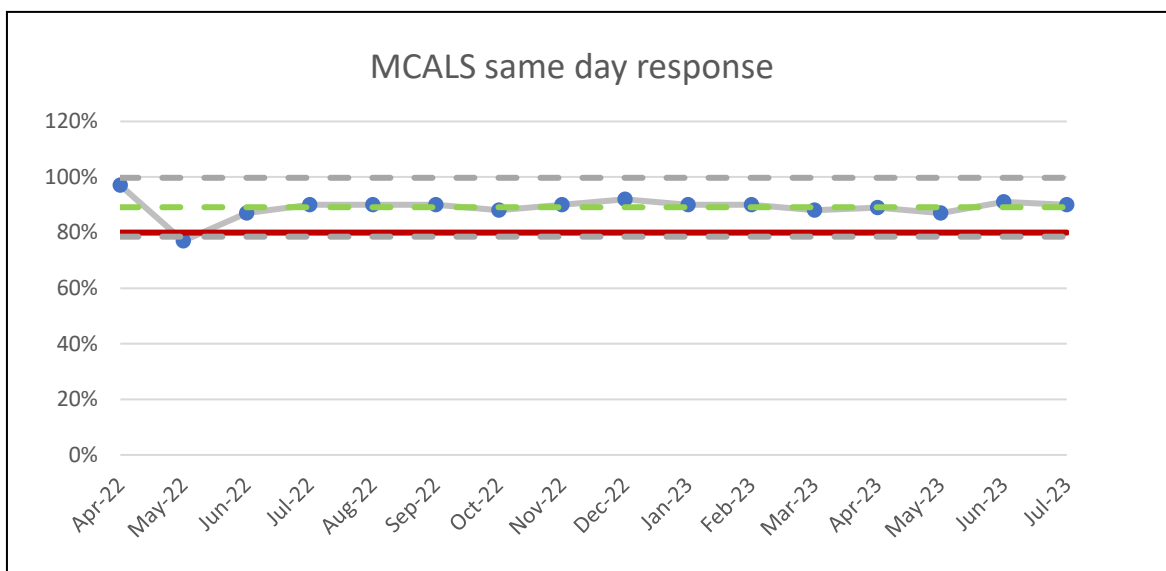
As part of the new serious incident handling procedures referred to above, we introduced the technique of Causal Factor Analysis as a tool to help identify the underlying features of the system of internal control that were cited as a contributory factor in an event. Chief amongst the contributory factors is **communication** (48%), **task factors** (45%), **patient factors** (42%), **working environment factors** (39%) and **education & training factors** (32%). At a more granular level, issues identified include: **Access to/awareness of policies, procedures and guidelines** (45%), **clinical condition of patient** (36%), **staffing levels and skill mix** (30%), **errors of communication** (written and verbal combined 48%), and **competence to undertake duties** (27%) to illustrate some examples.

V) **Complaints Responsiveness:** Manx Care acted quickly to address and resolve a backlog of historical complaints, move to ensure Manx Care is compliant with regulations introduced by DHSC in November 2022 and achieve improvement in response times for those making a complaint. Manx Care values feedback from complaints highly, and is a means of truly understanding service user experience and their needs for improvement. Feedback and engagement from service users has been increased, while complaints at Manx Care have been falling, and responsiveness to those concerns improving²:



² For more information please see Manx Care’s Annual Report of Complaints and Duty of Candour

IV) **MCALS and Service User Feedback:** Manx Care built and established the Patient Advice and Liaison Service with the explicit intention of being able to help people resolve concerns as soon as possible, signpost them to the right person or place for a resolution, and reduce the number of issues that convert to a formal complaint. Significant progress towards that triple aim has been achieved by Manx Care. Use of MCALS by service users is growing, and MCALS consistently achieves a resolution on the day in 90% of concerns raised. In addition, Manx Care introduced the Friends and Family Test to evaluate service user satisfaction during 2022, and in the last seven-consecutive months is consistently achieving good or very good satisfaction ratings above 80%. Whilst there is clearly an improvement opportunity, the Board can be confident there is a high level of service user satisfaction.



- V) **Patient Group Directives (PGDs):** PGDs are written instructions for the supply or administration of prescription only medicines to groups of patients who are not individually identified before they present for treatment. When Manx Care was formed, there were more than 800 PGDs in use – many requiring updating, review and in some cases removal from clinical practice. In the 24-months ended July 2023, Manx Care has successfully reviewed all PGDs, updated many documents, and been more compelling in some circumstances when a prescription only medicine is indicated and in what circumstances it must be used. This has resulted in a considerable consolidation and reduction in the volume of PGDs in operation at Manx Care from in excess of 800, to 172 at the time of report. This significantly improves Manx Care’s ability to exert control over the appropriate use of prescription only medicines where no individual prescription exists, makes much better use of non-medical prescribing rights and privileges, and encourages practitioners to function at the top of their clinical skill set.
- VI) **Risk Management:** The Board will be aware that it inherited a weak and immature risk culture and process at the formation of Manx Care. Substantial work has been implemented to build a framework for risk management, build a risk-aware culture and increase the maturity of practices operating at Manx Care to reduce exposure to risk. Such activities have included, but are not limited to:
- a) the establishment of a Risk Management Committee chaired by the Chief Executive Officer;
 - b) a complete rebuild of the risk registers at care group and executive levels;
 - c) appointment of a Risk Manager;
 - d) delivery of risk management training including a masterclass on risk management and risk appetite;
 - e) detailed review and scrutiny of the Care Group risk registers and control frameworks to ensure risk is kept under prudent control at all times;
 - f) maintained high levels of incident reporting – a strong reporting culture;
 - g) developed and implemented a Risk Management Policy and Procedure aligned to international standards;
 - h) developed and implemented a risk escalation mechanism to ensure intolerable risks are reported and reviewed;
 - i) on the whole met obligations under the Duty of Candour regulation; and
 - j) responded promptly to all safety alerts issued through the NHS Central Alert System.
- VII) **Workforce – Safer Nurse Staffing:** During 2022 Manx Care concluded an extensive review of nurse staffing establishment within inpatient areas after two-rounds of acuity and dependency analysis using safer nursing care tools recommended by the National Institute for Health & Care Excellence. This led to the development of a comprehensive workforce model for each inpatient area and a campaign to eliminate high-cost band 5 agency from the pay bill. A programme of international recruitment was implemented with the explicit aim of appointing substantively to Band 5 positions within the service, displacing high-cost agency spend, improving the consistency and quality of work and therefore improving the quality of patient care. Our international recruitment campaign was a success during 2022/23 and has significantly reduced nursing agency expenditure whilst stabilising staffing levels across the service. As highlighted below, whilst this is a positive assurance upon which the Board can rely, retirement, turnover and vacancy continue to result in a need to focus on safer staffing. Our recruitment requirements have migrated from band-5 generic roles across all services, to more specialised roles such as midwives, oncology nurses, district nurses, mental health nurses, doctors, CAMHS practitioners and AHPs on which we continue to depend upon a temporary workforce to support those services.

4. Negative or Inconclusive Assurance

4.1 Negative or inconclusive assurances help illustrate gaps in control and are of equal importance in the Board Assurance Framework. Awareness of and leadership in addressing those gaps in control is a sign of strength within the governance of an organisation. Manx Care does have challenges in respect of gaps that impede our ability to keep the Board Assurance Risk 1a under prudent control. By way of a synopsis of the primary concerns, we outline below the main gaps in control as follows:

- i) **Safer Staffing Assurances:** As highlighted above, Manx Care carried out a detailed review of the nursing establishment in response to significant safety concerns regarding staffing levels. This led to a programme of international recruitment supported by the release of funds to cover the gaps in rotas over a 2-year period between 2022/23 and also going into 2023/24. This was a success in so far as it is helping to ensure a safer minimum level of staffing on most occasions, reduced but did not eliminate the need for internal redeployment (a source of significant angst amongst staff), and substantially reduced high-cost agency expenditure within Band 5 generic roles.

Most of the time, within the acute sector, Manx Care is able to operate with a staffing level at or just below safe minimums while relying on the use of countermeasures³ (see Table 1 below). However, specific and intractable staffing challenges remain, particularly in those areas where international markets are insufficient to meet our needs. These include midwives, mental health practitioners, children's nurses, paramedics, physiotherapists, and speech & language therapists as well as doctors. A growing cause for concern also include the gaps in Healthcare Support Workers, which appear to be intensifying across Nobles. These gaps represent a day-by-day challenge and continue to require the daily use of operational countermeasures to maintain a service to a safer standard.

³ **Counter-measures** include using high-cost agency, using bank staff, staff redeployment, offering overtime or other payment enhancements, cancelling planned leave, cancelling planned training and development activities, cancelling clinical activity at specific locations, and restricting operational capacity open to better align with available staffing. These counter-measures work to address staffing crises in a reactive way. They are effective, but also have unintended consequences such as: (i) failing to support the workforce adequately; (ii) inability to undertake and complete training that is mandatory or essential to the role; (iii) a loss of discretionary effort; (iv) staff burnout; (v) contributing to expanding waiting lists and unmet clinical need; (vi) compromising compliance in CQC inspections in the safe, responsive and well-led domains; (vii) loss of or inability to regain financial control; and (viii) results in a poor experience of care which could, if not mitigated, lead to a loss of public confidence.

Table 1: Inpatient Nursing Staffing Fill Rates – June 2023 (areas where the fill rate is below 85% of planned hours are highlighted)

Nobles Hospital		Day						Night					
Area	Speciality	Planned RN	Actual RN	Planned HCA	Actual HCA	Percent RN	Percent HCA	Planned RN	Actual RN	Planned HCA	Actual HCA	Percent RN	Percent HCA
Ward 1 (AMU)	Medicine	2023.25	1681.75	1811	1000.5	83.12%	55.25%	1310	1013.75	1320	594	77.39%	45.00%
Ward 6	Medicine	1279	1507.75	1445.5	962.75	117.89%	66.60%	660	734.75	660	637.25	111.33%	96.55%
Ward 7	Stroke Medicine	1402.5	1591.5	776.5	746.5	113.48%	96.14%	1211.5	984	330	286	81.22%	86.67%
Ward 9	Medicine	1508	1533.5	1405	1334	101.69%	94.95%	660	737	660	856	111.67%	129.70%
Ward 18 - CCU	Medicine	1271	982.75	225	129.25	77.32%	57.44%	690	690	345	287.5	100.00%	83.33%
Ward 17 - ITU	Surgery	1857.25	1744.83	425	170	93.95%	40.00%	1200	1162.25	300	170	96.85%	56.67%
ED	Urgent Care	3407	3484.92	801	695	102.29%	86.77%	1720.75	1667.5	600	588.92	96.91%	98.15%
Ward 2	Surgery	1719.5	1560	1420	1157.58	90.72%	81.52%	600	614	742.5	504.75	102.33%	67.98%
Ward 8	Surgery	1808.25	1859.67	1254	1096.5	102.84%	87.44%	590	603.5	590	520.75	102.29%	88.26%
Ward 11	Orthopaedics												
Ward 12	Orthopaedics	1834.5	1374.08	1482	736.75	74.90%	49.71%	994.5	929	874	594	93.41%	67.96%
Ward 4	Gynaecology/Female Surgical	1022.5	1046.25	550.5	502.25	102.32%	91.24%	600	600	300	190	100.00%	63.33%
Ward 3 - Children's	Children & Young People	1807	1387.92	888	679.75	76.81%	76.55%	1035	990	345	80.5	95.65%	23.33%
Ward 10 - JCMW	Maternity	2198	1401	423	340.5	63.74%	80.50%	1200	780	300	180	65.00%	60.00%
Ward 16 - SCBU	Neonates	1545	868.75	N/A	N/A	56.23%	N/A	1035	609.5	N/A	N/A	58.89%	N/A
CCOT	Outreach	1494.5	788.5	N/A	N/A	52.76%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ramsey Cottage Hospital		Day						Night					
Martin Ward	Rehab	1353.5	1387.25	2040.25	1566	102.49%	76.76%	990	949	990	957	95.86%	96.67%
Manannan Court		Day						Night					
Glen Suite	Inpatient Psychiatry	997.5	1104.75	1692.5	1009.5	110.75%	59.65%	322.5	301.75	645	635.75	106.88%	101.45%
Harbour Suite	Inpatient Psychiatry	1402	1279.5	2706.5	2040	91.26%	75.37%	645	645	1290	1288.5	100.00%	100.12%

- ii) **Infection Prevention & Control and Antibiotic Stewardship:** Manx Care has a relatively low exposure to the risk of healthcare associated infections. Recently, particularly in 2023, Manx Care has experienced healthcare associated infections which have caused concern, namely Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia (a blood stream infection), and *Clostridioides difficile* infection (CDI) (a colonic infection).
- a) MRSA is a bacteria that is resistant to many treatments and can cause very serious and life-threatening infections. MRSA can be spread from person to person, and it is estimated that up to 5% of the population are carriers with these bacteria, but don't show any signs of infection. There has been 1 case of MRSA bacteraemia in 2023, the first case in several years. In this case, the lessons for learning are associated with the technique for the collection of blood cultures. In this regard, whilst still early in the improvement cycle, Manx Care has taken action which has reduced the prevalence of blood culture contamination rate as is demonstrated in the Quality & Safety Dashboard.
- b) The *Clostridioides difficile* Infection (CDI) rate within Manx Care increased markedly during the first half of 2023, with four times more cases being diagnosed compared to the previous six months. Similarly, in the UK, 39% more cases were recorded in the first three months of 2023 compared to the first three months of 2019. Whilst recognising that the rise in incidence noted within Manx Care is reflective of the upward trend occurring elsewhere, it is vital that proper evaluation of any potentially contributory or exacerbating factors is conducted. All cases have been re-examined by the Consultant Microbiologist and members of the Infection Prevention & Control Team in an attempt to extract common risk factors, use of antibiotics or other medicines that may be contributory, breaches in current infection prevention and control practices, salient epidemiological or environmental factors to identify further action needed to help control this risk. Our reviews highlighted:
- Patients aged over 65 years are known to have a five- to ten-fold higher risk of developing CDI compared to younger patients. That 70% of the cohort fell within this category was not therefore unexpected.
 - Fourteen patients were hospitalised at the time at which they tested toxin-positive, and these patients were distributed across nine different inpatient wards at the time of testing, demonstrating that there was no single ward on which the increased CDI incidence was focused. Patients were equally distributed between medical and surgical Care Groups. The median length of stay in hospital was 10.5 days. Two patients died (it is believed from causes other than CDI), and the remaining twelve patients were discharged from hospital.
 - The most significant patient-related risk factors for CDI are: antibiotic exposure, age >65 years, associated co-morbidities and hospitalisation. The level of risk to which care home residents are exposed is lower than that seen in hospitalised patients, but greater than that seen in the overall population. Factors contributing to the enhanced level of risk in care home populations include: higher average ages, greater morbidity, more frequent hospitalisation and higher levels of antibiotic consumption.
 - Virtually every antibiotic has been associated with the development of CDI, including those used in its treatment e.g. metronidazole and vancomycin. Broad-spectrum antibiotics are associated with the greatest level of risk. Specifically, this includes clindamycin, cephalosporins, fluoroquinolones and broad-spectrum penicillins in combination with enzyme inhibitors. Whilst patients are taking antibiotics, and in the four weeks following their completion of a course, their risk of developing CDI is enhanced by approximately eight- to ten-fold. In the next two months, the risk falls to approximately three times its baseline level.

- Antibiotic consumption within the hospital was significantly lower in the months under review compared to the previous six months, and the majority of this consumption (67%) consisted of the use of low or medium risk antibiotics.
 - There are currently no mechanisms or resources in place to allow ongoing surveillance of antibiotic consumption in primary care, although this is known to have spiked immediately prior to the months under review due to concerns relating to community spread of Group A Streptococcal disease in December 2022.
 - 75% of cases had recent exposure to antibiotics prior to testing toxin-positive. A thorough review of the case notes revealed that in most cases, antibiotic use was rendered unavoidable by the clinical scenario. In three cases (15%), antibiotic use was considered to be avoidable.
 - Besides antibiotics, many other medications also confer significant risk and have the potential to induce CDI in the absence of antibiotic therapy. These include biguanides (a class of anti-diabetic medications), colchicine (a medicine used to treat gout attacks), cytotoxics (such as those medicines used in chemotherapy), iron preparations, laxatives, magnesium supplements, prokinetics (such as medicines used to promote the passage of ingested material in the gastrointestinal tract), NSAIDs (such as aspirin, ibuprofen, naproxen) and Proton Pump Inhibitors (PPIs, such as Nexium). In seven of the cases reviewed, the patient was prescribed a PPI, and in 5 cases the patient was prescribed laxatives.
 - Contrary to our expectations, we found that only four patients (20%) had had a recent stay either in a hospital or care facility.
 - *Clostridioides difficile* spores survive in the environment for several months. Toilets, clinic furnishings, phones, and medical devices such as thermometers and stethoscopes may all serve as reservoirs for the spores. Furthermore, the spores can be transferred to patients via the hands of healthcare personnel, and it is therefore imperative that good hand hygiene with soap and water and regular vinyl glove use is upheld in order to interrupt transmission. In our review, no clear link between any individual case and any one IPC factor was established.
 - IPC audits demonstrated a satisfactory level of hand and environmental hygiene. The primary issues highlighted by the IPC team were the poor state of some furnishings, bathrooms and mattresses across the organisation.
 - We found that stool charting was incomplete in several cases.
 - Antimicrobial stewardship continues to require improvement to achieve the levels of reliability required.
- c) Manx Care continues to work on achieving better control over the risk of healthcare associated infection, and in response to these recent events is producing a Safety Management Plan that will in due course be submitted to the Quality & Safety Committee for endorsement and ongoing assurance.
- iii) **Mandatory Training:** Manx Care continues to report insufficient levels of compliance with the requirements of the Mandatory Training Policy. This is a long-standing concern complicated by a very large number of 'subjects' being categorised as mandatory, different requirements for those on MPTC and PSC contracts, overwhelming number of hours required to complete assignments, an inability to produce assurance on completion of training, and significant staffing gaps across most services resulting in training taking a lower priority in preference to direct patient care. This requires a radical simplification and rationalisation, led by OHR, yet appears to be an intractable problem, highlighted by CQC as an area for improvement.

- iv) **Participation in national clinical audit programmes:** Manx Care does participate in a small number of National Clinical Audit and Outcome Review Programmes operated by Healthcare Quality Improvement Partnership (HQIP) such as the Sentinel Stroke Audit and our upcoming participation in the Falls & Fragility Fracture Audit. Participation in these programmes help Manx Care to benchmark and improve the standard of clinical practice, reduce unwarranted variation in clinical practice and provide assurance. There are 28 national clinical audit programmes, and five clinical outcome review programmes that Manx Care may be eligible to participate in.
- v) **Vulnerable clinical services:** As highlighted above, Manx Care has a number of clinical services which may be categorised as vulnerable due to shortages of generic or specialised clinical staff or other reasons such as demand. At this point in time, the most vulnerable clinical services challenged by availability of clinical staff are Maternity, Paediatrics, CAMHS, Ambulance Paramedics, Speech & Language Therapy, Mental Health nurses for inpatient Psychiatry, General Practitioners, Anaesthetists and School Nurses.
- vi) **Industrial Action:** Ongoing industrial action represents a significant threat to the quality and safety of care. Whilst every effort is taken to ensure an emergency service by all parties during periods of industrial action, delays and cancellations arising from the compromise can lead to patient's not receiving care timeously, and the standard of care being lower than that we would want to provide due to the limits of derogation imposed by unions.
- vii) **Safeguarding:** Safeguarding vulnerable people from abuse has been the focus of a great deal of work on Manx Care's part. Level 1 assurances demonstrate work being done to build a safeguarding team, deliver a complete set of updated policies and procedures, deliver training to relevant staff, establish the Multi-Agency Safeguarding Hub, provide expert advice and support to frontline teams on a case-by-case basis, developing the organisational response to specific risks such as self-neglect, vulnerable adolescents in pregnancy and others. More than 600 staff have received safeguarding training to help protect vulnerable children – a significant undertaking. Yet, Level-3 assurances, particularly those from Care Quality Commission reports, point to a mixed picture of safeguarding quality and practice. We believe this is valid and expected given Manx Care's overall level of maturity in respect of safeguarding awareness and is taken as the motivational impetus to continue developing safeguarding arrangements to apply best practice standards, regulations and legislation changes.

5. The Residual Risk

5.1 Residual risk is the risk remaining after treatment. We have used as a consequence marker the highest level of consequence on the basis that failures in the safety and quality of care can, in the worst case scenario, lead to serious permanent harm or death of a service user(s). The consequence score is therefore set at 5. The likelihood of severe permanent harm or death is informed by the degree of effective control; thus those material gaps in control and their effect on probability. In our estimation, we consider it possible, given the significance in the gaps in control highlighted – particularly in respect of workforce shortages. We have therefore estimated the probability a 3. Whilst a lot of work has been done and continues to be done to improve the Board's control of safety and quality, the risk remains quite high at 15 within the Board Assurance Framework for Manx Care.

Paul Moore
29/08/2023

Agenda Item 76.23

Board Meeting in Public 5 September 2023

Chair's Report

I would like to formally record my thanks to all our staff, and those who came on island to support our staff through the TT and the Grand Prix.

The non-executives and I were pleased on our last visit to meet with senior medical staff and continue our very important conversation about ensuring our decisions are clinically led. The BMA visited and we were pleased to hear that the Chief Executive had a constructive meeting with the [insert job title of BMA rep from UK].

Staffing and recruitment remain real challenges for us and it is only with the commitment and dedication of our staff that we continue to be able to provide high quality social care and health services.

Manx Care is extremely conscious of the financial situation we are in, and I am grateful to the support from our own finance director and her team as well as the ministerial support we are given from Minister Hooper.

Sarah Pinch
Interim Chair
30 August 2023

COMMITTEE CHAIR'S REPORT TO BOARD



COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee:	Quality, Safety & Engagement Committee
Meeting Date:	25 July 2023
Chair/Report Author:	Tim Bishop

KEY ITEMS DISCUSSED AT THE MEETING

Your Committee received updates on the following matters:

- The Board Assurance Framework, risks 1a and 1b
- Inspections – CQC & OFSTED
- Integrated Performance Report
- Report from the Operational Care Quality Group
- Theatres update
- ENT re-inspection
- Infection Prevention & Control/Antimicrobial Stewardship
- Cancer Outcomes
- Royal College of Paediatrics & Child Health (RCPH) Review
- Mental Health Act Legislation
- Children's Short Breaks Inspection Report
- SI Report
- Mortality

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
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 – Nothing to escalate - overall risk rating remains at 12.	For noting.	
Inspections	CQC – formal reporting against the action plan is commencing with the September Board OFSTED - action plan nearing completion with some actions already implemented. Support from DHSC will be required particularly in respect of enabling teams such as OHR, IT and Comms	For noting.	
Report from the Operational Clinical Quality Group	Key areas of concern are increased number of falls (primarily due to staffing levels and difficulty in being able to provide 1:1 observations) and increased incidence of C Difficile – this is under investigation. Still very good compliance with safety alerts and the WHO surgical checklist	For noting	
Report from the Operational Care Quality Group	Risk around criminal exploitation of young people has been upgraded from moderate to high and a financial management risk has been added in respect of the projected overspend in Social Care.	For noting	

Theatres Update	<ul style="list-style-type: none"> • AfPP accreditation was achieved in 2022 and this year a peer review will take place to provide assurance that standards are being maintained • Next year AfPP will visit again for a further accreditation visit <p>Theatres Update will be moved to an annual report following either the peer or AfPP review, starting in October 2023.</p>	For noting	
ENT re-inspection	It was agreed that external scrutiny will continue to be important however the Committee suggested that rather than a re-inspection by ENT UK, Liverpool Head & Neck Centre be engaged to inspect the service.	For noting	
Infection Prevention and Control (ICP) Antimicrobial Stewardship (AMS)	<p>Increased assurance in relation to the C Diff increase is being sought through;</p> <ul style="list-style-type: none"> • A review of the previous 6 months' CDI RCAs • Review of antimicrobial prescribing • IPC audits across Manx Care (including hand hygiene/mattress) <p>In terms of AMS, consistency has not yet been achieved and there is some fragility around the process. Attempts are being made to gain more clinical understanding and participation in anti-microbial stewardship.</p>	For noting	
Cancer Outcomes	Much work is being carried out on streamlining the reporting process and significant improvements are expected.	For noting	

	It was agreed that an update be brought to QSE in October 2023, to include closer examination of the processes for data collection.		
Royal College of Paediatrics & Child Health (RCPH) Review	The report contained no surprises and its recommendations have been accepted in full; implementation per the action plan is underway. Progress will continue to be reported through QSE.	For noting	
Mental Health Act Legislation	Positive feedback has been received from the Mental Health Commission, based on the last two inspections held in September 2022 and March 2023. Good progress has been made in respect of education and training, and record keeping and regular audits are being completed in terms of compliance with statutory forms. Current areas of focus are: <ul style="list-style-type: none"> • conveyance of patients to Manannan Court • advocacy 		
Children's Short Breaks Inspection Report	There are clear consistencies with the outcomes from the OFSTED inspection and where there is a crossover with the OFSTED report, the action plans will be consolidated. Updates in respect of the OFSTED and short breaks action plans will be brought back to QSE in January 2024.		
SI Report	Although the number of SIs declared in 2023/24 is lower than last year at 4 there is an emerging theme of delay in diagnosis/treatment. This will be investigated and monitored closely.		

Mortality	<p>L1 reviews remain up to date however there is still work to be done around the independence aspect. Mortality Group and clinical governance structure are to be more robustly established with Terms of Reference and reporting to QSE via the Operational Clinical Quality Group.</p> <p>A further report will be brought to QSE in October 2023.</p>		
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COMMITTEE CHAIR'S REPORT TO BOARD



COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee:	Integrated Care Partnership Committee – Wider Stakeholder meeting
Meeting Date:	25 July 2023
Chair/Report Author:	Tim Bishop

KEY ITEMS DISCUSSED AT THE MEETING OF THE COMMITTEE

Your Committee received updates on the following matters:

- Monthly reporting
- Community Frailty Deep Dive
- 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
Monthly reporting	Wellbeing Partnerships/LAC – Western & Southern Partnerships fully established.	For noting	

	<p>Northern Partnership accepting referrals and a weekly drop-in at Ramsey Town Hall has commenced. Partnership working with PCN/Northern Wellbeing Partnership and Ramsey Group Practice is working</p> <p>Community Frailty – see deep dive below</p> <p>Palliative & End of Life – Formal reporting has not yet commenced. Hospice and Manx Care continue to strengthen their partnership</p> <p>Intermediate Care – funding stream is in place and implementation phase will be in place for next six months. Soft launch planned for end of November 2023</p> <p>Primary Care at Scale – Manx Care proceeding with appointment of Project Manager and administration support pending approval of Transformation business case. Concerns remain around quantifying saving in Secondary Care</p>		
Community Frailty Deep Dive	<p>Work continues in respect of:</p> <ul style="list-style-type: none"> • Care home assessment and response • Building partnership around frailty through Wellbeing Partnerships • Community Frailty Clinics • Treatment escalation plans <p>Challenges remain around fragmentation - need to ensure vision and priorities are clear and communicated between managers and services.</p> <p>Communication with Primary Care is key.</p>	For noting	

FINANCE, PERFORMANCE & COMMISSIONING COMMITTEE CHAIR'S REPORT TO BOARD



COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee:	FINANCE, PERFORMANCE & COMMISSIONING COMMITTEE
Meeting Date:	26 July 2023
Chair/Report Author:	Nigel Wood

KEY ITEMS DISCUSSED AT THE MEETING

- Pay awards
- Integrated Performance Report ('IPR')
- 24/25 Budget Submission
- R&R Phase 3
- Finance Update
- June Management Accounts

The minutes from the Business Case Review Group meeting held on 7 June 2023 were noted.

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

Issue	Committee concern	Action required	Timescale
24/25 Funding Strategy	If option 1 were to be awarded there would be severe consequences for the quality of services that could be provided.	For escalation to the Board.	05.09.23
June Management Accounts	The full year forecast remained an overspend of £27.2m which is the same as reported last month. £4.9m of this is expected to be approved from the DHSC reserve fund reducing	For escalation to the Board.	05.09.23

	this to £22.2m. This remains a concern to the Committee.		
ASSURE (Detail here any areas of assurance that the Committee has received)		Action	Timescale
R&R Phase 3	The business cases would be merged into 1 business case as requested by DHSC	For noting.	
Integrated Performance Report	The timing of the production of the report meant that there may be some months where it could not be scrutinised by FP&C and would come directly to Board.		
Future Meeting Focus	The committee discussed how future meetings could be structured and sought input from the board as to any areas that it would like the committee to focus on to provide any additional assurance.		

DIGITAL AND INFORMATICS COMMITTEE CHAIR'S REPORT TO BOARD

11 July 2023

MS Teams

10.00AM – 12.04pm



COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee:	DIGITAL AND INFORMATICS COMMITTEE
Meeting Date:	11 July 2023
Chair/Report Author:	Katie Kapernaros

KEY ITEMS DISCUSSED AT THE MEETING

Your Committee received comprehensive papers covering:

1. Committee Effectiveness
2. Business Intelligence and Data Quality Group
3. GTS Shared Performance
4. Manx Care Record Advisory Board
5. Information Governance
6. Clinical Informatics
7. Live Systems
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)

Issue	Committee concern	Action required	Timescale
Manx Care Record Advisory Board	The Board had not met since January 2023 and no decisions have yet been received from SACIC around how much funding likely to be available.		

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

Issue	Assurance Received	Action	Timescale
Committee Effectiveness	Review for 2023 complete and signed off	For noting	

GTS Shared Service Performance	2P1s out of SLA in the period, both dependent on third party input for resolution.	For noting	
Business Intelligence, Clinical Coding & Data Quality Group	<p>Good progress still being made in respect of data sets.</p> <p>Data warehouse development work has been paused to allow consideration of IG and DPISA implications</p> <p>Data Quality Working Group has been established and the Terms of Reference were tabled for information.</p>	For noting	
Information Governance	<p>The draft minutes of the Information Governance Advisory Board meeting held on 29 June 2023 were received.</p> <p>Manx Care has achieved everything required of it in the ICO remediation plan and the penalty notice has been cancelled. A change in approach to ICO requirements has been approved and there will be pushback from Manx Care if appropriate.</p> <p>KPMG will be carrying out a follow up review commissioned by Transformation.</p> <p>Agreement has been reached with the IOM Constabulary regarding limitation of access to medical records for the purpose of criminal investigation.</p> <p>Similarly, a process has been agreed for sharing information with MHKs in relation to constituent issues.</p>	For noting	

	Replacement of Manx Care core systems Plan B continues in parallel to the Manx Care Record application for funding to SACIC.		
Clinical Informatics Update	<p>The first paper of its kind was received by the Committee.</p> <p>First draft of the high level spec for the Manx Care Record is out for review and comment after which it will be brought back to D&I.</p> <p>Training material to go out via comms regarding the Caldicott Guardian function and a generic inbox has been set up for queries.</p>	For noting	
Live Systems Update	<p>The first paper of its kind was received by the Committee.</p> <p>Future updates will focus on key projects underway.</p>	For noting	
BCS In-flight projects	No concerns from a patient safety perspective	For noting	

Integrated Performance Report

Jul-23

Version: Final v.1



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

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Integrated Performance Report (IPR) development

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

The development of the IPR is an iterative process 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. Recent developments/amendments to the report include:

• Key Performance Indicators (KPIs)

PIMS continue to work with the Care Group leads within Manx Care, and the DHSC to review the KPIs and operational metrics and standards that are currently being used to monitor and manage the organisation's performance. This is to ensure that they are aligned with the requirements of Manx Care's Required Operating Plan, the DHSC's Mandate to Manx Care and 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. A number of additional metrics are now included in the report, including: Pressure Ulcer incidence (Grade 2+), Mental Health average length of stay (ALOS) by service user category, Children participating in their Social Care reviews, and Ambulance Turnaround Times.

• Integrated Care Women Children & Families Performance metrics

A number of the key performance indicators (KPIs) and supporting metrics regarding the services delivered by the Integrated Care Women Children & Families team are being integrated into the IPR. As such, the Effective and Responsive sections of the report now contain performance reporting against such areas as Maternity, Paediatrics and the Neonatal Unit (NNU). This development work is ongoing, and work is underway to expand the scope of reporting to include safeguarding and the community paediatric and sexual health teams. A programme of work to review the care group's Demand & Capacity and theatre planning requirements is also underway.

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

Introduction - 2

Data Validation and Automation

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

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

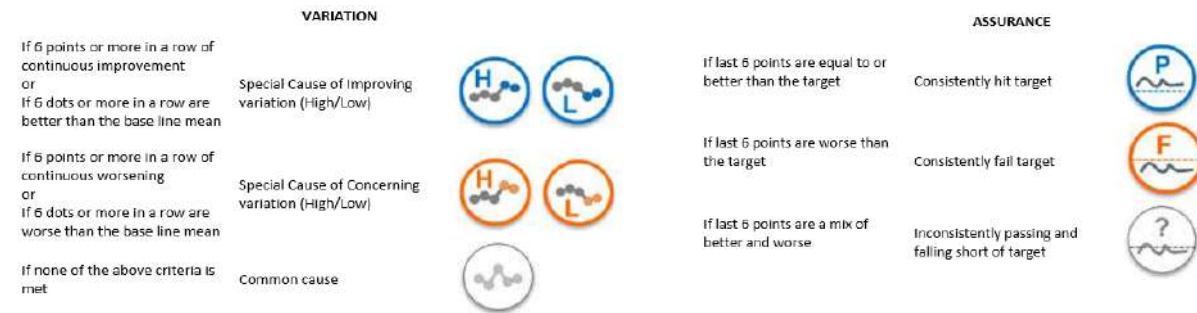
- Data automated and validated.
- Data collated manually or automated data still being validated by service area.
- Data currently unavailable or validation in initial stages only

In this context 'Validation' means that the input, methodology/calculation and outputs for a given metric have been checked by both the Business Intelligence Team and Care Group leads and confirmed to be in accordance with the corresponding technical specification for that KPI. This is to ensure that the performance for that item is being measured and reported accurately. However, it is possible that unforeseen data quality issues may exist within the validated data. Manx Care has therefore implemented a Data Quality Working Group that will pro-actively look to identify and address any matters of quality or integrity within the data used for operational and reporting purposes.

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.

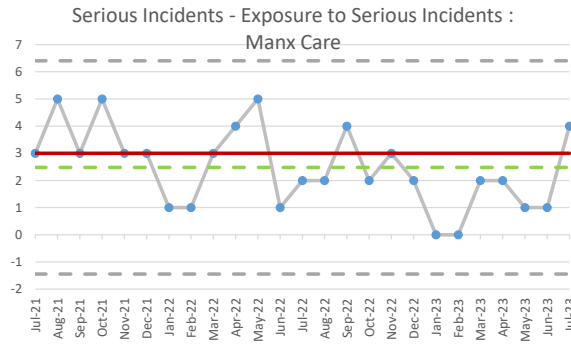
Work to identify appropriate peer organisations and metrics to benchmark Manx Care's performance against is ongoing, and currently many of the benchmark figures within this report use Manx Care's 2022/23 performance as a baseline. Details of the benchmark methodologies applied for each KPI and metric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

Executive Summary

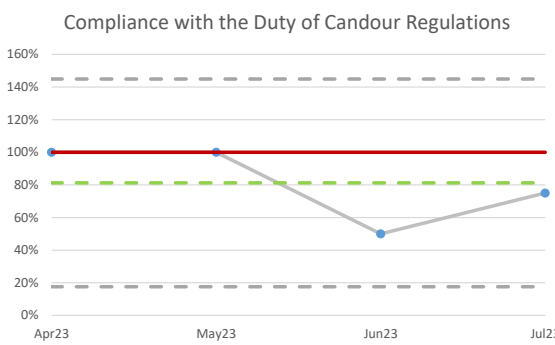
	Going Well	Cause for Concern
Safe	<ul style="list-style-type: none"> • 24-consecutive months without a Never Event. • Zero Medication Error with harm across Manx Care in July. • Numbers of Falls that resulted in Harm remain low and within the expected threshold. • Positive achievement against Safety Thermometer for Adults, Maternity and Children . • Compliance of hand hygiene was met this month. • Performance of VTE prophylaxis has gone up to 100%. However VTE risk assessment within 12 hours still below the target at 87.3%. • There was no cases of MRSA in July. 	<ul style="list-style-type: none"> • A total of 4 incidents were declared at SIRG as meeting the SI criteria in July. • There have been 10 cases of E.coli in July. Nine cases were community associated and one case was hospital associated. In five of the community cases the source of infection was urine (three of these cases had a urinary catheter in situ). Other sources of infection were biliary, cellulitis, renal and pneumonia. In the Hospital associated case the potential source was bowel obstruction. • CDI cases are higher than the target of two cases per month for the fourth month in a row. Three cases were community associated and risk factors included alcohol misuse, antibiotic prescribing, age, underlying conditions and the taking of proton pump inhibitors which reduces stomach acid. The risk factors in the hospital associated case (Mannanan Court) includes the use of antibiotics within the preceding three months. • 48-72 hr senior medical review of antibiotic prescription remains below threshold at 70%.
Effective	<ul style="list-style-type: none"> • 98% of Learning from Death reviews were completed within timescale which exceeds the target for the sixth month in a row. • The Crisis Team continues to meet the 1 hour response time threshold for Emergency Department referrals. • Nutrition & Hydration: 98.8% across all inpatient areas was completed at 7 days, and that's above target of 95% for the fourth month in a row in the reporting year. • 100% of Looked After Children reviews were completed within timescales. • Adult Social Care re-referrals rates remain within expected levels. 	<ul style="list-style-type: none"> • Access to surgical bed base continues to challenge theatre efficiency and utilisation. • Consultant anaesthetic staffing and theatre staffing position remains a challenge and will do for some time. • 55% of Complex needs reviews were held within the timescales in July.
Caring	<ul style="list-style-type: none"> • Manx Care has consistently met gender appropriate accommodation standards in the year to date. • MCALS is responding to a high proportion of queries within the same day (90%). • Service user satisfaction remained high for the seventh consecutive month: 87% of service users rated their experience as 'Very Good' or 'Good' using the Friends & Family Test in month. • 24 complaints logged, slightly decreased and remains below target. • Overall Manx Care compliance of complaints acknowledged within 5 days in July is 100%. 	
Responsive	<ul style="list-style-type: none"> • Inpatient and Daycase waiting list numbers and waiting times remain at lower levels as a result of the Restoration & Recovery activity for Orthopaedics, Ophthalmology and general surgical specialties. • The 6 hour Average Total Time in Emergency Department standard continues to be achieved. • A good performance was maintained in Ambulance service for Category 2 - 5 response times. • Mental Health caseloads remain within expected levels. 	<ul style="list-style-type: none"> • Outpatients waiting list has slightly increased in July. • 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. • The ED Performance against the 4 hour standard remains below the required target at 71.5%. • Emergency care demand remains high and the Emergency Department (ED) footprint does not meet the needs of the service (e.g. no CDU). Staffing has also impacted on KPI delivery but recruitment to all grades of doctor within ED and nurses is ongoing. • There were 36 12-Hour Trolley Waits, comparing to 12 in the previous month. • Demand for the Ambulance service increased in July, and Category 1 Ambulance response times (mean, at 90th percentile) still above threshold. • Access to routine diagnostics within 6 weeks and 26 weeks remains challenging due to increasing demand exceeding current capacity. • There were 12 breaches of the 60 minute handover time in June. This represents a 58% decrease in breaches against the previous month (19 in June). • Cancer Two Week Wait performance remains outside of the expected threshold. • The ED reached the level 4 of the highest Operational Pressures Escalation Level (OPEL) in July for 0.5 day.
Well Led (People)	<ul style="list-style-type: none"> • Manx Care continue to see positive engagement from staff across Manx Care in relation to GDPR responsibilities. The willingness of Manx Care staff to engage demonstrates their commitment to handling data safely and correctly. • Manx Care is currently reviewing its Joint Processing Agreements, Data Sharing Agreements and Data Processing Agreements with the aim of producing a library of standard templates across the organisation. The process of review and template production is estimated to take two months. As current agreements reach their renewal / review dates wherever possible the new template formats will be used. 	<ul style="list-style-type: none"> • There were 11 Data Breaches in July. • As reported previously the number of Subject Access Requests and Freedom of Information Requests continues to show an upward trend and meeting the legal timeframes for responses continues to be challenging. At the end of June there were 20 Subject Access Requests overdue for response, at the end of July this had increased to 29 but fewer of the DSARs released in the month were outside of their target time which demonstrate the efforts being made to meet our obligations.
Well Led (Finance)		<ul style="list-style-type: none"> • The full year forecast is an overspend of (£27.2m) which is the same as reported last month. £4.9m of this is expected to be approved from the DHSC reserve fund reducing this to (£22.2m). • YTD Total staff costs are 0.9m over budget.

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	Jul-23		4	2	8	< 36 PA			SA013		Harm Free Care Score (Safety Thermometer) - Adult	Jul-23		98%	97%	-	95%		
SA002		Duty of Candour Letter sent within 10 days of the application	Jul-23		75%	70%	-	80%			SA014		Harm Free Care Score (Safety Thermometer) - Maternity	Jul-23		100%	100%	-	95%		
SA018		Compliance with the Duty of Candour Regulations	Jul-23		75%	81%	-	100%			SA015		Harm Free Care Score (Safety Thermometer) - Children	Jul-23		96%	93%	-	95%		
SA003		% Eligible patients having VTE risk assessment within 12 hours of decision to admit	Jul-23		87%	88%	-	95%			SA016		Hand Hygiene Compliance	Jul-23		97%	98%	-	96%		
SA004		% Adult Patients (within general hospital) with VTE prophylaxis prescribed	Jul-23		100%	96%	-	95%			SA017		48-72 hr review of antibiotic prescription complete	Jul-23		70%	75%	-	>= 98%		
SA005		Never Events	Jul-23		0	0	0	0			SA019		Pressure Ulcers - Total incidence - Grade 2 and above	Jul-23		24	18	47	<= 17 (204 PA)		
SA006		Inpatient Health Service Falls (with Harm) per 1,000 occupied bed days reported on Datix	Jul-23		0.2	0.3	-	< 2													
SA007		Clostridium Difficile - Total number of acquired infections	Jul-23		4	4	16	< 30 PA													
SA008		MRSA - Total number of acquired infections	Jul-23		0	0	1	0													
SA009		E-Coli - Total number of acquired infections	Jul-23		10	7	29	< 72 PA													
SA010		No. confirmed cases of Klebsiella spp	Jul-23	-	2	2	6	-													
SA011		No. confirmed cases of Pseudomonas aeruginosa	Jul-23	-	1	0	1	-													
SA012		Exposure to medication incidents resulting in harm	Jul-23		0	1	2	< 25 PA													

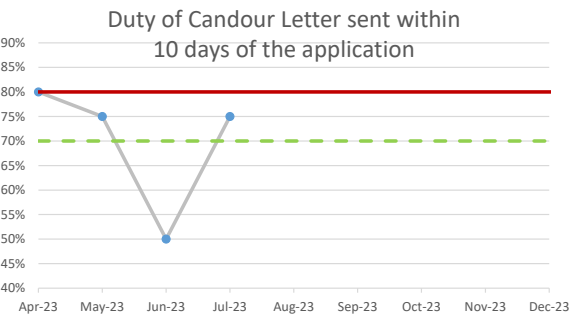
Safe **Serious Incidents** **Executive Lead** **Paul Moore** **Lead** **Paul Hurst; Sue Davis**



Reporting Date	Performance	Op. plan #
Jul-23	4	QC1
Threshold	YTD Mean	Benchmark
< 36 PA	2	2
(Lower value represents better performance)		
- Variation Description Common cause		
- Assurance Description Inconsistently passing and falling short of target		



Reporting Date	Performance	Op. plan #
Jul-23	75.0%	QC112
Threshold	YTD Mean	Benchmark
100.0%	81.3%	81.3%
(Higher value represents better performance)		
+ Variation Description Common cause		
+ Assurance Description Inconsistently passing and falling short of target		



Reporting Date	Performance	Op. plan #
Jul-23	75.0%	QC112
Threshold	YTD Mean	Benchmark
80%	70.0%	70.00%
(Higher value represents better performance)		
+ Variation Description Common cause		
- Assurance Description Inconsistently passing and falling short of target		

Issues / Performance Summary

Serious Incidents:

- A total of 4 incidents were declared at SIRG as meeting the SI criteria in July as follows:
 - Surgery, Theatres, Critical Care & Anaesthetics x3
 - Integrated Cancer & Diagnostic Services x 1

Letter has been sent in accordance with Duty of Candour Regulations :

- There are several incident records which initially indicated that the DoC had been assessed as applying; however, following review it was clear the criteria for applying the DoC had not been met and so it was the 'spirit of candour' that had been applied. The incidents to which the DoC applied that fell within the scope of the reporting period in July was 4. Application of the DoC was delayed in respect of 1 incident.

Planned / Mitigation Actions

Serious Incidents:

- All incidents declared as SIs at SIRG have been entered on to the SI Tracker and are subject to monitoring and full investigation.

Letter has been sent in accordance with Duty of Candour Regulations :

- A session was delivered at Manx Care's bi-monthly Safety Summit to promote the requirements of the DoC and particular highlight the importance of letters when the DoC is applied. This messaging will also be followed up via Manx Care's quarterly Safety & Learning Bulletin. Follow up with Community to ensure that incidents relating to Manx Care services are appropriately allocated so that the staff responsible for actioning are made aware.

Assurance / Recovery Trajectory

Serious Incidents:

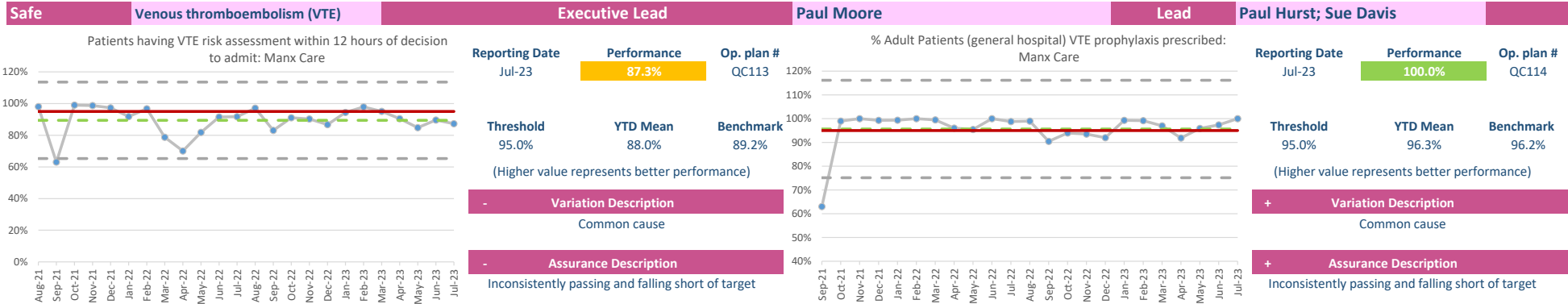
- 8 incidents have been declared as meeting the SI criteria YTD and this is within the end of year target of less than 36. At the same point in time in 2022/2023 15 SIs had been declared, representing a significant decrease, yet incident reporting remains strong.

Letter has been sent in accordance with Duty of Candour Regulations :

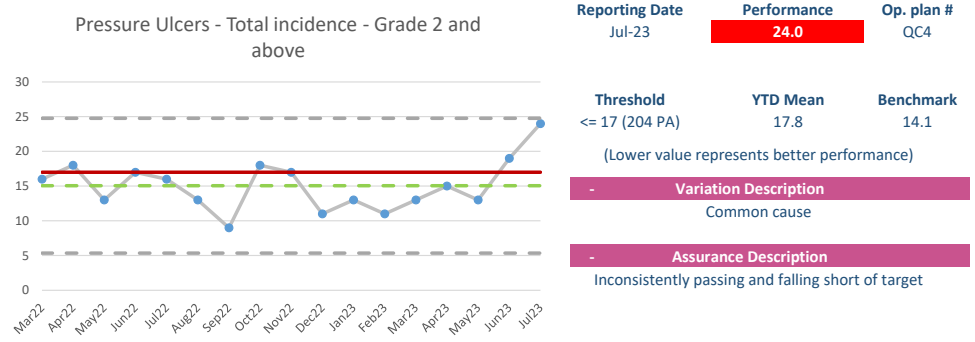
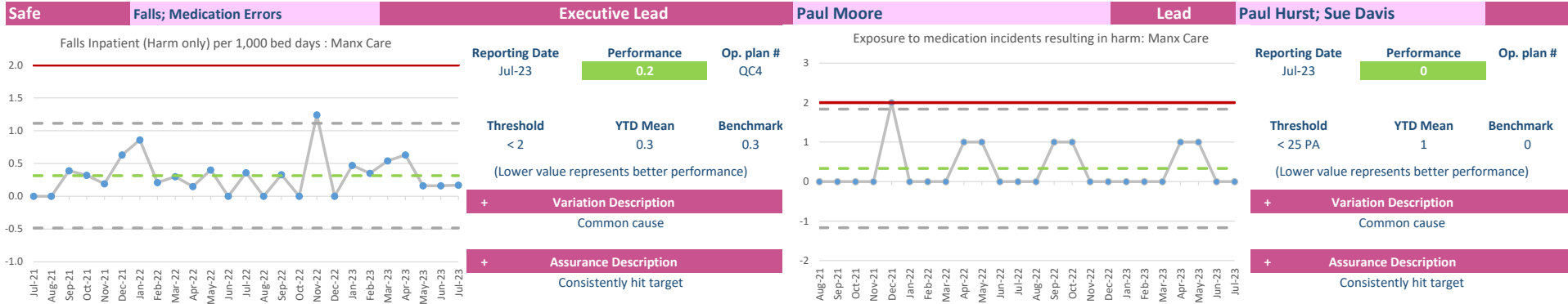
Letter has been sent in accordance with Duty of Candour Regulations :

- The level of understanding of the requirements of the DoC requires ongoing attention. Changes have been applied to the incident module in Datix during July making the system more intuitive for the reviewer, whilst at the same time enabling the CQS Team to closely monitor performance until staff are sufficiently upskilled.

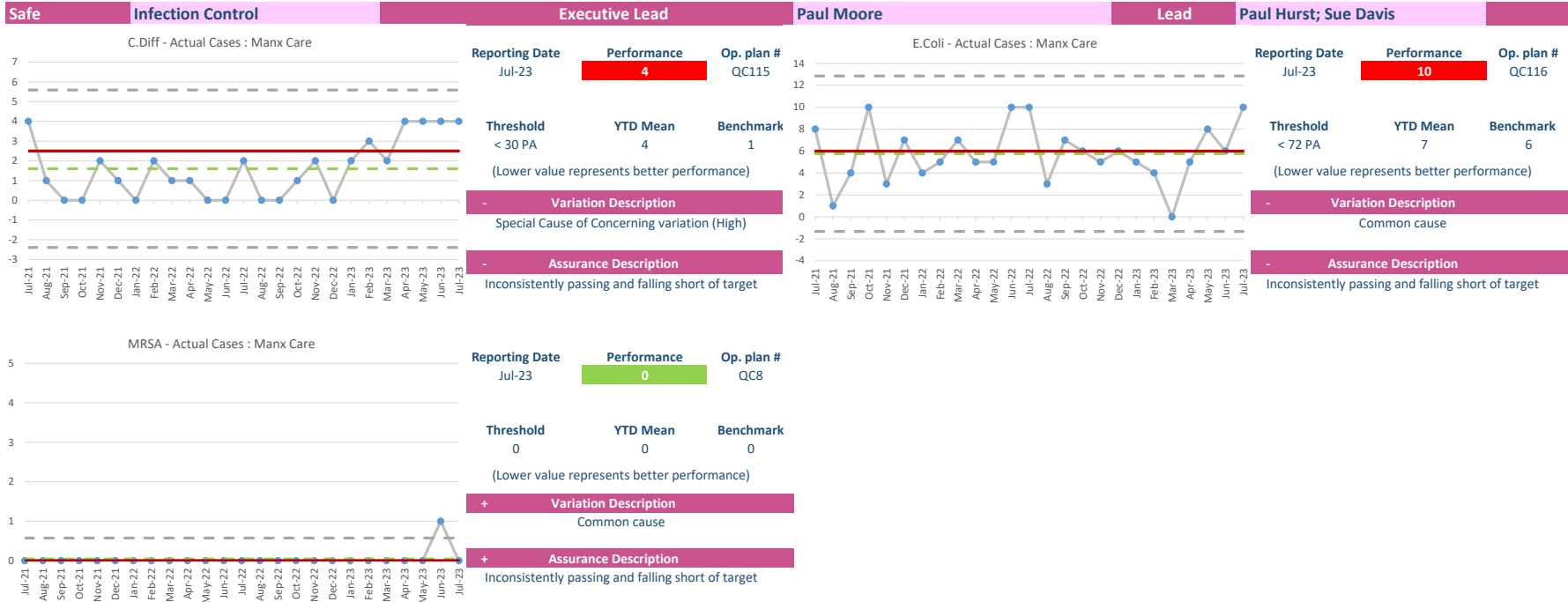
Note - Benchmarks are the Manx Care monthly averages for 2022/23.



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>VTE risk assessment within 12 hours:</p> <ul style="list-style-type: none"> VTE completion was 87.3% which is under the target of 95%. This is the fourth consecutive month that the target has been missed and the tenth time over the last year. Previous drops in Women and Children's have been addressed with 100% completion posted for July. However, consistency has been difficult to achieve. One issue noted on Ward 7 this month was the absence of a VTE risk assessment in the stroke bundle which appears to be an oversight. However, all of those without the assessment were already on prophylaxis. <p>VTE Prophylaxis:</p> <ul style="list-style-type: none"> 100% of patients across adult inpatient wards had prophylaxis prescribed where appropriate. 	<p>VTE risk assessment within 12 hours:</p> <ul style="list-style-type: none"> Issues are being fed back to the individual areas. The Ward 7 documentation issue was fed back to the senior sister at the time and this is being addressed. The score exaggerates the risk slightly, but this will be looked at closely next month to ensure that documentation changes are made where necessary. <p>VTE Prophylaxis:</p> <ul style="list-style-type: none"> To continue to monitor performance going forward. 	<p>VTE risk assessment within 12 hours:</p> <ul style="list-style-type: none"> This target required ongoing focus and showed some improvement in February and March 2023; however, since April a decline in performance has been demonstrated which is being raised with the care groups at their governance meetings and subject to further scrutiny at OCQG. <p>VTE Prophylaxis:</p> <ul style="list-style-type: none"> This target requires ongoing focus but is on an upward trajectory overall since the beginning of monitoring and reporting. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

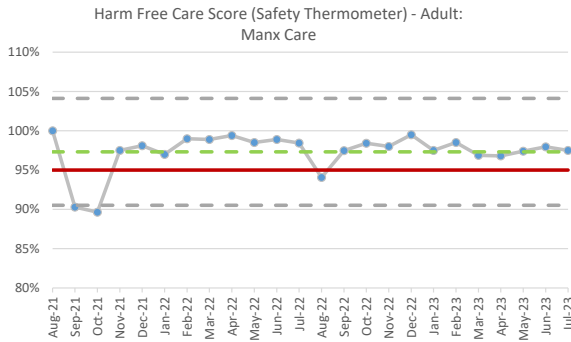


Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Falls (with Harm):</p> <ul style="list-style-type: none"> The number of falls with harm remains low and continues to sit below the benchmark. There was one fall with harm during July. This occurred on Ward 6 and the Duty of Candour was applied. <p>Medication Errors (with Harm):</p> <ul style="list-style-type: none"> Zero errors with harm reported across Manx Care in July. 	<p>Falls (with Harm):</p> <ul style="list-style-type: none"> Close review of falls with harm is being undertaken to ensure that high quality risk assessment and robust mitigations are being put in place. <p>Medication Errors (with Harm):</p> <ul style="list-style-type: none"> Exposure to harm from medication errors remains low. Continue high vigilance and monitoring to ensure continued low exposure. 	<p>Falls (with Harm):</p> <ul style="list-style-type: none"> Prior to July, there has been a seven month trend of falls above the target and if this was to continue then one could reasonably expect the cases of harm to increase. <p>Medication Errors (with Harm):</p> <ul style="list-style-type: none"> Reasonable assurance that errors leading to harm will remain low. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

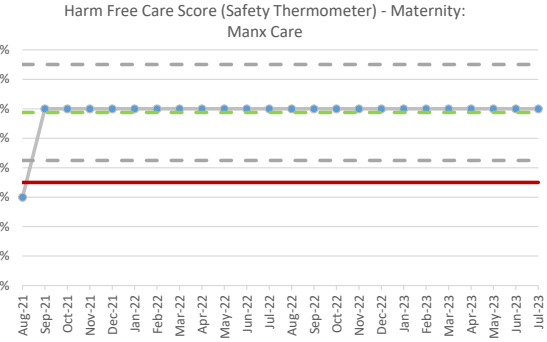


Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>C.Diff:</p> <ul style="list-style-type: none"> CDI cases are higher than the target of two cases per month for the fourth consecutive month, There have been four cases. Three cases were community associated and risk factors included alcohol misuse, antibiotic prescribing, age, underlying conditions and the taking of proton pump inhibitors which reduces stomach acid. The risk factors in the hospital associated case (Mannanan Court) includes the use of antibiotics within the preceding three months. <p>E.Coli:</p> <ul style="list-style-type: none"> There were ten cases in July. Nine cases were community associated and one case was hospital associated. In five of the community cases the source of infection was urine (three of these cases had a urinary catheter in situ). Other sources of infection were biliary, cellulitis, renal and pneumonia. In the Hospital associated case the potential source was bowel obstruction. <p>MRSA:</p> <ul style="list-style-type: none"> There were no cases this month. <p>Pseudomonas aeruginosa:</p> <ul style="list-style-type: none"> There has been one case in July this was community associated and the source of infection is urine no urinary catheter in situ. 	<p>C.Diff:</p> <ul style="list-style-type: none"> RCAs are undertaken in all CDI cases. To continue to identify any new cases via the ICNet surveillance system and escalate to DIPC, Lead Nurse and Consultant Microbiologist. A CDI review will be taking place on the 4th July to review antimicrobial stewardship (hospital and community), cleaning, decontamination of patient equipment and hand hygiene. <p>E.Coli:</p> <ul style="list-style-type: none"> To continue to undertake surveillance. RCAs to be undertaken in all hospital associated cases. <p>MRSA:</p> <ul style="list-style-type: none"> To continue to monitor and undertake surveillance. <p>Pseudomonas aeruginosa:</p> <ul style="list-style-type: none"> Surveillance continues to monitor and identify any commonality 	<p>C.Diff:</p> <ul style="list-style-type: none"> There is no evidence that the hospital or associated cases are connected. <p>E.Coli:</p> <ul style="list-style-type: none"> There is no national target set. Surveillance continues to monitor and identify any commonality between cases. <p>MRSA:</p> <ul style="list-style-type: none"> One case has been reported this year. Surveillance systems will provide early detection and isolation of any cases. Post Infection Review is undertaken in all cases. <p>Pseudomonas aeruginosa:</p> <ul style="list-style-type: none"> There is no national target set. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

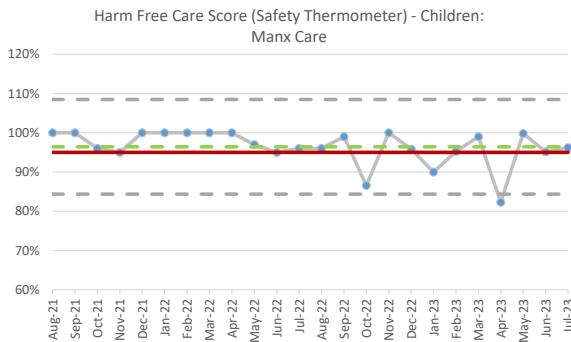
Safe **Safety Thermometer** **Executive Lead** **Paul Moore** **Lead** **Paul Hurst; Sue Davis**



Reporting Date	Performance	Op. plan #
Jul-23	97.5%	QC119
Threshold	YTD Mean	Benchmark
95.0%	97.4%	98.0%
(Higher value represents better performance)		
- Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		



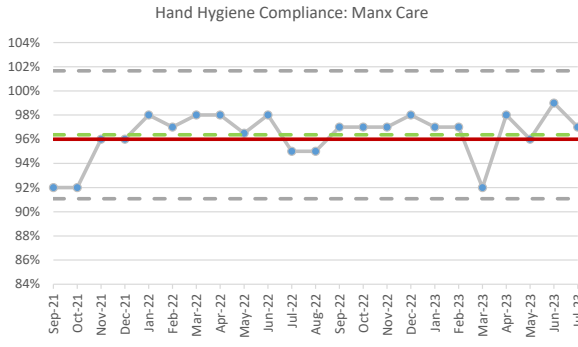
Reporting Date	Performance	Op. plan #
Jul-23	100.0%	QC120
Threshold	YTD Mean	Benchmark
95.0%	100.0%	100.0%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		



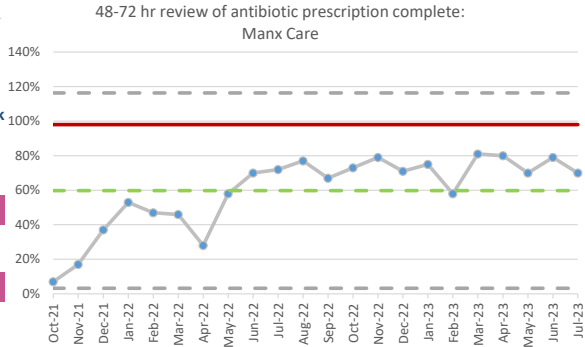
Reporting Date	Performance	Op. plan #
Jul-23	96.2%	QC121
Threshold	YTD Mean	Benchmark
95.0%	93.4%	95.8%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Adult:</p> <ul style="list-style-type: none"> 97.5% of patients were kept free from harm across Adult inpatient areas. Target achieved for 11 consecutive months. <p>Maternity:</p> <ul style="list-style-type: none"> 100% of Maternity patients were kept free from harm. <p>Children:</p> <ul style="list-style-type: none"> 96.2% of Children were kept free from harm. Target achieved for third consecutive month. 	<p>Adult:</p> <ul style="list-style-type: none"> Continued and sustained high level of performance throughout the year for adult in patient general areas. <p>Maternity:</p> <ul style="list-style-type: none"> Continue with activities to maintain compliance. <p>Children:</p> <ul style="list-style-type: none"> Continue with activities to maintain compliance. 	<p>Adult:</p> <ul style="list-style-type: none"> High level of confidence that high levels of compliance will continue. <p>Maternity:</p> <ul style="list-style-type: none"> Performance exceeds the target. <p>Children:</p> <ul style="list-style-type: none"> Reasonably confident of maintenance of high standards. <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**



Reporting Date	Performance	Op. plan #
Jul-23	97.0%	QC112
Threshold	YTD Mean	Benchmark
96.0%	97.5%	96.5%
(Higher value represents better performance)		
- Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		



Reporting Date	Performance	Op. plan #
Jul-23	70.0%	QC123
Threshold	YTD Mean	Benchmark
>= 98%	74.8%	67.4%
(Higher value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		

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

Hand Hygiene:

- Compliance was met this month. Hand Hygiene for Bare Below the Elbow was 98% and the Five moments of Hand Hygiene was 96%.

Review of Antibiotic Prescribing:

- 70% .

Hand Hygiene:

- To continue to undertake hand hygiene monthly audits and provide training where compliance is not met.

Review of Antibiotic Prescribing:

- To continue to monitor.

Hand Hygiene:

- There is reasonable confidence that hand hygiene audits will remain compliant.

Review of Antibiotic Prescribing:

- AMS ward rounds, consultant microbiologist reviewing all prescriptions
- New drug chart to be trialled to make it easier for staff to review

Note - Benchmarks are the Manx Care monthly averages for 2022/23.

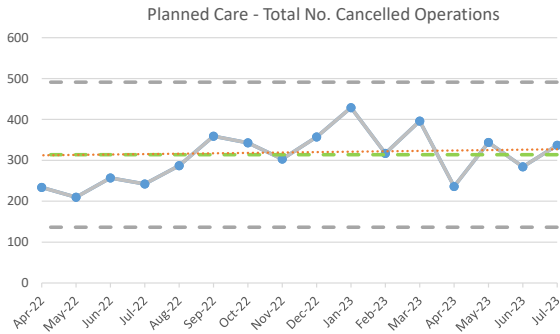
Effective Performance Summary (page 1 of 2)

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)	Jul-23		12%	11%	-	5% by Apr '24			EF065		MH - Number of patients aged 18-64 with a length of stay - > 60 days	Jul-23	-	0	3	10	-		-	
EF067		Planned Care - DNA Rate - Hospital	Jul-23		9.5%	-	-	5%			EF066		MH - Number of patients aged 65+ with a length of stay - > 90 days	Jul-23	-	1	1	4	-		-	
EF002		Planned Care - Total Number of Cancelled Operations	Jul-23		337	300	1201	-			EF013		MH - % service users discharged from MH inpatient to have follow up appointment	Jul-23		100.0%	98%	-	90%			
EF005		Length of Stay (LOS) - No. patients with LOS greater than 21 days	Jul-23	-	140	122	-	-			EF047		% Patients admitted to physical health wards requiring a Mental Health assessment, seen within 24 hours	Jul-23		100%	100%	-	75%			
EF050		Total Number of Inpatient discharges-Nobles	Jul-23	-	911	896	3583	-			EF048		% Patients with a first episode of psychosis treated with a NICE recommended care package within two weeks of referral	Jul-23		50%	75%	-	75%			
EF051		Total Number of inpatient discharges-RDCH	Jul-23	-	39	74	140	-			EF026		MH - Crisis Team one hour response to referral from ED	Jul-23		96%	96%	-	75%			
EF003		Theatres - Number of Cancelled Operations on Day	Jul-23		51	39	155	-			EF063		ASC - No. of referrals	Jul-23	-	66	70	279	-		-	
EF004		Theatres - Theatre Utilisation	Jul-23		74%	73%	-	85%			EF015		ASC - % of Re-referrals	Jul-23		5%	4%	-	<15%			
EF006		Crude Mortality Rate	Jul-23	-	15	23	271	-			EF016		ASC - % of all Adult Community Care Assessments completed in Agreed Timescales	Jul-23		42%	37%	-	80%			
EF007		Total Hospital Deaths	Jul-23	-	20	23	279	-			EF017		ASC - % of individuals (or carers) receiving a copy of their Adult Community Care Assessment	Jul-23		100%	68%	-	100%			
EF024		Mortality - Hospitals LFD (Learning from Death reviews)	Jul-23		98%	96%	-	80%			EF052		Referrals to Adult Safeguarding Team	Jul-23	-	101	93	371	-		-	
EF025		Nutrition and Hydration - complete at 7 days (Acute Hospitals and Mental Health)	Jul-23		99%	98%	-	95%			EF053		Adult Safeguarding Alert	Jul-23	-	63	54	217	-		-	
EF008		ASC -West Wellbeing Contribution to reduction in ED attendance	Jul-23		25%	8%	-	-5%			EF054		Discharges from Adult Safeguarding Team	Jul-23	-	88	90	359	-		-	
EF009		ASC - West Wellbeing Reduction in admission to hospital from locality	Jul-23		-26%	-16%	-	-10%			EF055		Re-referrals to Adult Safeguarding Team	Jul-23	-	25	21	84	-		-	
EF010		IPCC - % Dental contractors on target to meet UDA's	Jul-23		25%	-	-	96%			EF056		% MARFs Completed by Adult Safeguarding Team	Jul-23	-	64%	70%	-	-		-	
EF011		MH - Average Length of Stay (LOS) in MH Acute Inpatient Service	Jul-23		21.0	41.8	-	-														
EF064		MH - Number of patients with a length of stay - 0 days	Jul-23	-	0	1	4	-														

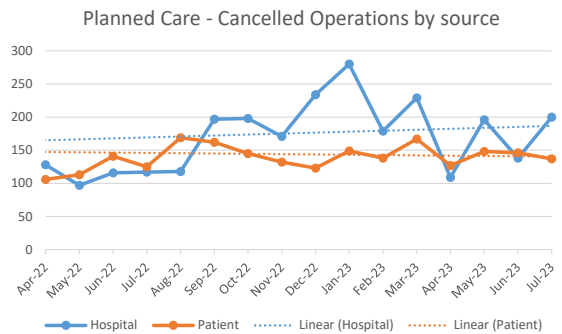
Effective Performance Summary (page 2 of 2)

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
EF049		C&F -Number of referrals - Children & Families	Jul-23		133	141.25	565	-			EF038		Maternity - % Of Women Smoking At Time Of Delivery	Jul-23		0%	5.9%	-	< 18%		
EF019		CFSC - % Complex Needs Reviews held on time	Jul-23		55%	74%	-	85%			EF039		Maternity - First Feed Breast Milk (Initiation Rate)	Jul-23		56%	66.9%	-	> 80%		
EF021		CFSC - % Total Initial Child Protection Conferences held on time	Jul-23		80%	78%	-	90%			EF040		Maternity - Breast Feeding Rate At Transfer Home	Dec-22		84%	-	-	-		
EF022		CFSC - % Child Protection Reviews held on time	Jul-23		89%	78%	-	90%			EF041		Maternity - Neonatal Mortality rate/1000	Jul-23		0	0	-	-		
EF023		CFSC - % Looked After Children reviews held on time	Jul-23		100%	100%	-	90%			EF059		W&C - Paediatrics- Total Admissions	Jul-23		131	125	250	-		
EF044		C&F -Children (of age) participating in, or contributing to, their Child Protection review	Jul-23		100%	73%	-	90%			EF060		W&C - NNU - Total number of Admissions	Jul-23		8	7	29	-		
EF045		C&F -Children (of age) participating in, or contributing to, their Looked After Child review	Jul-23		100%	100%	-	90%			EF061		W&C - NNU - Avg. Length of Stay	Jul-23		3	6	12	-		
EF046		C&F -Children (of age) participating in, or contributing to, their Complex Review	Jul-23		41%	38%	-	79%			EF062		W&C - NNU -Community follow up	Jul-23		2	5	20	-		
EF030		Maternity - Caesarean Deliveries (not Robson Classified)	Jul-23	-	46%	39.78%	-	-			EF068		Pharmacy - Total Prescriptions (No. of fe	May-23		140,744	136071	272,141	-		
EF031		Maternity - Induction of Labour	Jul-23		15%	22.90%	-	< 30%			EF069		Pharmacy - Chargeable Prescriptions	May-23		19,236	17873	35,745	-		
EF032		Maternity - 3rd/4th Degree Tear Overall Rate	Jul-23		0%	0.25%	-	< 3.5%			EF070		Pharmacy - Total Exempt Item	May-23		139,125	134267	268,534	-		
EF033		Maternity - Obstetric Haemorrhage >1.5L	Jul-23		1%	0.25%	-	< 2.6%			EF071		Pharmacy - Chargeable Items	May-23		19,108	17759	35,518	-		
EF034		Maternity - Unplanned Term Admissions To NNU	Mar-23	-	4%	-	-	-			EF072		Pharmacy - Net cost	May-23		1,486,094	1423640	2,847,280	-		
EF035		Maternity - Stillbirth Number / Rate	Jul-23		1	0.25	1.0	<4.4/1000			EF073		Pharmacy - Charges Collected	May-23		73,816	68701	137,402	-		
EF036		Maternity - Unplanned Admission To ITU – Level 3 Care	May-23	-	2	-	-	-													
EF037		Maternity - % Smoking At Booking	Jul-23	-	6%	10.0%	-	-													

Effective **Planned Care (1 of 2)** **Executive Lead** **Oliver Radford** **Lead** **J.Watson; M.Cox; L.Thompson**



Reporting Date	Performance	Op. Plan #
Jul-23	337	QC157
Threshold	YTD Mean	Benchmark
-	300	311
(Lower value represents better performance)		
- Variation Description		
Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Threshold	YTD Mean	Benchmark
- Variation Description		
Assurance Description		

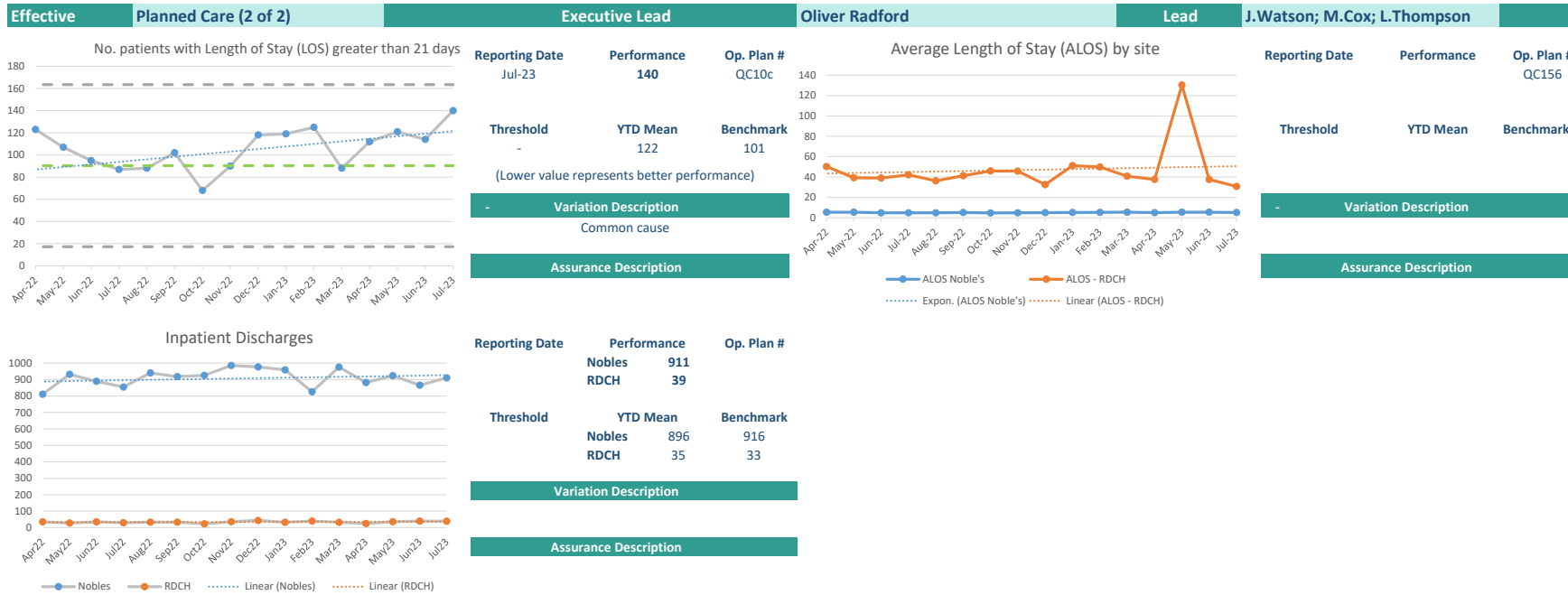
Issues / Performance Summary **Planned / Mitigation Actions** **Assurance / Recovery Trajectory**

Cancelled Operations:
 The number of cancelled operations in June was (337), it's 18.7% higher than last month, and 39.3% higher than July'22.

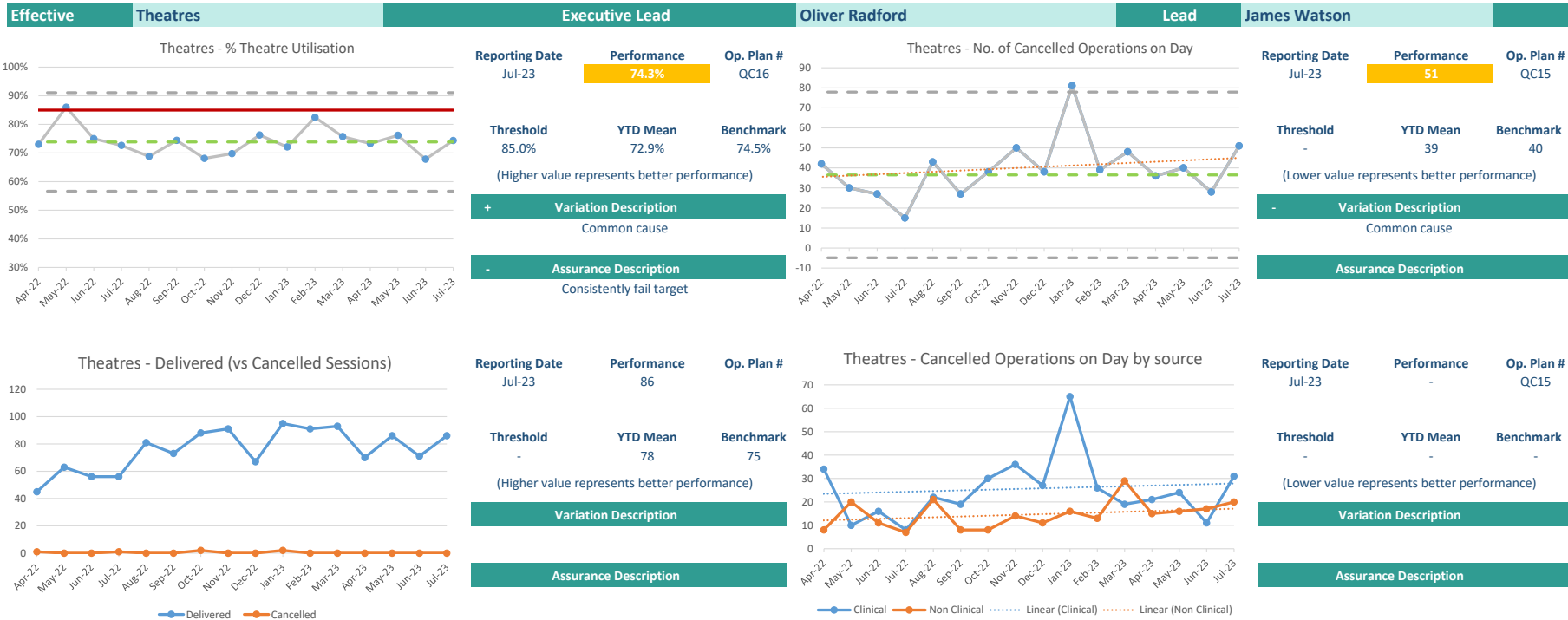
In July the split of cancellations sources was (200, 59.3%) for hospital, and (137, 40.7%) for patient.

Cancelled Operations:
 The new Planned Care Dataset that is currently being developed by the Business Intelligence Team will enable more robust and detailed analysis of the factors contributing to cancellations. This will enable appropriate remedial actions to be identified and enacted.

Note -
 Benchmarks are the Manx Care monthly average for 2022/23.

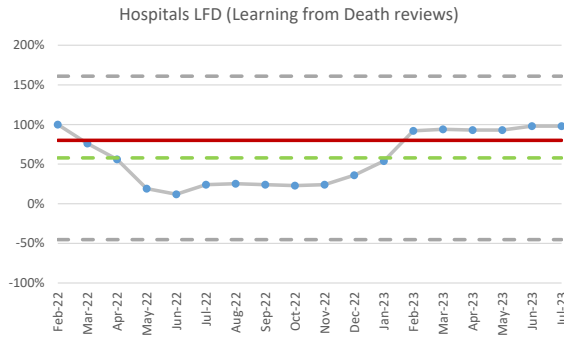


Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Length of Stay:</p> <ul style="list-style-type: none"> The spike in average LOS for RDCH in May was due to a single patient with a very high length of stay being discharged. Staffing pressures, closures of ward 12, re-enablement delays and lack of availability of residential and nursing care beds have all contributed to longer lengths of stay. The acuity of patients being admitted has increased for some surgical patients driving longer lengths of stay in hospital. Access to surgical bed base continues to be a challenge - continuing high levels of medical patients (and their higher acuity) being admitted means that medical patients are having to be accommodated on surgical wards with a direct impact on number of elective surgical procedures that can be undertaken. Regularly have 30-50 medical outliers in surgical beds - which creates pressures on medical staffing establishments to review and care for the additional patients as not staffed with medics for these additional patients; staffed according to the number of medical wards. 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. <p>Inpatient Discharges:</p> <p>Overall, discharge numbers continue on a slight upward trend, with discharges in July (950) slightly higher than July'22 (885). This demonstrates the consistent discharging of patients despite the challenges around patient flow.</p>	<p>Length of Stay:</p> <ul style="list-style-type: none"> Daily activity to ensure surgical patients discharged as soon as clinically appropriate to do so. Spot purchasing of community beds Implementation of enhanced recovery pathways under the Restoration & Recovery (R&R) programme. Increasing throughput through Day Procedures Suite by using it to start the perioperative surgical journey for the first patient on each operating list to facilitate starting the operating list on time plus reducing number of inpatient procedure where appropriate. Ward 12 is being used as an escalation ward when required - however there are challenges ensuring safe nursing staffing levels to allow the ward to open. Ward 12 is being staffed by Synaptik nursing teams as part of R & R for specific weeks - in these instances Synaptik nursing staff are able to accommodate a limited number of suitable surgical patients as part of escalation plan. 	<p>Length of Stay:</p> <ul style="list-style-type: none"> Significant improvements in the reduction of length of stays for both R&R and BAU activity (e.g. orthopaedic hip & knee ALOS from 4.5 days down to 1.3 days) will deliver overall decreases in length of stay at both Noble's Hospital and Ramsey & District Cottage Hospital. Reduced LOS on the R&R pathway have allowed all patients to be accommodated on the 15 bed private patient ward (PPU). Active programme of advertising and recruiting to vacant doctors posts is underway to minimise and reduce locum doctor requirement. <p>Note - Benchmarks are the Manx Care monthly average for 2022/23.</p>



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Theatre Utilisation:</p> <ul style="list-style-type: none"> The number of theatre sessions delivered in July was (86). July saw an increase in the number of cancelled operations on the day to 48. Most common reason was "miscellaneous & unfit for surgery - acute illness". Appointment inconvenient for patient x 16 cancellations on the day. Access to surgical bed base continues to challenge theatre efficiency and utilisation which is resultant in late start to operating lists whilst beds are sourced for elective inpatients, on the day cancellation of patients or entire elective list cancellations. Ultimately these issues are increasing the surgical speciality waiting lists. Consultant anaesthetic staffing and theatre staffing position remains a challenge and will do so for some time. This will represent a significant cost pressure for the care group for the remainder of this financial year. Maternity Theatre staffing - maternity is severely short staffed resulting in theatre teams supporting C Section lists 24/7 to mitigate the risk to mother and baby. In order to facilitate this additional activity and reduce the impact to BAU three agency staff have been employed to back fill 	<ul style="list-style-type: none"> Increasing throughput through Day Procedures Suite by using it to start the perioperative surgical journey for the first patient on each operating list to facilitate starting the operating list on time – surgical teams informed to Allocate first patient on the To Come In (TCI) list. BAU is being supported with Synaptik nursing teams on ward 12 where beds are ring fenced to designated specialties. Planning 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 & Capacity team to source a bed without delaying the start to operating sessions, reduce the need to cancel and increase theatre efficiency & utilisation. Synaptik continues to support the Restoration & Recovery (R&R) waiting list initiatives for ophthalmic, orthopaedic and general surgical specialties through the provision of theatre teams, surgeons & anaesthetists to undertake the surgical activity. Recruitment remains in progress for substantive and staff to sustain the BAU activity in 4 theatres, three successful Agent appointments have been made. The vacancy position is improving slightly with successful appointments being made. Theatre staff continue to support Maternity with the addition of 3 agency staff to mitigate the risk to mother and baby until the situation improves. Enhanced recovery pathway for orthopaedic patients delivering significantly reduced Length of Stay (LOS) – from approx. 4.5 days to 1.3 days. Synaptik supported Ophthalmology cataracts all run through ambulatory care pathway facilitated by use of topical anaesthesia no use of the Noble's bed base. 	<ul style="list-style-type: none"> 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 - a peer review is planned to take place in September 2023 to ensure that standards continue to be met. The implementation of a surgical admissions lounge which is in the project stages. Synaptic support is anticipated to continue until March 2024 under Phase 2 of the R&R programme. Business case development is in progress to increase the funded establishment to staff 7 theatres which is inclusive of maternity theatre. Proposal to staff the maternity theatre entirely from the main theatre staffing establishment to mitigate risk as above. Reinforced 48 Hour call out pathway with the rebooking of short notice cancellations into slots where patient has cancelled. Exploration of Red to Green Criteria led discharge and assertive in-reach. Care Group operational leads undertaking deep dive analysis of reasons/causes of hospital led cancellations on the day. Drop down box to be developed in Theatremat to capture reasons for "unfit for surgery - acute illness" Miscellaneous reasons can now be accessed through "Cancellation Patients by Speciality" <p>Note -</p>

Effective **Mortality** **Executive Lead** **Marina Hudson** **Lead** **David Hedley; Alison Hool**

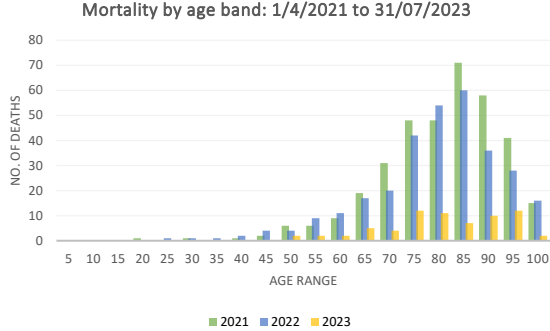


Reporting Date	Performance	Op. Plan #
Jul-23	98.0%	QC126
Threshold	YTD Mean	Benchmark
80.0%	95.5%	40.3%

(Higher value represents better performance)

+ Variation Description
Special Cause of Improving variation (High)

+ Assurance Description
Consistently hit target



Reporting Date	Performance	Op. Plan #
-	677 in Total	
Threshold	YTD Mean	Benchmark
-	-	-

+ Variation Description

- Assurance Description

Issues / Performance Summary

Hospitals LFD (Learning from Death) Reviews:

- 98% completed level 1 learning from death reviews in July which exceeds the target of 80%, remaining steady since February 23.

Planned / Mitigation Actions

Hospitals LFD (Learning from Death) Reviews:

- Continued focus on compliance and work underway to establish a robust process for Level 2 reviews via the Medical Examiner roles in Manx Care.

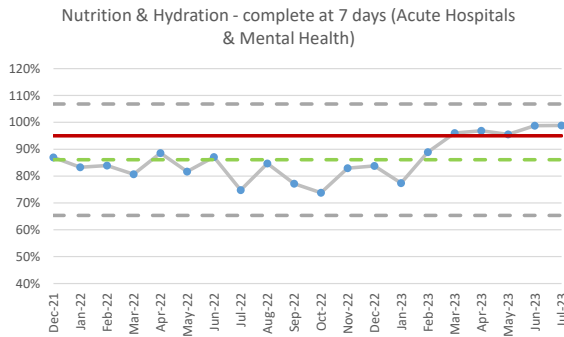
Assurance / Recovery Trajectory

Hospitals LFD (Learning from Death) Reviews:

- Reasonable assurance that high levels of compliance with level 1 reviews will continue.

Note -
Benchmarks are the Manx Care monthly average for 2022/23.

Effective	Nutrition & Hydration	Executive Lead	Paul Moore	Lead	Paul Hurst, Sue Davis
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Reporting Date	Performance	Op. Plan #
Jul-23	98.9%	QC124

Threshold	YTD Mean	Benchmark
95.0%	97.5%	83.1%

(Higher value represents better performance)

+ Variation Description
Special Cause of Improving variation (High)

+ Assurance Description
Inconsistently passing and falling short of target

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
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Nutrition & Hydration:

- 98.85% compliance recorded in July, in excess of target of 95%. This is the fifth consecutive month the target has been exceeded.

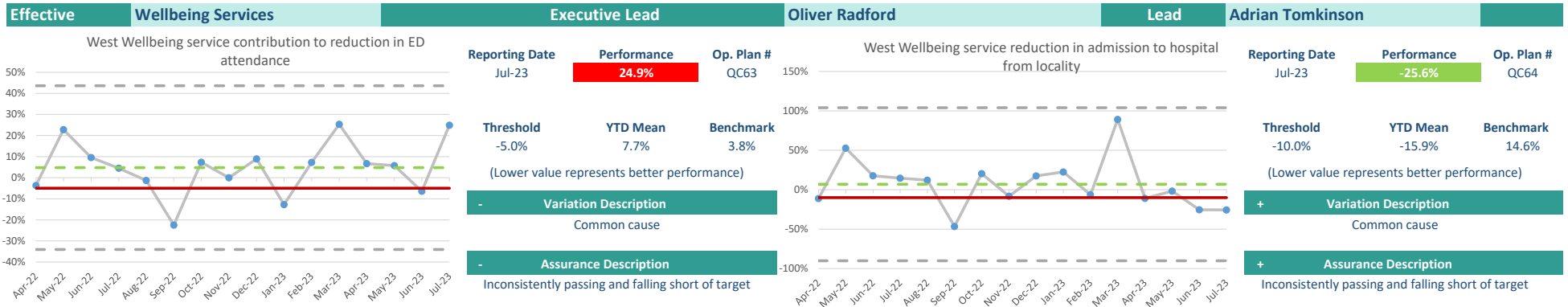
Nutrition & Hydration:

- Missing assessments were brought to the attention of ward staff at the time of audit with several resolved at the time.

Nutrition & Hydration:

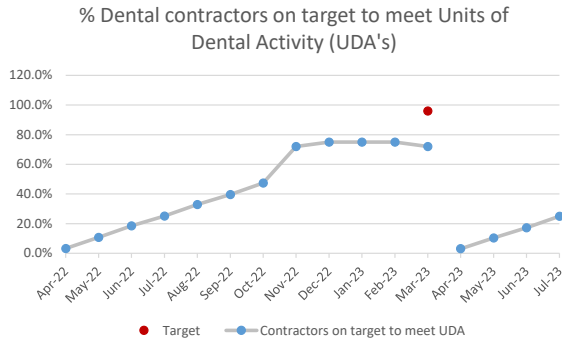
- Performance has exceeded the target since March 2023. Current performance is an improvement on months prior to this where the score was frequently below 90%. This will continue to be monitored.

Note -
Benchmarks are the Manx Care monthly averages for 2022/23.



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Wellbeing Services:</p> <ul style="list-style-type: none"> The goal of integrated care is to reduce reliance on ED in the long term. Attendance will naturally fluctuate throughout the year due to seasonal variation. Significant Covid impact where ED attendances artificially lower for that period, as people were discouraged from attending ED. Also an increase in admissions across the Isle of Man, as patients' conditions during that period were not being addressed in as timely a manner and have become more acute. Patients may be attending A&E due to capacity in community services, e.g. dementia patient unable to access Community Occupational Therapy services, falling and attending A&E. Concern re: metric with data collected on short term basis (6 months), and difficulty in evidencing the direct contribution of the service on ED and Hospital attendance as there are many factors contributing to the demand for those services that are outside the scope and control of the Wellbeing service. 	<p>Wellbeing Services:</p> <ul style="list-style-type: none"> The service is raising awareness regarding the impact the lack of capacity in community services has on ED. New frailty service identifying patients at an earlier stage. Targeting of nursing homes specifically for falls. 	<p>Wellbeing Services:</p> <ul style="list-style-type: none"> The service will look to refer more patients to third sector services, e.g. respite services as appropriate. 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. Impact of frailty service is being reviewed. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

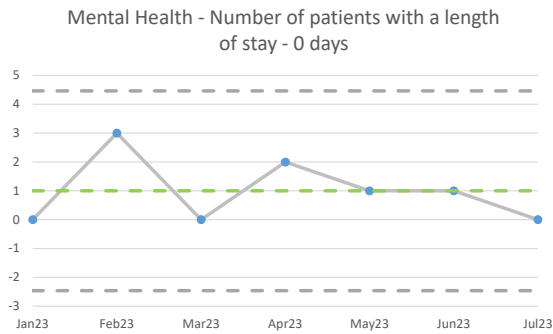
Effective	Integrated Primary & Community Care (1 of 2)	Executive Lead	Oliver Radford	Lead	Annamarie Cubbon
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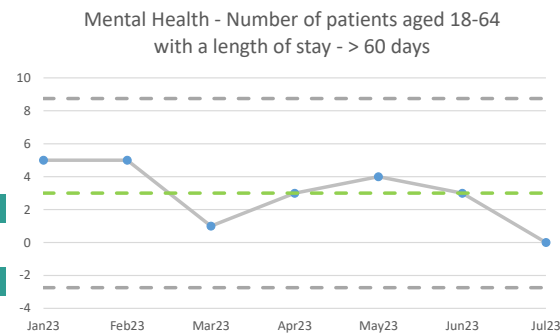
Reporting Date	Performance	Op. Plan #
Jul-23	25.0%	QC161
Threshold	YTD Mean	Benchmark
96.0%	-	-
(Higher value represents better performance)		
+ Variation Description		
- Assurance Description		
Consistently fail target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Dental Contractors:</p> <ul style="list-style-type: none"> 1 contractor is considering options available to them for 2023 -2024 in relation to their dental contract. 	<p>Dental Contractors:</p> <ul style="list-style-type: none"> 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. 	<p>Dental Contractors:</p> <ul style="list-style-type: none"> 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. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

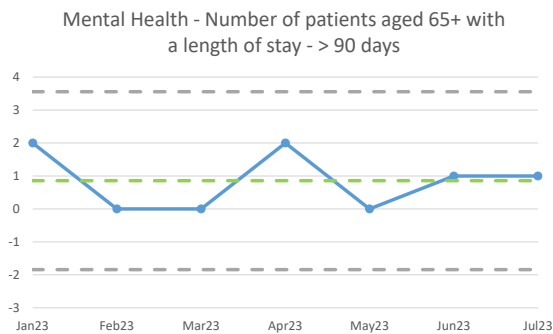
Effective **Mental Health (1 of 3)** **Executive Lead** **David Hamilton** **Lead** **Ross Bailey**



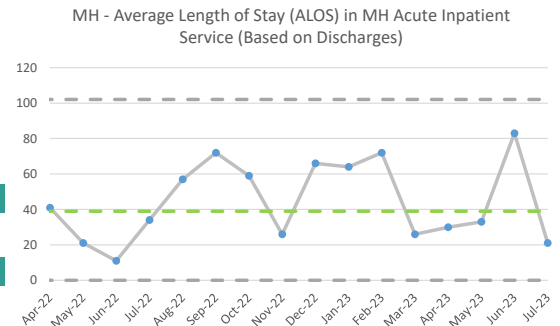
Reporting Date	Performance	Op. Plan #
Jul-23	0	QC87
Threshold	YTD Mean	Benchmark
-	1	1
Variation Description		
Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Jul-23	0	QC88
Threshold	YTD Mean	Benchmark
-	3	4
Variation Description		
Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Jul-23	1	QC89
Threshold	YTD Mean	Benchmark
-	1.0	0.7
Variation Description		
Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Jul-23	21	QC158
Threshold	YTD Mean	Benchmark
-	42	46
Variation Description		
Common cause		
Assurance Description		

Issues / Performance Summary

Average Length of Stay (ALOS):

- ALOS for those discharged in July has decreased. The average length of stay for those discharged from Glen Suite was 45 days, and Harbour Suite 13 days.
- For current inpatients, the ALOS has increased slightly, we continue to monitor.

Number of patients aged 18-64 with a length of stay - > 60 days
Number of patients aged 65+ with a length of stay - > 90 days

Planned / Mitigation Actions

Average Length of Stay (ALOS):

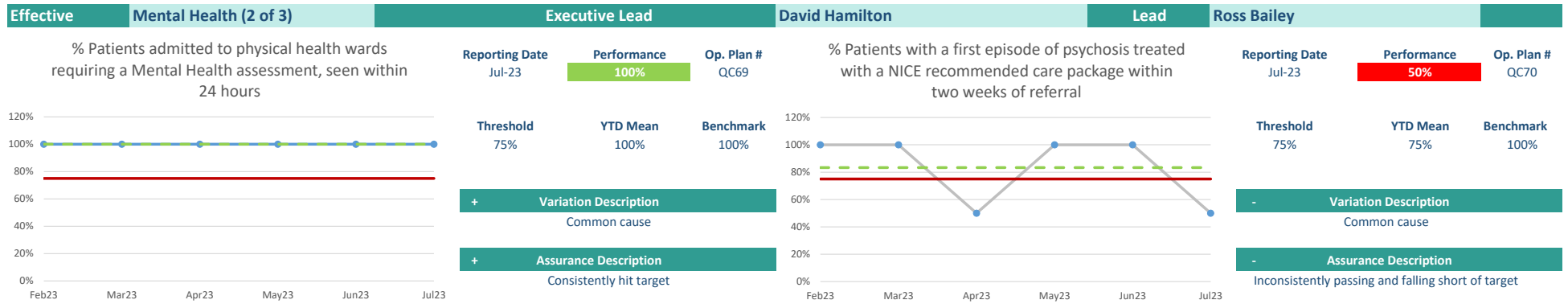
Number of patients aged 18-64 with a length of stay - > 60 days
Number of patients aged 65+ with a length of stay - > 90 days

Assurance / Recovery Trajectory

Average Length of Stay (ALOS):

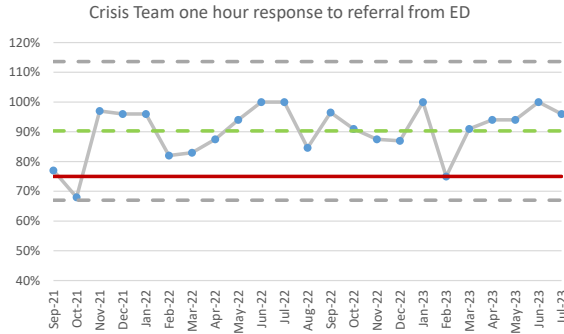
- The service regularly monitor patients who are admitted and actively look to progress the most appropriate treatment/care plan on an individual basis.

Number of patients aged 18-64 with a length of stay - > 60 days
Number of patients aged 65+ with a length of stay - > 90 days
 UK report this as a rate per 100,000 of the population at 8.0 (based on a rolling quarter). Our performance is much better than the UK, (who have not meet the target for Q4), for this calendar year

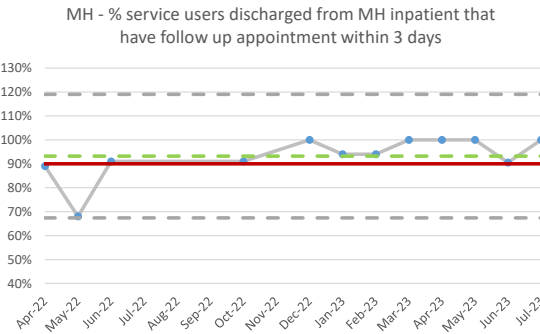


Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Patients Admitted to Physical Health Wards: All patients requiring a Mental Health Assessment have continued to receive them within 24 hours, most are within 2 hours of notification.</p> <p>First Episode of Psychosis Treated with NICE care package: Two people presented with first episode psychosis both uncertain during July, however due to the nature of presentation, the clinical team were unable to determine if it represented a psychotic episode. Consequently the existing target was not achieved</p>	<p>First Episode of Psychosis Treated with NICE care package: The existing mandate descriptor is inconsistent with NHS England measure of performance of early intervention in psychosis. IMHS to work with the performance management team to discuss the validity of this indicator in its current format.</p>	<p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

Effective **Mental Health (3 of 3)** **Executive Lead** **David Hamilton** **Lead** **Ross Bailey**



Reporting Date	Performance	Op. Plan #
Jul-23	96.0%	QC68
Threshold	75.0%	Benchmark
	YTD Mean	
	96.0%	91.2%
(Higher value represents better performance)		
- Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		



Reporting Date	Performance	Op. Plan #
Jul-23	100.0%	QC72
Threshold	90.0%	Benchmark
	YTD Mean	
	97.6%	90.9%
(Higher value represents better performance)		
- Variation Description		
Common cause		
+ Assurance Description		
Consistently hit target		

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

Crisis Team:

- 96% for July. Target exceeded.

Whilst the performance continues to exceed NHS England performance, the CRHTT staffing difficulties prohibits a dedicated home treatment service.

3 Day follow up:

- July's performance was 100% exceeding the threshold of 90%.

Crisis Team:

- To continue to monitor and report monthly.
- To seek to establish a methodology of monitoring unmet need in home treatment

Crisis Team:

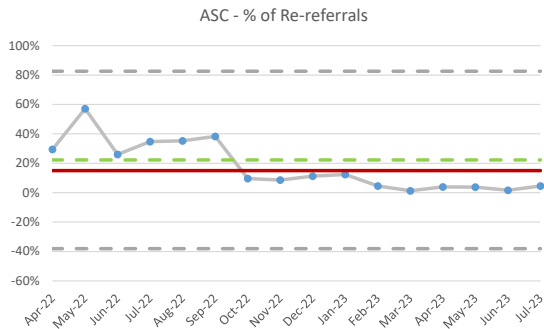
- There were 27 referrals received from ED. Just one patient was seen outside the hour standard.

3 Day follow up:

Local performance consistently outperforms NHS England which for Q4 was below the 80% standard at 74.5%

Note -
Benchmarks are the Manx Care monthly averages for 2022/23.

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



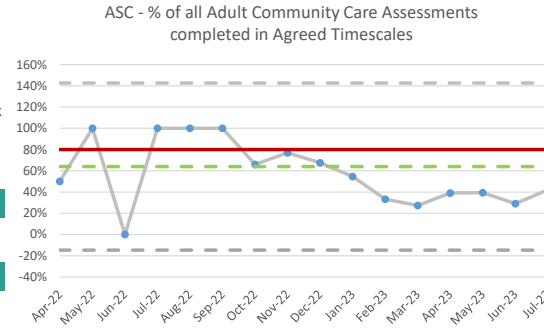
Reporting Date	Performance	Op. Plan #
Jul-23	4.5%	QC41

Threshold	YTD Mean	Benchmark
<15%	3.5%	22.4%

(Lower value represents better performance)

- Variation Description
Special Cause of Improving variation (Low)

+ Assurance Description
Consistently hit target



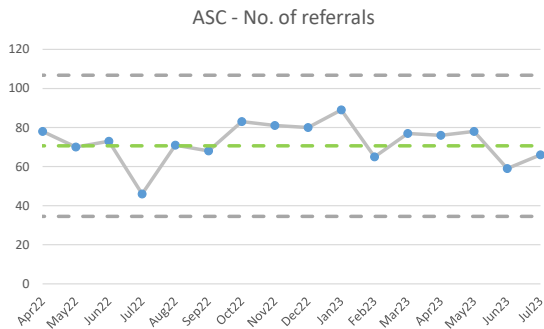
Reporting Date	Performance	Op. Plan #
Jul-23	42.1%	QC44

Threshold	YTD Mean	Benchmark
80.0%	37.5%	64.6%

(Higher value represents better performance)

+ Variation Description
Special Cause of Concerning variation (Low)

- Assurance Description
Consistently fail target

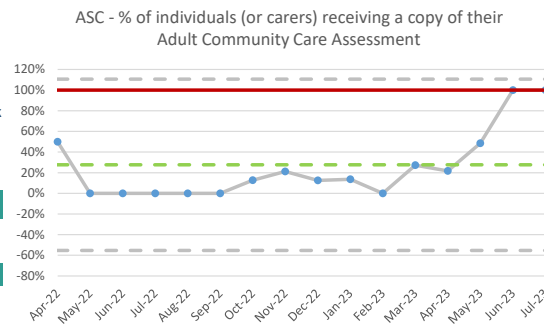


Reporting Date	Performance	Op. Plan #
Jul-23	66	QC40

Threshold	YTD Mean	Benchmark
-	70	73

+ Variation Description
Common cause

+ Assurance Description



Reporting Date	Performance	Op. Plan #
Jul-23	100.0%	QC45

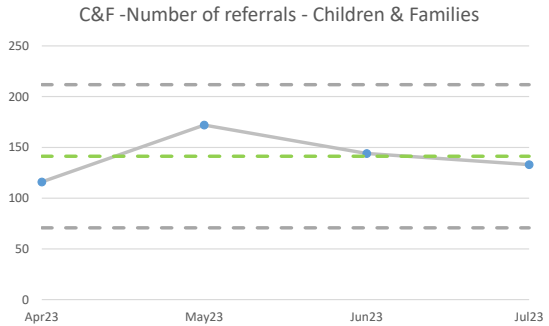
Threshold	YTD Mean	Benchmark
100.0%	67.6%	11.4%

(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>Referrals: The number of new referrals received in July was 66.</p> <p>Re-Referrals: • We have significantly reduced our re-referral rate to 4.5% in July, which is slightly higher than the last quarter (1.7%).</p> <p>Assessments completed within Timescales: • The completion of Wellbeing Partnership assessments in July increased but remained below the required threshold. A number of these assessments are complex, particularly in respect of Learning Disabilities.</p> <p>Individuals receiving copy of Assessment: • The reported number of individuals receiving copies of their Wellbeing Partnership assessments in July achieved the required threshold of 100% for the second month in a row.</p>	<ul style="list-style-type: none"> Processes are being continually reviewed to make them more streamlined. <p>Assessments completed within Timescales:</p> <ul style="list-style-type: none"> 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 July. Complexity of some assessments is still a factor, with specialist assessment required before an assessment can be completed, e.g. Parkinson's, SALT assessments. <p>Individuals receiving copy of Assessment:</p> <ul style="list-style-type: none"> 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. Following the learning session, it is encouraging to note that this figure is now 100%. 	<p>Assessments completed within Timescales:</p> <ul style="list-style-type: none"> 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. The previously reported data capture issue has now been resolved. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>



Reporting Date	Performance	Op. Plan #
Jul-23	133	
Threshold	YTD Mean	Benchmark
-	141	141

+ Variation Description
Common cause

Assurance Description

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

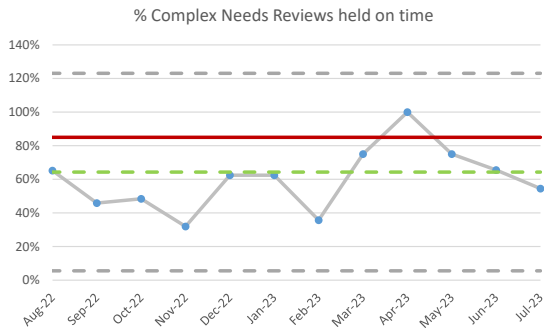
Referrals:
Referral levels have remained fairly static over this reporting year.

Planned / Mitigation Actions

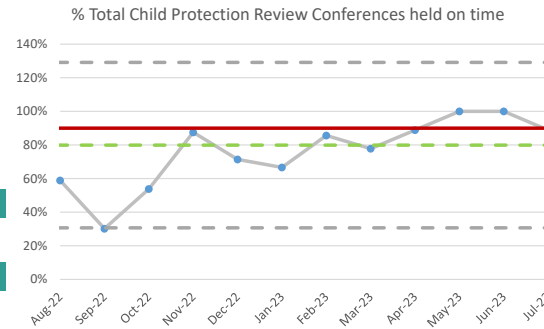
Referrals:
Work is ongoing with the Business Intelligence Team to develop the underpinning data to enable the reporting of Re-Referral rates for the C&F Service in future months.

Note -
Benchmarks are the Manx Care monthly averages for 2022/23.

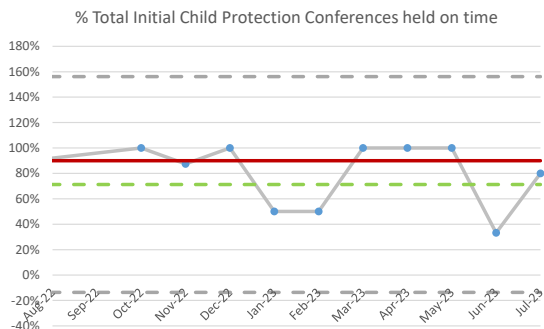
Effective | **Social Work (Children & Families) 2 of 3** | **Executive Lead** | **David Hamilton** | **Lead** | **Julie Gibney**



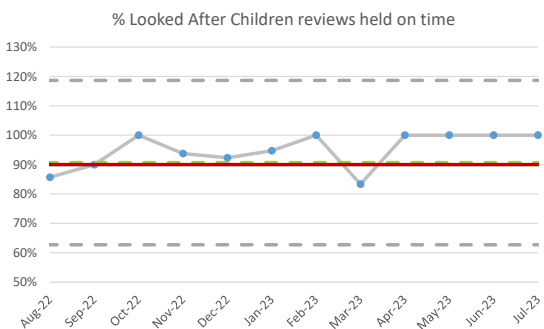
Reporting Date	Performance	Op. Plan #
Jul-23	54.6%	QC49
Threshold	YTD Mean	Benchmark
85.0%	73.8%	53.4%
(Higher value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		
Inconsistently passing and falling short of target		



Reporting Date	Performance	Op. Plan #
Jul-23	88.9%	QC52
Threshold	YTD Mean	Benchmark
90.0%	90.0%	66.5%
(Higher value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		
Inconsistently passing and falling short of target		



Reporting Date	Performance	Op. Plan #
Jul-23	80.0%	QC51
Threshold	YTD Mean	Benchmark
90.0%	78.3%	81.3%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
- Assurance Description		
Inconsistently passing and falling short of target		



Reporting Date	Performance	Op. Plan #
Jul-23	100.0%	QC53
Threshold	YTD Mean	Benchmark
90.0%	100.0%	92.5%
(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**

Complex Needs Reviews held on time:

- These cases are predominantly held in the CWD (Children With Disabilities) Team where there are continuing staffing pressures. The manager of this team has oversight of this process and will be striving to improve performance in this area.

Initial Child Protection Conferences held on time:

- 80% of initial child protection conferences were held within timescale in July.

Child Protection Review Conferences held on time:

- 89% of conferences were completed within the timescales in July.

Looked After Children reviews held on time:

- 100% of reviews were held within the timescales in July.

Complex Needs Process:

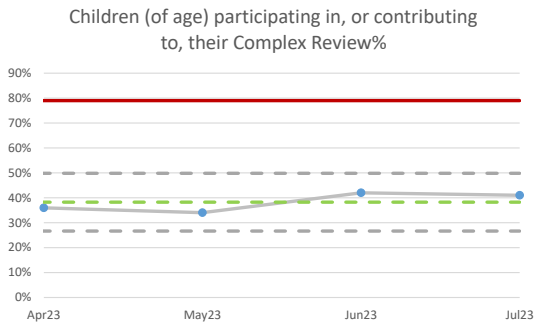
- The team that holds the majority of these cases is the Children With Disabilities team which has had significant staffing issues, with only 1 staff member for several months. This is now resolved and the manager has oversight of these meetings and will be striving to improve performance in this area. Performance has significantly improved in the CWD team overall, however it is recognised that the resource this team requires review.
- The holding of these reviews on time is a priority for the team manager in CWD, with additional capacity being put into the administrative role to better support this process.

Complex Needs Process:

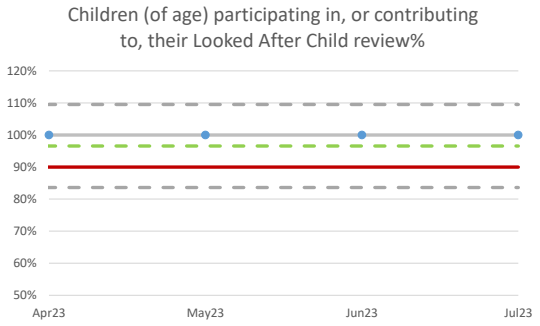
- A potential data quality/timing issue has been identified with the historically reported performance for this metric and the service area and BI Team are actively working to resolve these issues.

Note -
Benchmarks are the Manx Care monthly averages for 2022/23.

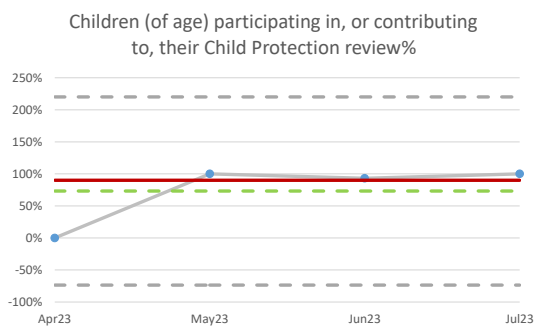
Effective | **Social Work (Children & Families) 3 of 3** | **Executive Lead** | **David Hamilton** | **Lead** | **Julie Gibney**



Reporting Date	Performance	Op. Plan #
Jul-23	41%	
Threshold	YTD Mean	Benchmark
79%	38%	38%
(Higher value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		

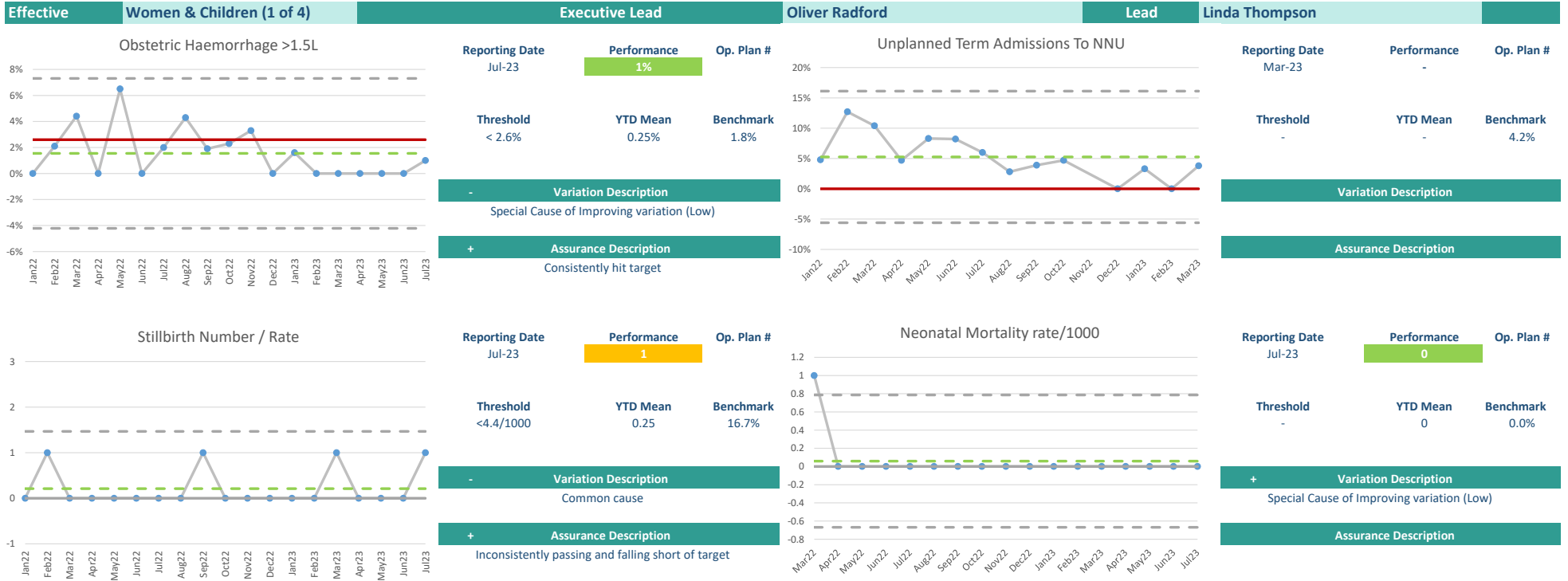


Reporting Date	Performance	Op. Plan #
Jul-23	100%	
Threshold	YTD Mean	Benchmark
90%	100%	100%
(Higher value represents better performance)		
+ Variation Description		
Special Cause of Improving variation (High)		
+ Assurance Description		
Consistently hit target		



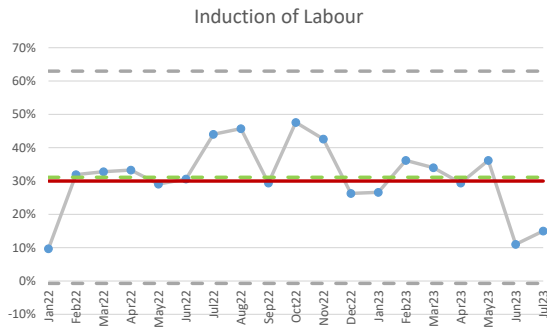
Reporting Date	Performance	Op. Plan #
Jul-23	100%	
Threshold	YTD Mean	Benchmark
90%	73%	73%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Participation in conferences for Looked After Children has a designated worker to encourage and develop participation, and therefore this metric is usually high. There is no specific role to provide this in CWCN and work continues to develop participation in this area, especially in the CWD team.		Note - Benchmarks are the Manx Care monthly averages for 2022/23.

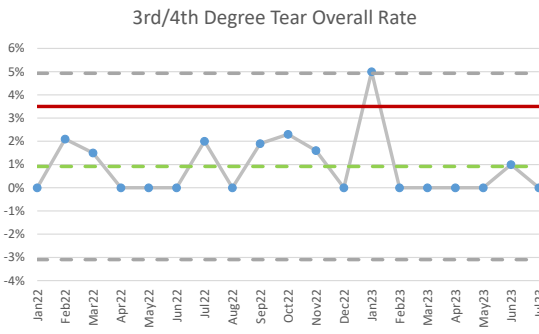


Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Obstetric haemorrhage >1.5 litre: this is monitored via the maternity dashboard in order to identify cases of major haemorrhage and prompt a review of care and to identify and learning. There was 1 haemorrhage equal to or greater than 1.5 l reported in July.</p> <p>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. There were no women in July that were recorded as smoking at the time of delivery compared to 2% of women in July 2022.</p>		<p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

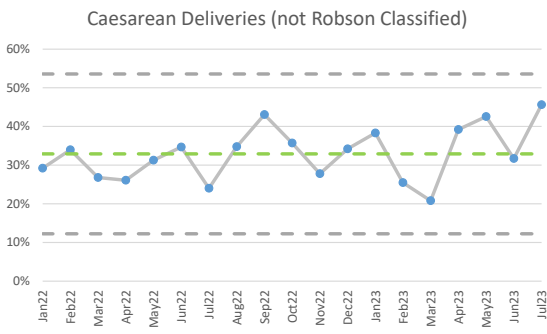
Effective **Women & Children (2 of 4)** **Executive Lead** **Oliver Radford** **Lead** **Linda Thompson**



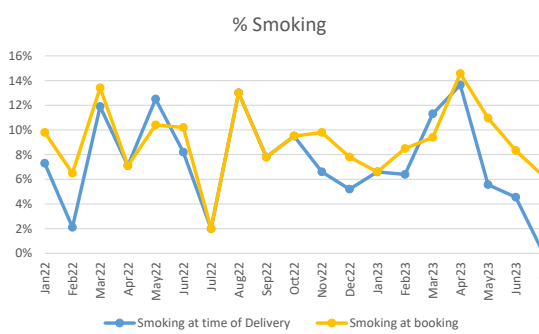
Reporting Date	Performance	Op. Plan #
Jul-23	15.0%	
Threshold	YTD Mean	Benchmark
< 30%	22.9%	25.1%
(Lower value represents better performance)		
- Variation Description		
Common cause		
+ Assurance Description		
Inconsistently passing and falling short of target		



Reporting Date	Performance	Op. Plan #
Jul-23	0.0%	
Threshold	YTD Mean	Benchmark
< 3.5%	0.3%	1.1%
(Lower value represents better performance)		
+ Variation Description		
Common cause		
Assurance Description		
Consistently hit target		



Reporting Date	Performance	Op. Plan #
Jul-23	45.7%	
Threshold	YTD Mean	Benchmark
-	39.8%	31.4%
(Lower value represents better performance)		
- Variation Description		
Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Jul-23	Booking 6.3% Delivery 0.0%	
Threshold	YTD Mean	Benchmark
-	-	-
(Lower value represents better performance)		
- Variation Description		
Assurance Description		

Issues / Performance Summary

Total caesarean deliveries: for the month of July 45.65% (year to date average 35.4%) Caesarean section rates are no longer considered a KPI in England.

Induction of labour: 31.25% of births were as a result of induced labour. This figure is down from last July which had 42% of births induced.

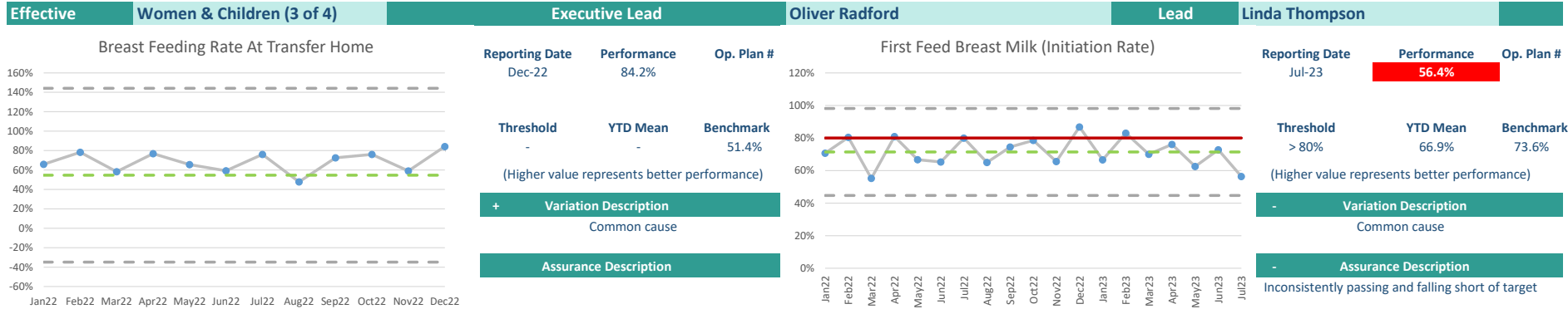
Third and fourth degree tear rates: the national standard of >3.5%. in July there were no cases to report.

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. There were no women in July that were recorded as smoking at the time of delivery compared to 2% of women in July 2022.

Planned / Mitigation Actions

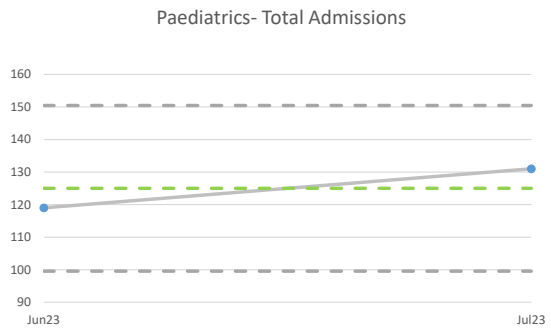
Assurance / Recovery Trajectory

Note -
Benchmarks are the Manx Care monthly averages for 2022/23.

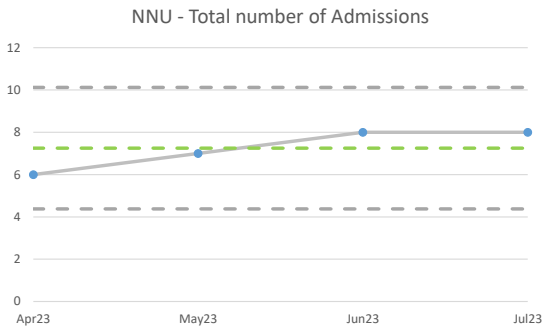


Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>First Feed Breast Milk (Initiation Rate): 56.4% of babies received breastmilk as their first feed, this was down on last July which recorded 65.8% of babies received breastmilk as their first feed. We will continue to support women to feed their babies in the best way for both the baby and the family. The Midwives remain committed to establishing breast feeding for those women who wish to and the infant feeding team have a daily presence on the Maternity unit.</p>		<p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

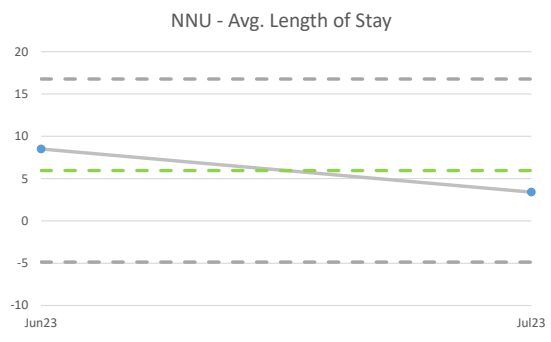
Effective **Women & Children (4 of 4)** **Executive Lead** **Oliver Radford** **Lead** **Linda Thompson**



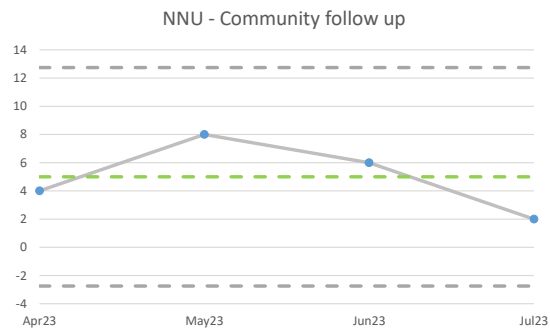
Reporting Date	Performance	Op. Plan #	
Jul-23	131		
Threshold	-	Benchmark	-
Variation Description			
Common cause			
Assurance Description			



Reporting Date	Performance	Op. Plan #	
Jul-23	8		
Threshold	-	Benchmark	-
Variation Description			
Common cause			
Assurance Description			



Reporting Date	Performance	Op. Plan #	
Jul-23	3		
Threshold	-	Benchmark	-
Variation Description			
Common cause			
Assurance Description			



Reporting Date	Performance	Op. Plan #	
Jul-23	2		
Threshold	-	Benchmark	-
Variation Description			
Common cause			
Assurance Description			

Issues / Performance Summary

In July 2023 the Neonatal Unit admitted 8 Babies.

One was a planned repatriation for ongoing care of a previously preterm baby.

6 babies were over 37/40. 1 baby was below 37/40. All admissions were unplanned.

4 babies were admitted directly from labour ward/theatre. 3 babies were admitted up to 7.5hrs after birth from the postnatal ward.

Reason for admission varied with respiratory symptoms and hypothermia being the more frequent reason.

NNU had capacity to accept all admissions

Planned / Mitigation Actions

The Neonatal Unit is ready to admit any sick/preterm neonate, when capacity allows.

Regular communication between maternity and Neonatal Unit when capacity is a concern, with daily or more frequent huddles to plan/mitigate.

Northwest neonatal Network aware of capacity issues, offering support & advice.

Embrace available to support transfer process when necessary.

Assurance / Recovery Trajectory

All neonates will be cared for with the appropriate level of care as soon as practicable, and transferred to a Level 3 centre as soon as possible if required for ongoing care.

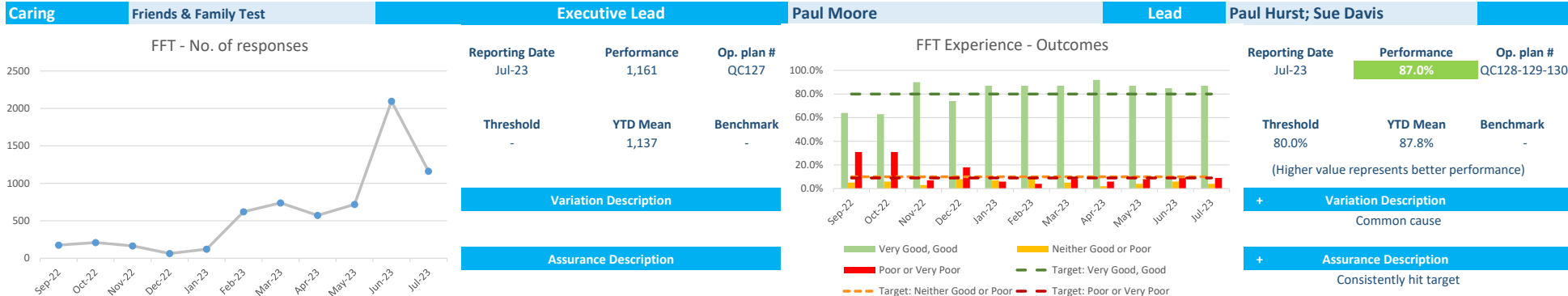
Note -
Benchmarks are the Manx Care monthly averages for 2022/23.

Effective	Integrated Primary & Community Care (1.0)	Executive Lead	Oliver Radford	Lead	Lisa Airey, Sara Hupburn
		Reporting Date May-23 Performance - Op. Plan # - Threshold - YTD Mean - Benchmark - Variation Description - Assurance Description -			Reporting Date May-23 Performance - Op. Plan # - Threshold - YTD Mean - Benchmark - Variation Description - Assurance Description -
		Reporting Date May-23 Performance 1,486,094 Op. Plan # - Threshold - YTD Mean - Benchmark - Variation Description Common cause Assurance Description -			Reporting Date May-23 Performance 73,816 Op. Plan # - Threshold - YTD Mean - Benchmark - Variation Description Common cause Assurance Description -
Issues / Performance Summary [Empty area for issues and performance summary]		Planned / Mitigation Actions [Empty area for planned and mitigation actions]		Assurance / Recovery Trajectory [Empty area for assurance and recovery trajectory]	

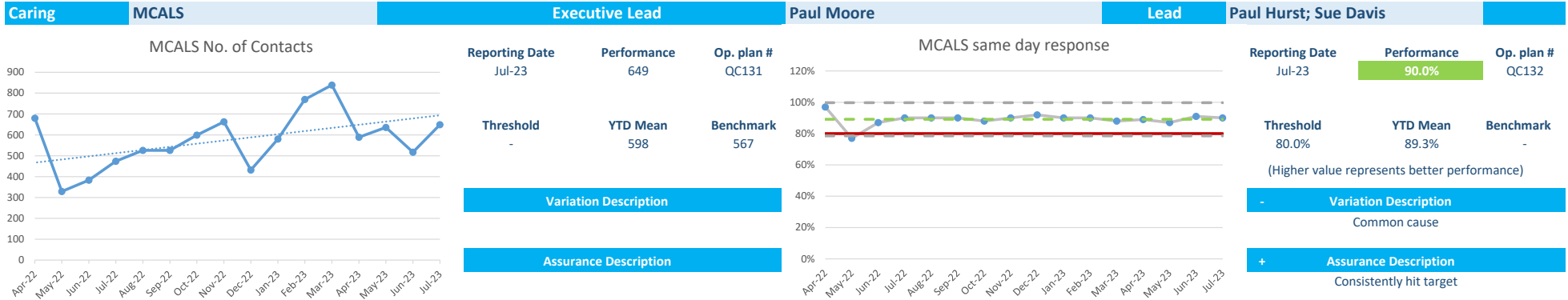
Caring Performance Summary																					
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
CA001		Mixed Sex Accommodation - No. of Breaches	Jul-23		0	0	0	0			CA012		FFT - How was your experience? No. of responses	Jul-23	-	1,161	1,137	4,546	-		
CA002		Complaints - Total number of complaints received	Jul-23		24	26	103	<= 450 PA			CA013		FFT - Experience was Very Good or Good	Jul-23		87%	88%	-	80%		
CA007		Complaint acknowledged within 5 working days	Jul-23		100%	97%	-	98%			CA014		FFT - Experience was neither Good or Poor	Jul-23		4%	4%	-	10%		
CA008		Written response to complaint within 20 days	Jul-23		100%	100%	-	98%			CA015		FFT - Experience was Poor or Very Poor	Jul-23		9%	8%	-	<10%		
CA010		No. complaints exceeding 6 months	Jul-23		0	0	0	0			CA016		Manx Care Advice and Liaison Service contacts	Jul-23	-	649	598	2,391	-		
CA011		No. complaints referred to HSCOB	Jul-23	-	7	2	7	-			CA017		Manx Care Advice and Liaison Service same day response	Jul-23		90.0%	89.3%	-	80%		



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Number of Complaints:</p> <ul style="list-style-type: none"> A total of 24 formal complaints were received/logged. <p>Acknowledged within 5 Days:</p> <ul style="list-style-type: none"> 100% compliance. <p>Written Response within 20 days:</p> <ul style="list-style-type: none"> 100% compliance. <p>No. Complaints Exceeding 6 Months:</p> <ul style="list-style-type: none"> Zero recorded. <p>No. complaints referred to HSCOB:</p> <ul style="list-style-type: none"> 7 referred across Manx Care, 2 of which had previously been open to the IRB. HSCOB have advised they have in excess of 40 IRB complaints under review. 	<p>Number of Complaints:</p> <ul style="list-style-type: none"> All complaints logged and managed as per the Regulations. <p>Acknowledged within 5 Days:</p> <ul style="list-style-type: none"> Continue to monitor closely. <p>Written Response within 20 days:</p> <ul style="list-style-type: none"> Continue to monitor closely. <p>No. Complaints Exceeding 6 Months:</p> <ul style="list-style-type: none"> Continue to monitor closely. <p>No. complaints referred to HSCOB:</p> <ul style="list-style-type: none"> Records and complaint files have been requested by the HSCOB; however CQS Team have questioned correct application of the Regulations with the DHSC in respect of consent to share to ensure compliance with GDPR. 	<p>Number of Complaints:</p> <ul style="list-style-type: none"> Decrease on same time last year of 38%. <p>Acknowledged within 5 Days:</p> <ul style="list-style-type: none"> High degree of confidence in target being met. <p>Written Response within 20 days:</p> <ul style="list-style-type: none"> Reasonable degree of confidence in target being met. <p>No. Complaints Exceeding 6 Months:</p> <ul style="list-style-type: none"> Reasonable degree of confidence in target being met. <p>No. complaints referred to HSCOB:</p> <p>Confident Regulations will be applied correctly and working relationship with HSCOB will be positive.</p> <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>FFT Total number of responses:</p> <ul style="list-style-type: none"> A total of 1,161 surveys completed for July 2023 and this includes surveys from Patient Transfers, which are increasing in the number of returns. FFT – Experience was very good or good: 1,014 completed surveys rated experience as Very Good or Good equating to 87% against a target of 80%. FFT – Experience was neither good or poor: 47 completed surveys rated experience as Neither Good nor Poor equating to 4% against a target of 10% or less. FFT – Experience was poor or very poor: 100 completed surveys rated experience as Poor or Very Poor, equating to 9% against a target of 10% or less. 	<p>FFT Total number of responses:</p> <ul style="list-style-type: none"> Continue to promote / encourage feedback – outpatient departments and GP Practices continue to deliver consistent feedback via the survey – uptake from inpatient settings is still relatively low by comparison and work continues to promote engagement with teams and senior nursing leads to encourage feedback via the survey. FFT – Experience was very good or good: MCALS and service leads to continue to encourage and promote engagement with the survey. FFT – Experience was neither good or poor: MCALS and service leads to continue to encourage and promote engagement with the survey. Monthly dashboards are reported to the Care Group Triumvirates with both Positive and Negative trends reported for the last month. FFT – Experience was poor or very poor: Consistently achieving under the 10% target which is a positive indicator 	<p>FFT Total number of responses:</p> <ul style="list-style-type: none"> Experience and Engagement Team continue to conduct monthly walk rounds of the wards to collect surveys and speak to staff to encourage completion of surveys at discharge. Pre-paid envelopes are available to provide to service users who are inpatients and post boxes are accessible on all wards and outpatient departments including Primary Care based practices. There is a reasonable degree of confidence in increasing survey returns. FFT – Experience was very good or good: Reasonable degree of confidence that reporting targets will continue to be met. FFT – Experience was neither good or poor: Reasonable degree of confidence that reporting targets will continue to be met. FFT – Experience was poor or very poor: 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. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

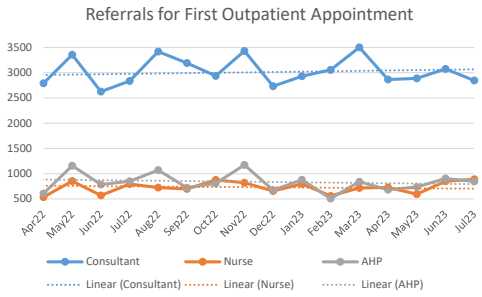


Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Number of Contacts:</p> <ul style="list-style-type: none"> 649 contacts received in July 2023, demonstrating an increase of 132 contacts compared to June 2023. Contact rate during the week of 24th July increased by 20% due to planned strike action on the 25th July and concerns about impact on service user care. MCALS extended its opening hours for telephone and email contact from 8am-5pm for 3 days in July to support service users with enquiries and concerns about planned strike action. <p>Same Day Response:</p> <ul style="list-style-type: none"> In July, MCALS had resolved all contacts within 24 hours 90% of the time against a Key Line of Enquiry Target of 80%. 	<p>Number of Contacts:</p> <ul style="list-style-type: none"> MCALS will continue to provide excellent support in ensuring that where possible service user issues are addressed. <p>Same Day Response:</p> <ul style="list-style-type: none"> MCALS will continue to provide excellent support in ensuring that where possible service user issues are addressed as promptly as possible. 	<p>Number of Contacts:</p> <p>Continued good performance in dealing with service user contacts and confident this will continue.</p> <p>Same Day Response:</p> <ul style="list-style-type: none"> Continued good performance in dealing with service user contacts. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

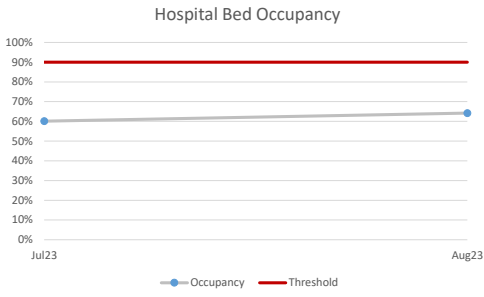
Responsive Performance Summary																					
KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance	KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
RE058		Cons Led- OP Referrals	Jul-23	-	2846	2967	11675	-			RE014		Ambulance - Category 1 Response Time at 90th Percentile	Jul-23		23	20	-	15 mins		
RE056		Hospital Bed Occupancy	Jul-23	-	60.1%			92%			RE015		Ambulance - Category 1 Mean Response Time	Jul-23		11	10	-	7 mins		
RE001		RTT - No. patients waiting for first Consultant Led Outpatient appointment	Jul-23		15,846	15,692	-	< 15431			RE016		Ambulance - % patients with CVA/Stroke symptoms arriving at hospital within 60 mins of call	Jul-23		32%	48%	-	100%		
RE002		RTT - No. patients waiting for Daycase procedure	Jul-23		2,229	2,300	-	< 2286			RE034		Category 2 Response Time at 90th Percentile	Jul-23		27	31		40 mins		
RE003		RTT - No. patients waiting for Inpatient procedure	Jul-23		505	536	-	< 535			RE035		Ambulance - Category 3 Response Time at 90th Percentile	Jul-23		53	46		120 mins		
RE004		RTT - % Urgent GP referrals seen for first appointment within 6 weeks	Jul-23		60%	58%	-	85%			RE036		Ambulance - Category 4 Response Time at 90th Percentile	Jul-23		74	74		180 mins		
RE061		Diagnostics-% patients waiting 26 weeks or less	Jul-23		63%	61%		99%			RE037		Ambulance - Category 5 Response Time at 90th Percentile	Jul-23		83	84		180 mins		
RE005		Diagnostics - % requests completed within 6 weeks	Jul-23	-	86%	85%	85%	-			RE038		Ambulance crew turnaround times from arrival to clear should be no longer than 30 minutes.	Jul-23		166	166		0		
RE006		Diagnostics - % Patients waiting over 6 weeks	Jul-23	-	71%	71%	-	1%			RE039		Ambulance crew turnaround times from arrival to clear should be no longer than 60 minutes.	Jul-23		12	13	-	0		
RE007		ED - % 4 Hour Performance	Jul-23		72%	73%	73%	95%			RE026		IPCC - % patients seen by Community Adult Therapy Services within timescales	Jul-23		44%	51%	-	80%		
RE008		ED - % 4 Hour Performance (Non Admitted)	Jul-23	-	81%	82%	82%	-			RE031		IPCC - % of patients registered with a GP	Jul-23		5.5%	5.5%	-	5.0%		
RE009		ED - % 4 Hour Performance (Admitted)	Jul-23	-	23%	27%	27%	-			RE081		IPCC - N. of GP appointments	Jul-23	-	43448	39845	159380	-		
RE010		ED - Average Total Time in Emergency Department	Jul-23		257	238	-	360 mins			RE054		Did Not Attend Rate (GP Appointment)	Jul-23	-	0	3%		-		
RE011		ED - Average number of minutes between Arrival and Triage (Noble's)	Jul-23		26	24	-	15 mins			RE027		IPCC - No. patients waiting for a dentist	Jul-23	-	3,993	3,760	-	-		
RE012		ED - Average number of minutes between arrival to clinical assessment - Nobles	Jul-23		74	66	-	60 mins			RE074		Response by Community Nursing to Urgent / Non routine within 24 hours	Jul-23	-	100%	100%	-	-		
RE033		ED - Average number of minutes between arrival to clinical assessment - RDCH	Jul-23		13	14.5		60 mins			RE075		Community Nursing Service response target met (7 days)- Routine	Jul-23	-	100%	100%	-	-		
RE013		ED - 12 Hour Trolley Waits	Jul-23		36	15	59	0													

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
RE025		CWT - % 28 Days to diagnosis or ruling out of cancer	Jul-23		57%	62%	-	75%			RE045		MH- Appointments	Jul-23	-	6093	6496	25984	-		
RE017		CWT - % patients referral for suspected cancer to first outpatient attendance within 2 weeks	Jul-23		34%	41%	-	93%			RE046		MH- Admissions	Jul-23	-	11	18	70	-		
RE020		CWT - % Two Week Wait (Breast Symptomatic)	Jul-23		0%	8%	-	93%			RE028		MH - No. service users on Current Caseload	Jul-23		5,211	5,131	-	4500 - 5500		
RE018		CWT - % patients decision to treat to first definitive treatment within 31 days	Jul-23		83%	80%	-	96%			RE051		Maternity Bookings	Jul-23	-	48	564	217	-		
RE019		CWT - % patients urgent referral for suspected cancer to first treatment within	Jul-23		27%	33%	-	85%			RE052		Ward Attenders	Mar-23	-	196	-	-	-		
RE064		No. on Cancer Pathway (All)	Jul-23	-	686	738	-	-			RE053		Gestation At Booking <10 Weeks	Jul-23	-	29%	28%	-	-		
RE065		No. on Cancer Pathway (2WW)	Jul-23	-	582	626	-	-			RE030		W&C - % New Birth Visits within timescale	Jul-23	-	83%	88%	-	-		
RE066		Cancer - Total number of patients Waiting for 1st OP	Jul-23	-	53	128	-	-			RE032		Births per annum	Jul-23	-	191	123	-	-		
RE067		Cancer - Median Wait Time for the 2WW referrals (Days)	Jul-23	-	18	18	-	-													
RE044		MH- Waiting list	Jul-23	-	1637	1605	3209	-													

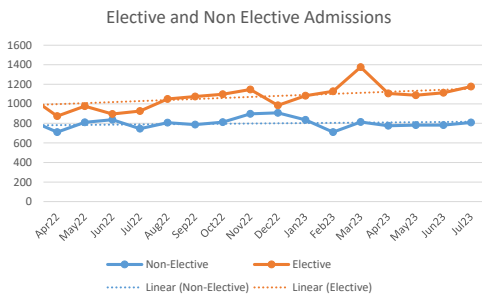
Responsive Demand Executive Lead Lead



Reporting Date	Performance	Op. Plan #
Jul-23	Consultant 2846	
Threshold	YTD Mean 2919	Benchmark 3068
Variation Description		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Jul-23	60.1%	QC79
Threshold	YTD Mean -	Benchmark -
Variation Description Common cause		
Assurance Description Consistently hit target		



Reporting Date	Performance	Op. Plan #
Jul-23	Elective 1176 Non Elective 809	
Threshold	YTD Mean -	Benchmark -
Variation Description		
Assurance Description		

Issues / Performance Summary

Referrals for First Outpatient Appointment:
Referral levels for Consultant led services have remained at a high level into 2023/24. The number of referrals received in July (2846) was about 0.3% higher than the number received in July'22.

Elective and Non Elective Admissions:
Elective Admissions have increased by approximately 5.6% in July (1176) against June (1114).

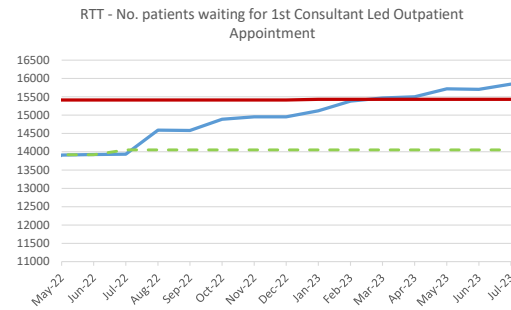
Non Elective admission numbers have remained fairly static over the opening quarter, with 809 in July compared to 782 last month.

Planned / Mitigation Actions

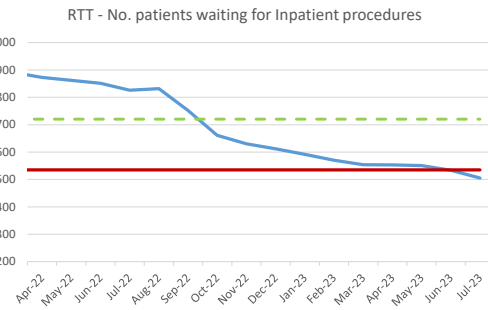
Assurance / Recovery Trajectory

Note - Benchmarks are the Manx Care monthly averages for 2022/23.

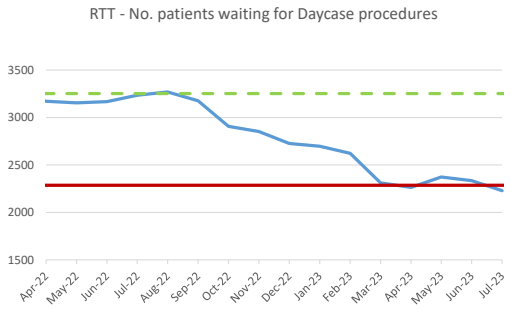
Responsive Referral to Treatment (RTT) Executive Lead Oliver Radford Lead J.Watson; M.Cox; L.Thompson



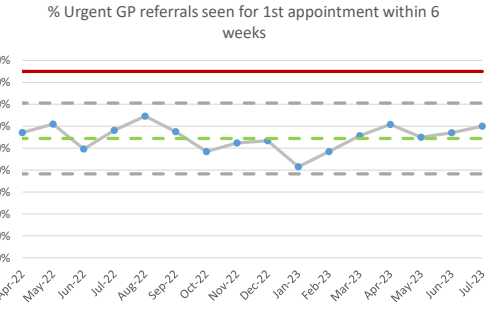
Reporting Date	Performance	Op. Plan #
Jul-23	15,846	QC11
Threshold	YTD Mean	Benchmark
< 15,431	15,692	15,500
(Lower value represents better performance)		
Avg Wait Time (Referral to 1st Cons Led OP Appt.)		
47 weeks		
No. patients waiting 52 weeks or more for 1st OP		
5,089		



Reporting Date	Performance	Op. Plan #
Jul-23	505	QC11
Threshold	YTD Mean	Benchmark
< 535	536	553
(Lower value represents better performance)		
Avg Wait Time (Decision to Treat to Treatment - IP)		
39 weeks		
No. patients waiting 52+ weeks from Decision to Treat		
124		



Reporting Date	Performance	Op. Plan #
Jul-23	2,229	QC11
Threshold	YTD Mean	Benchmark
< 2,286	2,300	2,264
(Lower value represents better performance)		
Avg Wait Time (Decision to Treat to Treatment - DC)		
44 weeks		
No. patients waiting 52+ weeks from Decision to Treat		
602		



Reporting Date	Performance	Op. Plan #
Jul-23	60.0%	QC13
Threshold	YTD Mean	Benchmark
85.0%	58.2%	54.0%
(Higher value represents better performance)		
+ Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		

Issues / Performance Summary

- Reduction in outpatient clinic capacity due to:
 - Impact of RCN industrial action on 25th July (see separate sheet for further information)
 - Staff vacancies, annual leave and other absences.
 - Difficulties in recruiting locum cover
 - Ensuring prioritisation of doctor resource for 24/7 on call cover, inpatient, theatre and endoscopy activity.
- Following the ease on Covid restrictions, GP practices have been seeing more patients face to face which has led to an overall increase in referrals.
- Many outpatient pathways require considerable diagnostic intervention to enable their progression.

Planned / Mitigation Actions

- R&R delivery (Nov'21 to July 23); 168 Ophthalmology procs; 2,150 in total; 36 Orth procs (716 in total); 66 GSU procs (189 in total); Other surgical specialties – 0 procs (54 in total); 46 ENT OP attendances (510 in total); Radiology – 124 scans 0 CT, 124 US (591 in total); Mental Health – 10 service users (193 in total)
 - o Overall there has been about an 83% reduction in the Ophth DC waiting list.
 - o Overall there's been about a 31% reduction in orthopaedic DC/IP waiting lists.
 - o General Surgery IP waiting list reduced by about 32%, DC waiting list has decreased by 2%.
- 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 6,400 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 will have been a 7% reduction in the outpatient waiting list. No patient is removed from the waiting list without a clinical decision being made.
- ENT recovery plan commenced in November, including weekend outpatient clinics.
- Addition diagnostic capacity has been commissioned for approximately 1,300 scans (Echocardiograms, Cardiac Computed Tomography and Ultrasound) to improve outpatient pathway progression.
- Ward 12 has provided additional bed capacity to Urology, Gynaecology and ENT elective inpatients as required.
- Restoration & Recovery (R&R) Phase 3 Business Case 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.

Assurance / Recovery Trajectory

- General Surgery R&R activity commenced in November '22.
- Recovery of ENT waiting times from November with the start of weekend clinics.
- Enhanced Waiting List Management programme established to implement procedural and operational improvements to embed Access policy and improve waiting list management. This includes:
 - Waiting List Validation; started in October '22.
 - Patient Tracking List (PTL) meetings (non Cancer);
 - Referral & Booking (Initial focus on partial booking and patient initiated follow ups)
 - Referral To Treatment (RTT) Rules and System implementation;
 - Reducing patient Did Not Attend (DNA) rates;
 - Harm Review

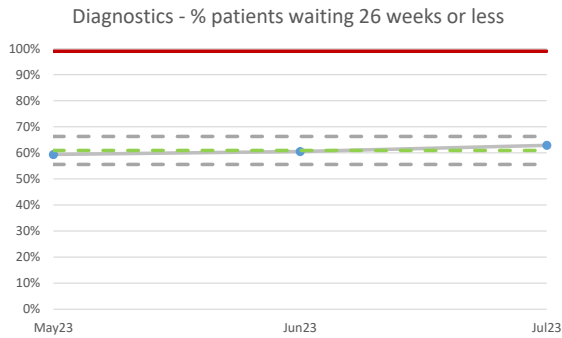
Note -
Benchmark for '% Urgent GP referrals seen for 1st Outpatient' is the Manx Care monthly average for 2022/23.
The benchmarks for the OP, IP and DC waiting lists are currently the waiting list sizes in Apr '23. In future reporting the benchmark will be a comparison to UK waiting list sizes using the numbers waiting per 1,000 population.

Response	Industrial Action Report	Executive Lead	Oliver Radford
<p>Overview On 25th July, the site of Man branch of the Royal College of Nursing (RCN) conducted its first ever 12-hour walkout. The branch consists of over 500 members, including nurses and health care assistants, supporting Moxie Care's healthcare services.</p>			
<p>ECM Integrated Care WCA3 Effective programmes for gastroenterology were cancelled - both theatres and outpatient clinics, along with planned sexual health clinic and non-urgent community work (except safeguarding). Community paediatrics prioritised urgent patients. Infant feeding offered a reduced service.</p> <p>Care Group 1 Direct impact on delivery of care for outpatients, endoscopy and theatres (as detailed below). Overall there were 16 outpatient clinics cancelled, equating to 287 appointments. This was also a substantial increase to the Patient Information Centre's workload to contact patients and cancel/rebook appointments.</p> <p>Care Group 2 The closure of the Minor Injuries Unit (MIU) and Minor Ambulatory Care Unit (MACU) contributed to an increase in attendance activity and therefore extended clinical access waiting. This situation will have likely caused delays in access to critical care. In particular, a 3 non-cancer or delays related CPAs were cancelled, as detailed below.</p>		<p>ECM Integrated Care WCA3 Effective programmes for gastroenterology were cancelled - both theatres and outpatient clinics, along with planned sexual health clinic and non-urgent community work (except safeguarding). Community paediatrics prioritised urgent patients. Infant feeding offered a reduced service.</p> <p>Care Group 1 Direct impact on delivery of care for outpatients, endoscopy and theatres (as detailed below). Overall there were 16 outpatient clinics cancelled, equating to 287 appointments. This was also a substantial increase to the Patient Information Centre's workload to contact patients a re-book/rebook appointments.</p> <p>Care Group 2 The closure of the Minor Injuries Unit (MIU) and Minor Ambulatory Care Unit (MACU) contributed to an increase in attendance activity and therefore extended clinical access waiting. This situation will have likely caused delays in access to critical care. In particular, a 3 non-cancer or delays related CPAs were cancelled, as detailed below.</p>	

Service	Impact	Comments/Response/Status	Summary
Endoscopy (including urgent 2 week wait pathway)	Appointments cancelled		Increase in waiting time
Ultrasound services	Services cancelled		10 x 1507 (15 minutes) slot cancelled with 15 minutes
Minor Clinic at Nelson Hospital	Appointments cancelled		Increase in waiting time
Family Clinic and Family Planning services	Closed		Increase in waiting time
Medical Clinic at Bentley College Hospital	Closed		Increased attendance at Nelson. Significant increase in attendance at RCN the following day
Outpatient appointments	Appointments cancelled		Reduction in services - some virtual appointments went ahead. Increase in waiting time. Some CPAs sessions were disrupted, whilst others were staffed with Non-RCN staff.
Community Nursing Team Clinics, including Great Ormond Street	Appointments cancelled		There have been no reports of patients in care of the patients
Child hearing	Reduced service		Unable to predict impact
Children's opportunity hearing	Reduced service		There have been no reports of patients in care of the patients
Paediatric clinic at Children's Centre	Appointments cancelled		Access to ward attendants via CC, with these patients being seen later in the week
Therapies outpatient appointments	Appointments cancelled		Carfax, Refab exercise class cancelled
Minor Injuries and Business Unit (MIU), Basing	Closed		Increased attendance at Nelson. Significant increase in attendance at MIU the following day

Service	Impact	Comments/Response/Status	Summary
Paediatric services at Nelson's Hospital	Increase in waiting time for elective theatre lists		Increase in waiting list time for elective theatre lists and non-urgent medical procedures and investigations.
Sexual Health Clinic (Sax)	Reduced		Direct waiting for support from this service may include their attendance
Paediatric Department at Nelson's Hospital	Increased inpatient waiting times		Increase in attendance activity due to closure of Sax and impact
Maintenance of urgent cancer service	Priority 1 Disruption		Operational breach of 2 week wait.
Urgent Mental Health Services at Moxie Care	Reduced		Increased support for these patients through their attendance
Patient Information Centre	Increase in appointments to cancel/rebook		Significant increase with direct rebook cancellation of clinics and rebooking of appointments, including substantial increase in phone calls.

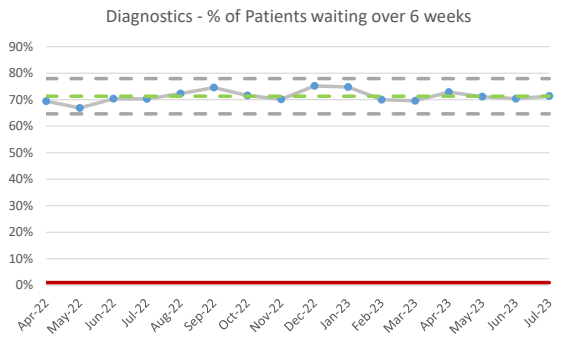
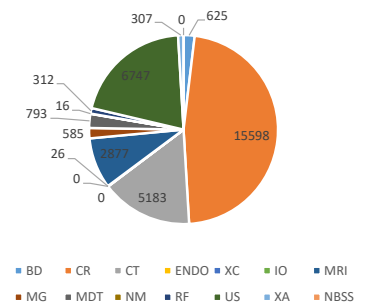
Responsive | **Diagnostics Wait Times (1 of 2)** | **Executive Lead** | **Oliver Radford** | **Lead** | **Lisa Airey**



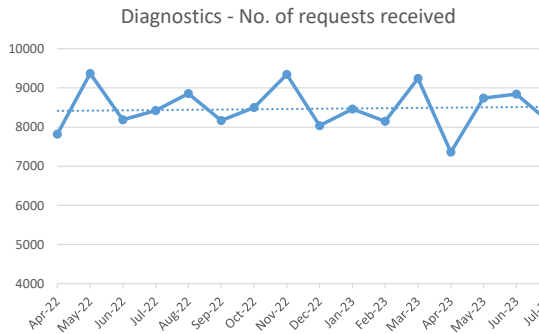
Reporting Date	Performance	Op. Plan #
Jul-23	62.9%	QC37b
Threshold*	YTD Mean	Benchmark
99.0%	60.9%	-
(higher value represents better performance)		
+ Variation Description	Common cause	
- Assurance Description	Consistently fail target	

Modality	Jul-23		
	WL	>6 wks	% >6 wks
Bone Densitometry	169	52	31%
Computed Radiography	667	309	46%
Computed Tomography	851	440	52%
Endoscopy	0	0	-
Intra-oral Radiography	0	0	-
Magnetic Resonance Imaging	580	256	44%
Mammography	1,119	1,096	98%
Miscellaneous	50	13	26%
Nuclear Medicine	19	16	84%
Radiofluoroscropy	69	54	78%
Ultrasound Breast	22	5	23%
Ultrasound Non Obs	3,001	2,347	78%
Ultrasound Obs	424	339	80%
X-ray Angiography	320	278	87%
Total	7,291	5,205	71%

YTD Demand by Modality: 2023/24



Reporting Date	Performance	Op. Plan #
Jul-23	71.4%	QC37
Threshold	YTD Mean	Benchmark
1%	71.4%	25.9%
(lower value represents better performance)		
- Variation Description	Common cause	
- Assurance Description	Consistently fail target	



Reporting Date	Performance	Op. Plan #
Jul-23	33,069	
Threshold	YTD Mean	Benchmark
-	8,267	8,546
Variation Description		
Assurance Description		

Issues / Performance Summary

- Overall demand continues to exceed capacity, with demand for services continuing to increase. Demand was 23.6% higher than capacity in July.
- Emergency Department (ED) 26.2%, Outpatient Department (OPD) 35.2% and General Practitioner (GP) 21.5% are the primary source of referrals. and there has been no significant change on the distribution compared to last month.
- Inpatient referrals(796) remain high but slightly less than June. This equates to 12% of all requests.
- 39% of exams were reported within 2 hours, 13% have taken 97 hours or longer which is a decrease on last month.
- Of the 6574 exams, just under 46.8% were turned around on the same day (1.2% decrease compared to last month) and, a further 34.2% in 1- 28 days (slightly higher than last month).

Planned / Mitigation Actions

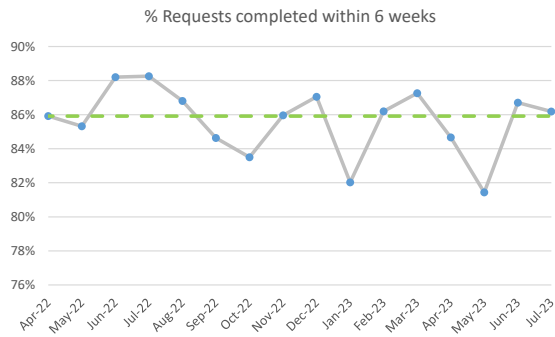
- Projects ongoing to increase capacity to reduce waiting times further.
- Engagement continues with third parties under the Restoration & Recovery (R&R) programme Phase 1 with regard to delivery of an insourced option to address high Cardiac CT, MRI and Ultrasound waiting times.
- Waiting list validation process implemented in October, validating all aspects of the diagnostic waiting list - technical, administrative and clinical validation.
- Further technical validation of the waiting list numbers is being undertaken by the care group in July and August.

Assurance / Recovery Trajectory

- Requirements for sustainable increased Radiology capacity being scoped as part of the demand & capacity element of the Phase 3 Restoration & Recovery (R&R) business case.
- * Manx Care aspires to deliver a maximum six-week wait for all routine diagnostic tests; however, the baseline position identified that waiting times for routine diagnostics were significantly longer than six weeks. Therefore, Manx Care has committed to initially reduce the overall waiting list to a maximum of 26 weeks for the key modalities, with the development of credible, costed plans for reduction to a maximum of six weeks by the end of 2023/24. Reporting of achievement against the 26 week threshold will be included in future reports.

Note -
Benchmark for '% Patients Waiting over 6 Weeks' is the UK NHSE performance figures for May 23. Benchmarks for '% Requests < 6 Weeks' and 'No. of requests received' are the Manx Care monthly average for 2022/23.

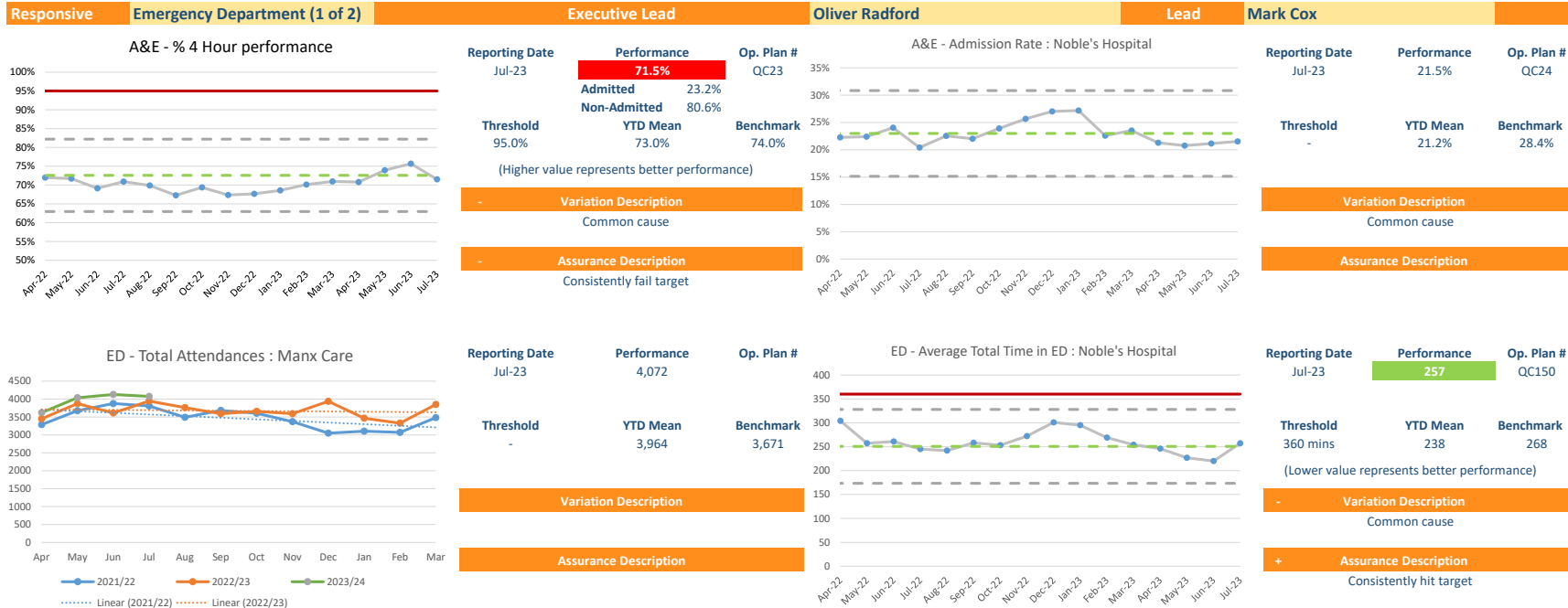
Responsive	Diagnostics Wait Times (2 of 2)	Executive Lead	Oliver Radford	Lead	Lisa Airey
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Reporting Date	Performance	Op. Plan #
Jul-23	86.2%	
Threshold	YTD Mean	Benchmark
-	84.7%	85.9%
Variation Description		
Common cause		
Assurance Description		

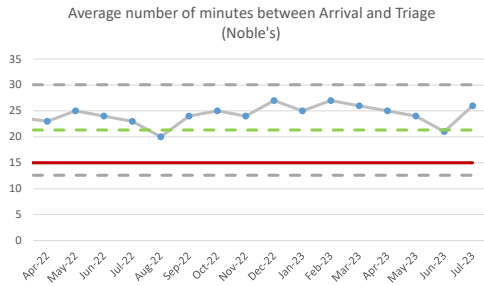
Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
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% Requests completed within 6 weeks:
 Approximately 86.7% of requests completed in July were undertaken within 6 weeks. This was slightly higher than the average of 84% for the year so far.

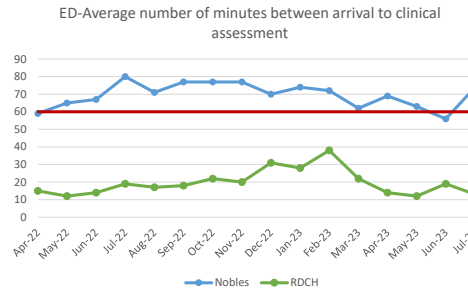


Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<ul style="list-style-type: none"> July's performance of 71.5% remained below the 95% threshold and below the UK's performance of 74%. <ul style="list-style-type: none"> Admitted Performance: 23.2%; Non Admitted Performance: 80.6%; 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. <p>In July, the average admission rate from Noble's ED of 21.5% was lower than that of the UK (28.4%).</p> <p>Performance due to:</p> <ul style="list-style-type: none"> Lack of ED observation space (Clinical Decision Unit space) Lack of physical space to see patients Lack of Ambulatory Emergency Care capability and capacity. Limited Same Day Emergency Care (SDEC) capability. Delays in transfer of patients to in-patient wards due to a lack of available beds. <ul style="list-style-type: none"> Staffing availability (particularly nursing) and sickness. Elderly case mix. Lack of organisational Pathways for example back pain , optician, DVT, dental. 	<ul style="list-style-type: none"> New staff are being recruited to positions in ED, both doctors and nurses, however doctor positions are proving problematic to fill, further engagement with HR recruiting and sourcing Teams to assist in this process. A business case for safer medical staffing is being completed. Further embedding of Ambulatory Emergency Care and MACU to divert patients away from the main ED department for practitioner led and ambulatory treatment that would normally require inpatient admission such as IV therapy or deep vein thrombosis treatment. Work on accuracy of time stamps for triage and treatment at briefings. Development of Rapid Assessment by senior clinical staff Review of GIRFT Programme National Specialty Report (Emergency Medicine) and potential for alignment with current processes and metrics. Two current non-emergency workstreams should also contribute to the improvement of performance within ED: <ul style="list-style-type: none"> Work streams around time of discharge Other work streams around exit block 	<ul style="list-style-type: none"> Average total time in department remains within the required 360 minute standard. Expectation that performance will remain in line with the UK, but it should be noted that as expected the position has remained challenging over the period due to the additional seasonal pressures. Application for Healthcare Transformation Funding to pump prime Intermediate Care for year 1 of operation (£1.2m) which develops diversionary pathways away from ED and invest in community services. Result of increase to Nursing Staffing availability and reducing sickness levels. ED recruitment 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. Secured funding to make improvements to the infrastructure. In the planning stages at present. <p>Note - Benchmarks for '4 Hour' and 'Admission Rate' are UK NHSE performance figures for July' 23. Benchmarks for 'Total Attendances' and 'Average time in ED' are the Manx Care monthly averages for 2022/23.</p>

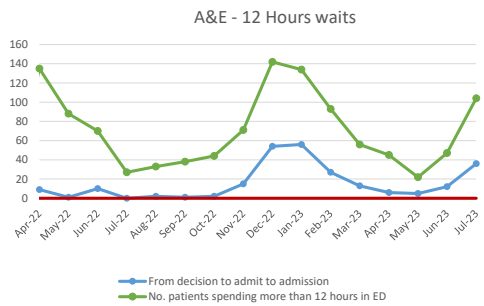
Responsive **Emergency Department (2 of 2)** **Executive Lead** **Oliver Radford** **Lead** **Mark Cox**



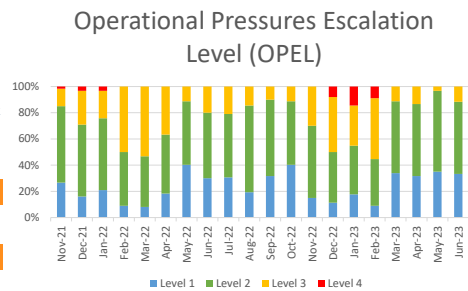
Reporting Date	Performance	Op. Plan #
Jul-23	26	QC26
YTD Mean	24	Benchmark 24
Threshold	15 mins	
(Lower value represents better performance)		
- Variation Description		
Special Cause of Concerning variation (High)		
- Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. Plan #
Jul-23	74 Nobles 13 RDCH	
YTD Mean		Benchmark -
Threshold	60 mins	
(Lower value represents better performance)		
- Variation Description		
- Assurance Description		



Reporting Date	Performance	Op. Plan #
	%Trolley 12h Wait 0.9% % ED 12h Wait 2.6%	QC78
YTD Mean		Benchmark -
Threshold	0	
(Lower value represents better performance)		
- Variation Description		
- Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. Plan #
YTD Mean		Benchmark -
Threshold		
- Variation Description		
- Assurance Description		

Issues / Performance Summary

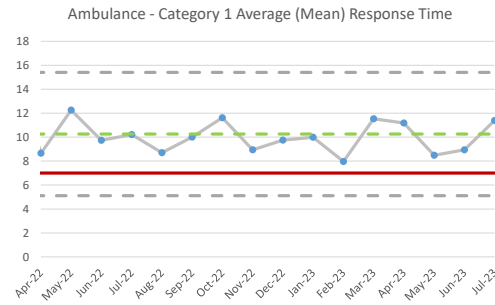
- The service was on the highest Operational Pressures Escalation Level (OPEL), Level 4, for 0.5 day in July.
- The number of 12 Hour Trolley Waits was 36 (0.9% of attendances; UK 1.1%)
- 104 patients had a stay of more than 12 hours in ED in July. That equated to 2.6% of attendances.

Planned / Mitigation Actions

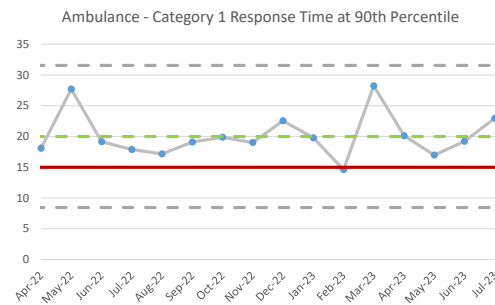
Assurance / Recovery Trajectory

Note - Benchmark for 'Average number of minutes between Arrival and Triage' is the Manx Care monthly average for 2022/23.

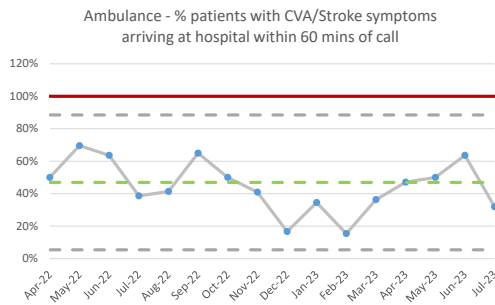
Responsive **Ambulance (1 of 3)** **Executive Lead** **Oliver Radford** **Lead** **Will Bellamy**



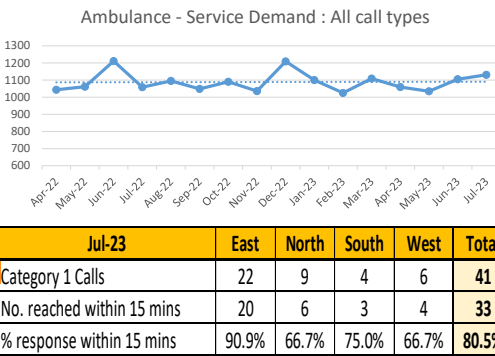
Reporting Date	Performance	Op. Plan #
Jul-23	00:11:23	QC20
Threshold	YTD Mean	Benchmark
7 mins	00:10:00	00:08:21
(Lower value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. Plan #
Jul-23	00:22:58	QC21
Threshold	YTD Mean	Benchmark
15 mins	00:19:49	00:14:59
(Lower value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		
Inconsistently passing and falling short of target		



Reporting Date	Performance	Op. Plan #
Jul-23	32.0%	
Threshold	YTD Mean	Benchmark
100.0%	48.2%	43.5%
(Higher value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. Plan #
Jul-23	1,131	
Threshold	YTD Mean	Benchmark
-	1,083	1,090

- Variation Description					
Common cause					
- Assurance Description					
Consistently fail target					

Jul-23	East	North	South	West	Total
Category 1 Calls	22	9	4	6	41
No. reached within 15 mins	20	6	3	4	33
% response within 15 mins	90.9%	66.7%	75.0%	66.7%	80.5%

Issues / Performance Summary

- Demand for Ambulance services has slightly increased in July '23 = 1131, comparing to [July '22 = 1058]; The number of calls is approximately 6.9% higher than in the previous year.
- The service is facing staffing pressures both in terms of recruitment and long term sickness / modified duties. Steps are being taken to resolve with recent paramedic recruitment advert receiving a number of applicants. Interviews and assessments are scheduled for August 2023.
- CQC have advised that 'See and Treat' proportion (26.6%) is lower than the UK (approx. 4%).
- Stroke data is currently based on information given to a non-clinical call handler who selects "Stroke or TIA" as the primary issue for prioritisation. The actual patient condition found once on scene, and whether it was a confirmed as Stroke needing rapid transportation may or not may differ. The data is therefore as yet unrefined and needs further work (see mitigations).

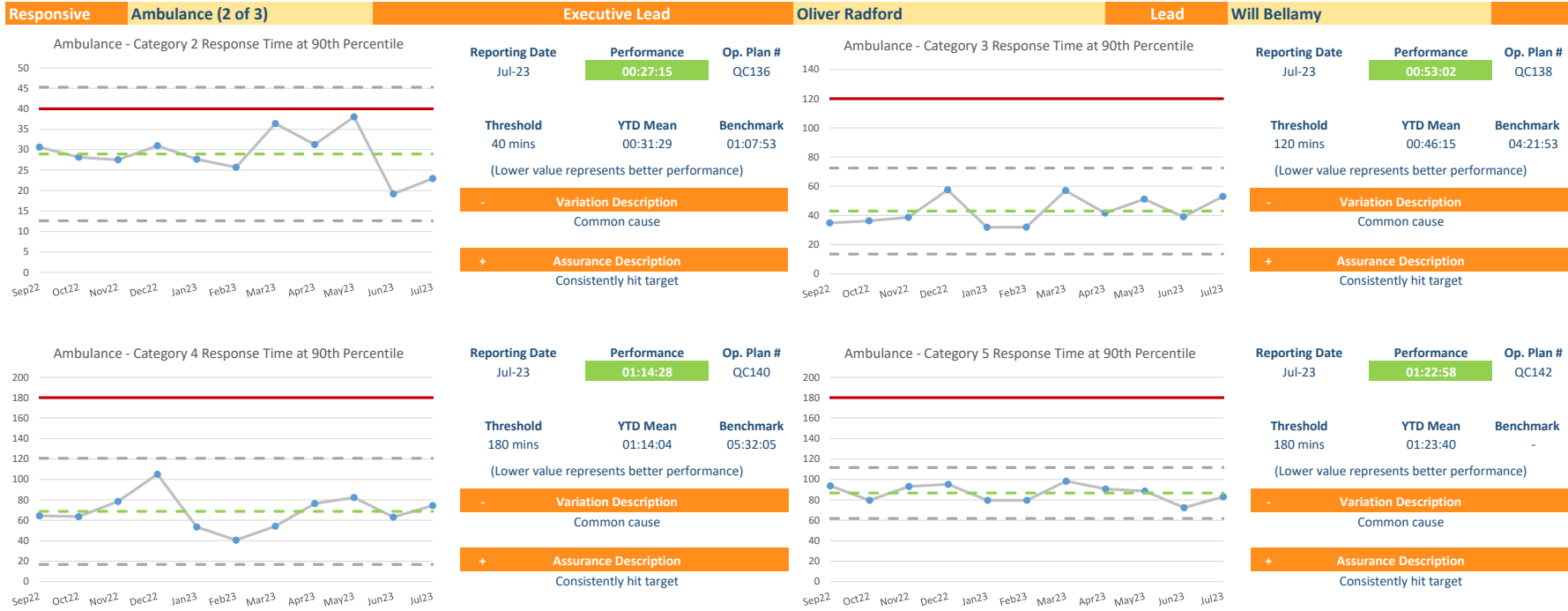
Planned / Mitigation Actions

- Clinical Navigator Soft Launch phase has commenced with volunteer existing ambulance staff involved. They have received IMAS training package and have commenced ad-hoc, mentored navigation shifts within ESJR.
- A full time (LTA) and Bank Clinical Navigator has been appointed and is being trained. The service is moving to 7 days per week , day time only provision once all staff are in place.
- Initial root cause analysis of handover breaches has been undertaken.
- KPIs and associated reporting mechanisms regarding Handover times to be developed as per Operating Plan 2023/26.
- Clearly defined pathways exist for the rapid assessment, pre alert to the stroke team and transfer under blue light conditions of patients with new onset unresolved stroke symptoms so they can be assessed and scanned as rapidly as possible. Reporting to be developed in 2023/24 for patients that may have had a stroke but initially presented with something else (such as a fall where stroke was later found to be the cause).
- Clinical Navigation / Hear and Treat continues to build with recruitment for full time posts now finished. A bank provision has also been created. New team member training is currently underway and we envisage Hear and Treat to be in robust operation 365 daytime only at the end of September 2023.

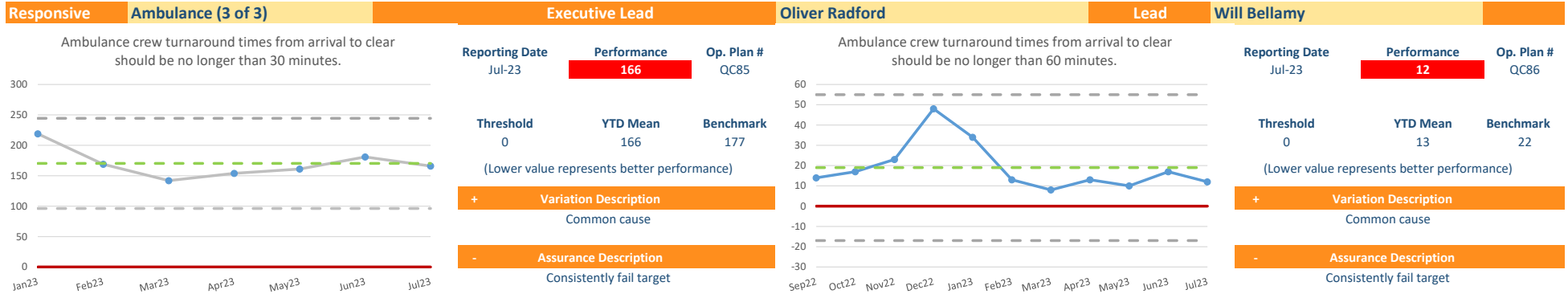
Assurance / Recovery Trajectory

- Development of supporting processes for robust management and reporting of Handover times will be undertake as per the timescales set out in the Operating Plan for 2023/26.
- Reviewing the current limitations with Stroke performance data capture and reporting to improve accuracy and will align reporting metrics with recognised best practice KPIs as appropriate.

Note -
Benchmarks for Category 1 'Average Response Time' and 'Response time at 90th Percentile' are UK NHSE performance figures for June' 23.
Benchmarks for 'CVA/Stroke' and 'Service Demand' are the Manx Care monthly averages for 2022/23.



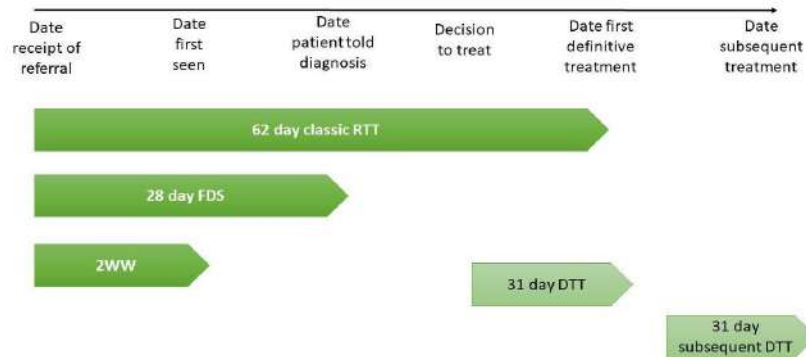
Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<ul style="list-style-type: none"> We remain bench marking well against the categories (2,3,4 and 5) standards: - Category 2; Standard < 40 mins; 90th percentile = 00:27:15 - Category 3; Standard < 120 mins; 90th percentile = 00:53:02 - Category 4; Standard < 180 mins; 90th percentile = 01:14:28 - Category 5; Standard < 180 mins; 90th percentile = 01:22:58 		<p>Note - Benchmarks for Category 2,3,4 'Response time at 90th Percentile' are UK NHSE performance figures for June' 23.</p>



Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<ul style="list-style-type: none"> There were 12 instances where handover Turnaround Times were greater than 60 mins, and 166 where greater than 30 mins. 		<p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>

Cancer Waiting Times Reporting – Refocussing onto the Diagnostic Target

Over recent years, there had a strong focus on the 2 week wait (2WW) Cancer Waiting Times (CWT) target. This is the time from the receipt of referral of a suspected cancer to the first appointment (outpatient or diagnostic). Unfortunately the 2WW target on its own is often used as a barometer of CWT performance; however this does not reflect the performance of the whole cancer pathway.



The CWT reporting needs to reflect the whole of the cancer pathway in order to understand the overall performance and the patient experience.

Work is underway within Manx Care to align our CWT reporting to the UK NHS National Cancer Waiting Times Monitoring Dataset Guidance. Currently the UK NHS have published version 11.1[^] in April 2023 and with the support of Manx Care's BI team, our reporting is in line with this guidance. We are also working with the Cheshire & Merseyside Cancer Alliance to understand future developments of the guidance and planning towards future expectations.

Faster Diagnosis Standard

The CWT guidance has more recently included the new 28 day Faster Diagnosis Standard (FDS). This aim of this target is to:

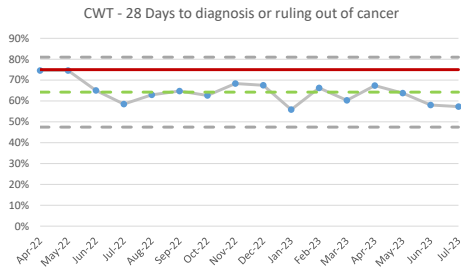
- * reduce the time between referral and diagnosis of cancer
- * reduce anxiety for patients, who will receive a diagnosis or an 'all clear' but do not currently receive this message in a timely manner
- * work alongside the delivery of the 62-day referral to treatment cancer waiting times standard, including the standard to reduce waiting times, through improved analysis and pathway improvements of faster diagnosis.

The 28 day FDS gives a fuller indication of the first part of the suspected cancer pathway rather than using the 2WW performance alone. It reflects not only the first appointment, but also that the diagnostic work has been completed and most importantly that the patient has been informed of a cancer or non-cancer diagnosis.

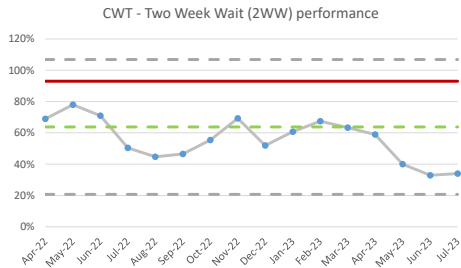
Best Practice Timed Pathways

Cheshire & Merseyside Cancer Alliance are working on a future development expected as part of the National CWT Monitoring Guidance. This is the Best Practice Timed Pathways (BPTP) – and these are being introduced for specific tumour groups. Best practice timed pathways support the ongoing improvement effort to shorten diagnosis pathways, reduce variation, improve people's experience of care, and meet the Faster Diagnosis Standard (FDS). It will also ensure consistency between Manx Care's pathways and that of the Cancer Alliance pathways.

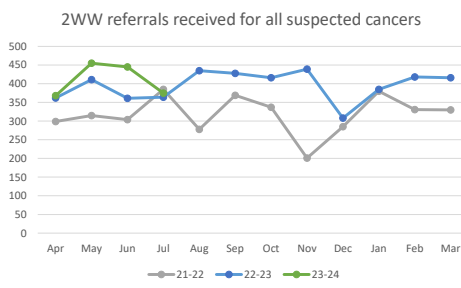
Responsive **Cancer Wait Times (1 of 3)** **Executive Lead** **Oliver Radford** **Lead** **Lisa Airey**



Reporting Date Jul-23
Performance **57.3%**
 (221 of 386)
Op. Plan # QC31
Threshold 75.0%
YTD Mean 61.6%
Benchmark 72.00%
 (Higher value represents better performance)
Variation Description Common cause
Assurance Description Consistently fail target



Reporting Date Jul-23
Performance **34.0%**
 (144 of 424)
Op. Plan # QC29
Threshold 93.0%
YTD Mean 41.5%
Benchmark 83.90%
 (Higher value represents better performance)
Variation Description Common cause
Assurance Description Consistently fail target



Reporting Date Jul-23
Performance
Op. Plan #
Threshold
YTD Mean
Benchmark
Variation Description
Assurance Description

Tumour Group	2WW Referrals									
	Jul-23	Apr - July 2023	Apr - July 2022	Year on Year Increase	Monthly Avg. 2023/24	Monthly Avg. 2022/23	*Trajectory 2023/24	Total 2022/23 (Apr 22- March 23)	Forecast Demand Growth	
Breast	57	262	212	23.6%	65	53	782	635	23.1%	
Colorectal	69	303	285	6.3%	78	76	927	913	1.5%	
Dermatology	96	398	320	24.4%	99	40	1,190	995	19.6%	
Gynaecology	40	170	150	13.3%	42	38	506	476	6.3%	
Haematology	3	15	20	-25.0%	2	6	31	72	-56.9%	
Head & Neck	34	153	125	22.4%	38	35	457	422	8.3%	
Lung	11	42	46	-8.7%	11	10	130	120	8.3%	
Other	1	9	14	-	1	2	17	29	-41.4%	
Upper GI	27	109	119	-8.4%	30	34	349	406	-14.0%	
Urology	34	129	125	3.2%	34	36	401	432	-7.2%	
Sub-Total	372	1,590	1,416	12.3%	199	35	4,790	4,500	6.4%	

**Tumour Group	Monthly number of	
	Jul-23	12 month Avg.
Breast symptomatic (non-suspected cancer)	1	11

*Forecast is straight line 12ths only - based on actuals plus avg. referrals per month received Apr 23 - Mar 24.
 **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.
 Previously breast symptomatic were 'upgraded' but these are now reported on the Somerset Cancer Registry in line with the 'exhibited breast symptoms - cancer not suspected' category in line with UK reporting.

Issues / Performance Summary

- Increased number of referrals for suspected cancer continue to impact on performance due to capacity
- All suspected cancers continue to be monitored against Cancer Waiting Times (CWT) targets by operational PTL and tumour specific PTLs
- Administration delays noted as impacting on patient pathway - currently being investigated
- Some delays to communication of diagnosis of non-cancer are being picked up via tumour specific PTLs (28 day FDS)
- Capacity for Endoscopy and Outpatient appointments due to lack of staff to cover clinics noted at PTL
- Impact of previous month's Bank Holidays and increased referrals have also impacted on outpatient capacity. Additional clinics have been accommodated where possible - these can be limited by availability of specialist staff or outpatient area
- Volatility of percentages due to small numbers, especially for some targets

Planned / Mitigation Actions

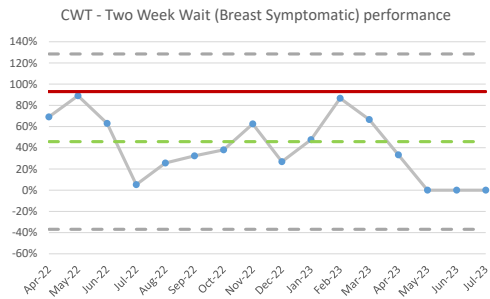
- Review of Suspected cancer GP proforma against new Cancer Alliance templates underway with specialist teams - this should give better guidance to GPs
- Continued roll out of tumour specific PTLs to ensure better communication between clinical/MDT staff over potential to breach CWT targets
- Review of administration of referrals with PIC underway to streamline process and ensure days not lost in pathway ahead of first appointment being booked.
- Draft Cancer Access Policy, Cancer Escalation Policy and Inter-hospital transfer and breach allocation SOP are with IDCS Triumvirate for consideration ahead of wider circulation. 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. These documents will support this process. They will also support better communication/escalation of possible breaches and identify root cause of any unavoidable breaches
- Further work needed on subsequent treatment tracking and data reporting
- Review of Cancer Services and resources underway - further work needed to understand pathways against Cancer Alliance clinical pathways in addition

Assurance / Recovery Trajectory

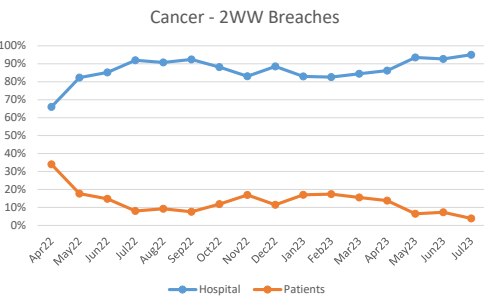
- Reporting data now taken directly from the Somerset Cancer Registry and automated.
- KPIs and performance management governance brought in line with the National Cancer Waiting Times Monitoring Dataset Guidance.
- Review of Cancer Services underway

Note -
 Benchmarks for '2WW Performance' and '28 days to diagnosis' are UK NHSE performance figures for Q4 22-23. Benchmark for '2WW referrals received' is the Manx Care monthly average for 2022/23.

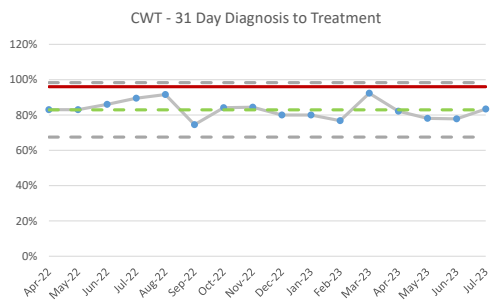
Responsive **Cancer Wait Times (2 of 3)** **Executive Lead** **Oliver Radford** **Lead** **Lisa Airey**



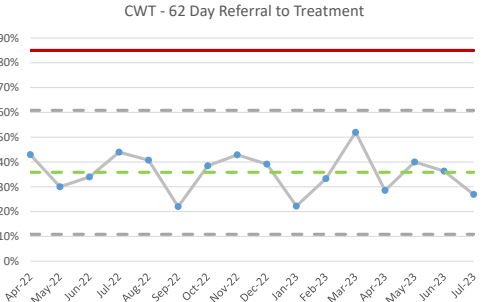
Reporting Date	Performance	Op. Plan #
Jul-23	0.0% (0 of 1)	QC30
Threshold	YTD Mean	Benchmark
93.0%	8.3%	72.20%
(Higher value represents better performance)		
- Variation Description Common cause		
- Assurance Description Consistently fail target		



Reporting Date	Performance	Op. Plan #
Jul-23	26.9% (7 of 26)	QC34
Threshold	YTD Mean	Benchmark
85.0%	33.0%	59.10%
(Higher value represents better performance)		
- Variation Description Common cause		
- Assurance Description Consistently fail target		



Reporting Date	Performance	Op. Plan #
Jul-23	83.3% (40 of 48)	QC35
Threshold	YTD Mean	Benchmark
96.0%	80.3%	90.80%
(Higher value represents better performance)		
+ Variation Description Common cause		
- Assurance Description Consistently fail target		



Reporting Date	Performance	Op. Plan #
Jul-23	26.9% (7 of 26)	QC34
Threshold	YTD Mean	Benchmark
85.0%	33.0%	59.10%
(Higher value represents better performance)		
- Variation Description Common cause		
- Assurance Description Consistently fail target		

Issues / Performance Summary

- The 93% 2WW standard allows 7% for patient choice – in July there has been a slightly lower percentage of patient choice breaches.

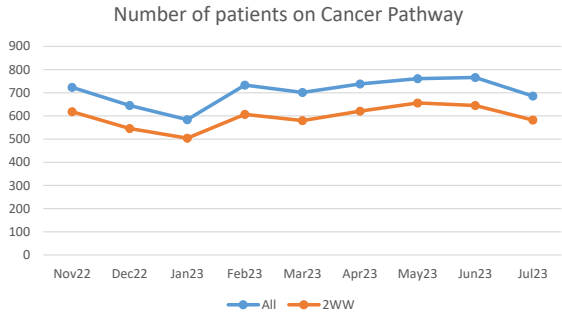
For July'23:
Reason for Breach - Hospital: 95%
Reason for Breach - Patient Choice: 4%

Planned / Mitigation Actions

Assurance / Recovery Trajectory

Note - Benchmarks for 'Breast Symptomatic', '31 days diagnosis to treatment' and '62 days referral to treatment' are UK NHSE performance figures for Q4 22-23

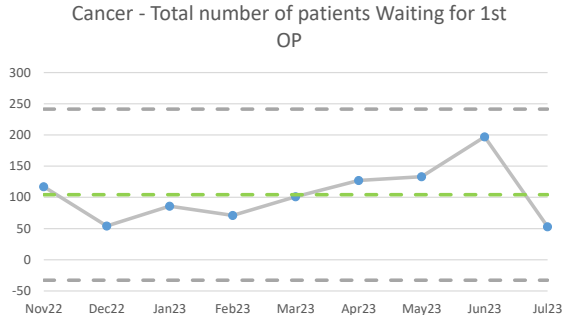
Responsive **Cancer Wait Times (3 of 3)** **Executive Lead** **Oliver Radford** **Lead** **Lisa Airey**



Reporting Date Jul-23	Performance 686	Op. Plan #
Threshold -	YTD Mean 738	Benchmark 677

Variation Description

Assurance Description



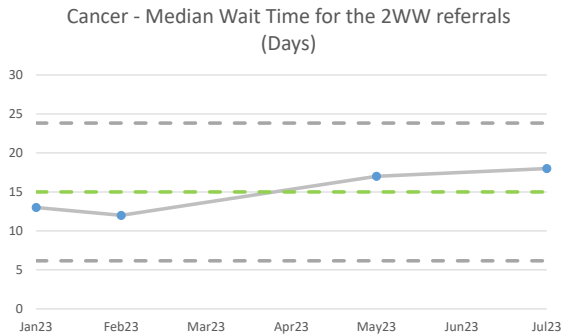
Reporting Date Jul-23	Performance 53	Op. Plan #
Threshold	YTD Mean 128	Benchmark 86

(Lower value represents better performance)

Variation Description

Common cause

Assurance Description



Reporting Date Jul-23	Performance 18	Op. Plan #
Threshold	YTD Mean	Benchmark

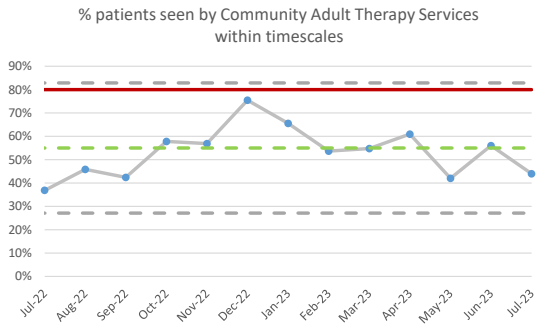
Variation Description
Common cause

Assurance Description

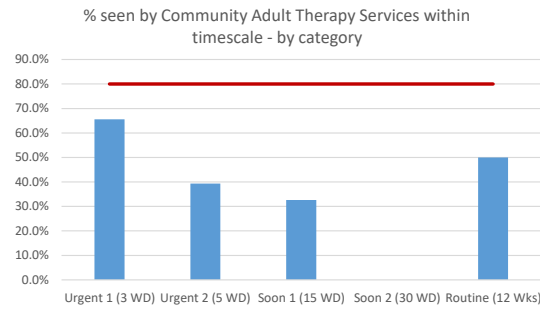
Issues / Performance Summary **Planned / Mitigation Actions** **Assurance / Recovery Trajectory**

Please see page 50 for supporting narrative.

Responsive Integrated Primary & Community Care (1 of 5) **Executive Lead** **Oliver Radford** **Lead** **Annmarie Cubbon**



Reporting Date	Performance	Op. Plan #
Jul-23	44.0%	QC62
Threshold	YTD Mean	Benchmark
80.0%	50.7%	54.4%
(Higher value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. Plan #
Jul-23	-	
Threshold	YTD Mean	Benchmark
80%	-	-
(Higher value represents better performance)		
- Variation Description		
- Assurance Description		

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

Community Adult Therapy:

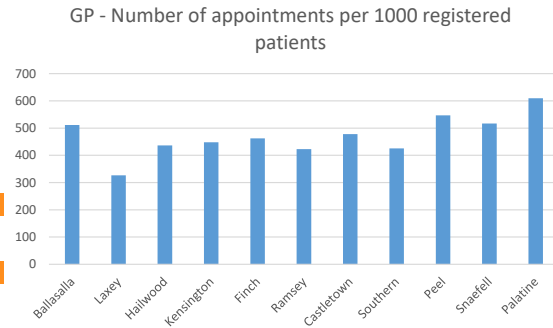
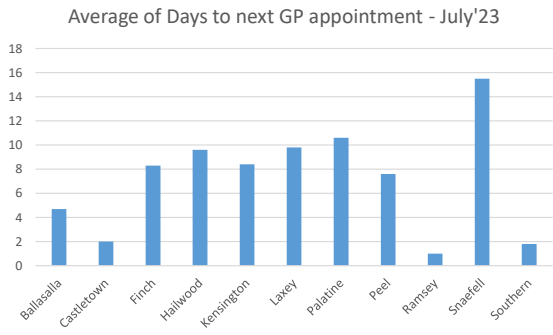
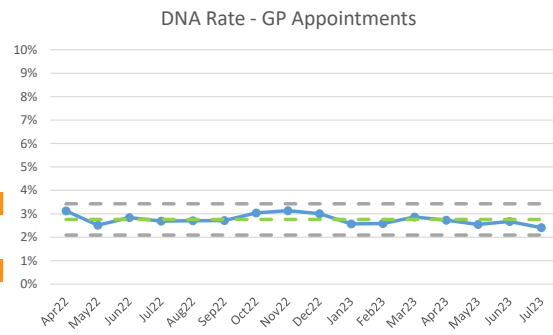
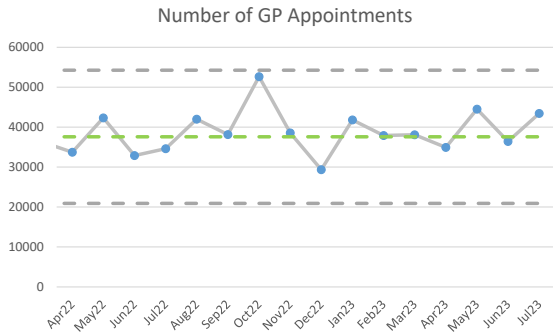
- 65.6% of Urgent 1 (3 working day) and ;39.3% of Urgent 2 (5 working day) patients were seen within the required timescales in July.
- The complexity of patients being seen remains high, with therapists needing to spend longer with each patient and consequently being able to see fewer patients each week.
- Reduction of inpatient beds in Hospice from (10 to 3) has impacted the team as they are now getting referrals for palliative and end of life patients, which of course may be intensely time-consuming.

Community Adult Therapy:

- Recording and reporting of Urgent referrals split into 2 categories from July '22; 'Urgent 1 - Seen within 3 working days' and 'Urgent 2 - Seen within 5 working days'.
- Following successful focus on response times for the Urgent categories, scope has been widened to the other urgencies.

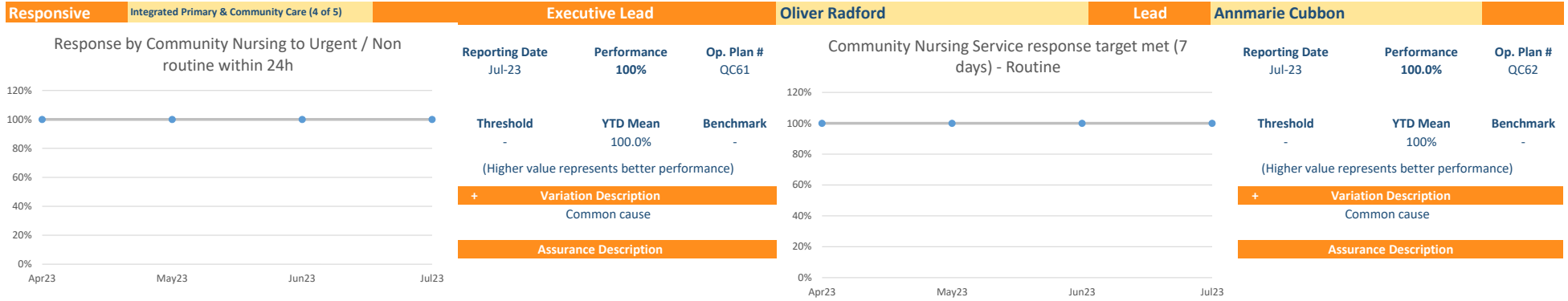
- Note:
Benchmark for '% patients seen by CAT' is the Manx Care monthly averages for 2022/23.

Responsive Integrated Primary & Community Care (2 of 5) **Executive Lead** Oliver Radford **Lead** Annmarie Cubbon



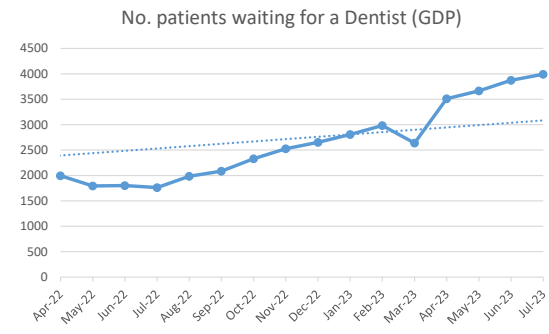
Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory

Responsive	Integrated Primary & Community Care (3 of 5)	Executive Lead	Oliver Radford	Lead	Anmarie Cubbon
<p>% of patients registered with a GP</p>		<p>Reporting Date Jul-23</p> <p>Performance 5.5%</p> <p>Op. Plan # QC99</p>	<p>Threshold 5.0%</p> <p>YTD Mean 5.5%</p> <p>Benchmark 5.2%</p> <p>(Lower value represents better performance)</p>		
		<p>Variation Description Common cause</p>			
		<p>Assurance Description Consistently fail target</p>			
<p>Issues / Performance Summary</p> <p>% of patients registered with a GP:</p> <ul style="list-style-type: none"> Remains above the 5% tolerance. 		<p>Planned / Mitigation Actions</p> <p>% of patients registered with a GP:</p> <ul style="list-style-type: none"> List cleansing is fully operational, with monthly / quarterly and annual checking. An additional validation is conducted with practices by the Primary Care GP registrations team to ensure that practices patient lists match the GP registration system. The GP Contracts manager has also discussed with practices in making contact with any patients on their list who haven't been into the practice in the last 3-5 years to establish if they are still on the Island, in order to reduce the lists further. 		<p>Assurance / Recovery Trajectory</p> <p>% of patients registered with a GP:</p> <ul style="list-style-type: none"> The 2021 Census identified that there was a resident population of 84,069, and there has been movement on and off the Island since that date. Whilst we can continue to list cleanse and work with the practices to remove 'Ghost patients' to bring it back under 5% we are working to a 2021 Census figure and have also received a number of Ukrainian guests who have registered since the Census. We will continue to review the % on a monthly basis, working to the list cleansing timetable and with practices accordingly. <p>Note - Benchmarks are the Manx Care monthly averages for 2022/23.</p>	

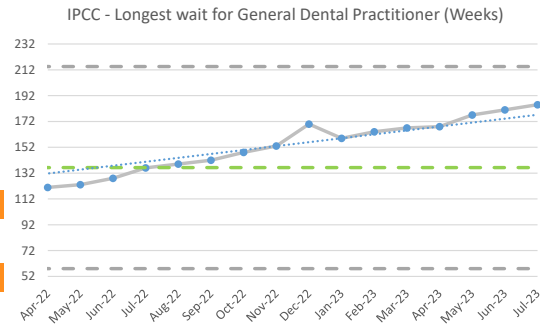


Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
Both Community Nursing response standards continue to be fully met.		

Responsive Integrated Primary & Community Care (5 of 5) **Executive Lead** **Oliver Radford** **Lead** **Annmarie Cubbon**



Reporting Date	Performance	Op. Plan #
Jul-23	3993	
Threshold	YTD Mean	Benchmark
-	3760	1004
(Lower value represents better performance)		
- Variation Description		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Jul-23	181	
Threshold	YTD Mean	Benchmark
-	168	168
- Variation Description		
Special Cause of Concerning variation (High)		
Assurance Description		

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

Dental:

- In July 2023 156 patients were added to the dental allocation list. At the end of July 2023 the total number of patients awaiting allocation to a NHS dentist was 3,993.

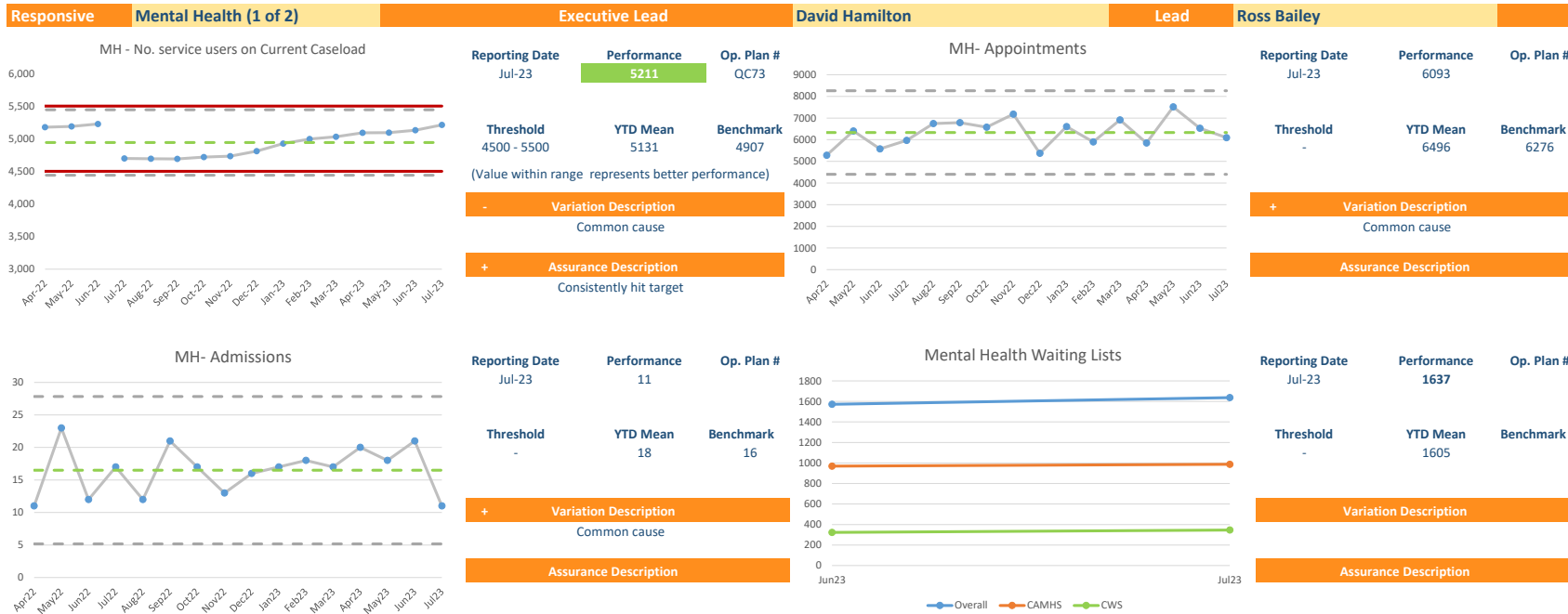
Dental:

- To explore options by end of September 2023 with dental contracting regarding unifying the UDA value across the new dental contracts and increasing capacity by introducing a new KPI to cleanse patient lists on a quarterly basis for providers to take new patients from the list regularly.
- To look at options of increasing the capacity if the UDA value increases on the new dental contract and encourage recall periods to be expanded to allow for more patients to be seen and patients to be taken from the waiting list.
- Work underway to cleanse the dental waiting list. Letters have been sent to all patients who do not have an email address and work is ongoing to email all other patients on the dental allocation list who have been on the waiting list for more than 6 months (all patients added on or before 31st January 2023) requesting a response to notify Manx Care if they still wish to remain on the list. Information in relation to responses will be collated and recorded accordingly and an update will be provided once complete.

Dental:

- To update and review figures once dental allocation list cleansed
- The dashboard for the dental allocation list has been completed.

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.



Issues / Performance Summary

Current Caseload:
Caseload remains within the expected range and continues to steadily increase. It is significantly higher locally than you would expect within the English NHS. Particularly within CAMHS, whose caseload is some 4 times higher than you would expect per 100 thousand population equivalent in England. This range is benchmarked upon historic demand.

MH Appointments:
The DNA rate for the service remains below 10% at 9.06%

MH Admissions to Manannan Court:
Admissions in July have halved, a contributing factor to this could be the successful recruitment to a number of vacancies within the community teams. 11 Patients were also successfully discharged during July.

MH Waiting Lists:
Reduction in waiting list volume's for adults accessing Psychological Services (Low to Moderate)
There are 356 Adults waiting, the average days waiting is at 260.52

Reduction in waiting list volume's for CAMHS mental health services
There are 976 children waiting, the average days waiting is 334.5, however those where there is a significant risk of harm are triaged & assessed within 24 hours.

Planned / Mitigation Actions

Current Caseload:
Business case for additional staff in CAMHS is progressing to treasury.

MH Appointments:
Operational Managers are able to view DNA rates via their reporting dashboard and can take action if negative trends or areas of concerns are identified.

MH Admissions to Manannan Court:
Continue to monitor the impact of successful recruitment in community services on inpatient admissions.

MH Waiting Lists:
The intention is to report on referral to treatment times, we are working with the performance team to establish a clear methodology and the scope for RTT reporting.

Reduction in waiting list volume's for CAMHS mental health services
The business case to treasury suggests options to reduce waiting lists, with the assistance of partnership arrangements with third sector providers and shared care agreements with GPs.

Assurance / Recovery Trajectory

Current Caseload:
IMHS continue to be the main contributing department to the implementation of iThrive on the island. Successful embedding of this initiative should ensure that services other than entry to IMHS are available to children and their families, this should over time reduce demand on the service now and in the future.

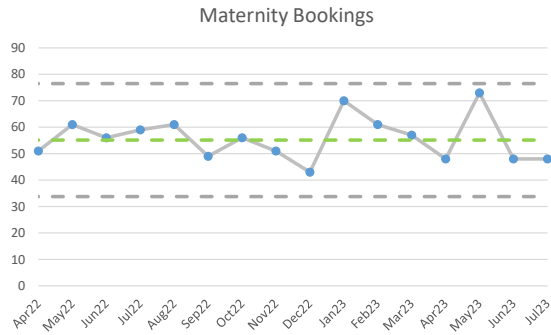
MH Appointments

MH Admissions to Manannan Court:

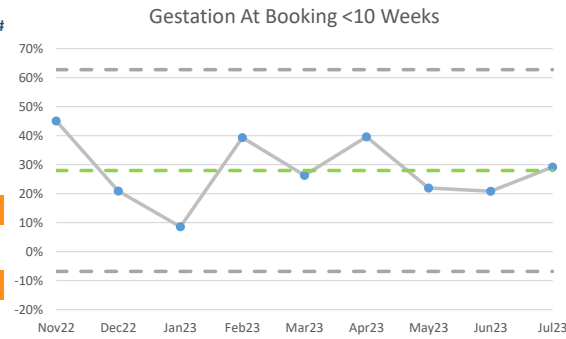
MH Waiting Lists

Reduction in waiting list volume's for adults accessing Psychological Services (Low to Moderate)
Completion of in house development programme for 9 staff, should ensure that the service are able to recruit to number of difficult to recruit to posts in October. There is then expected to be a positive impact on waiting lists as a direct result of this programme.

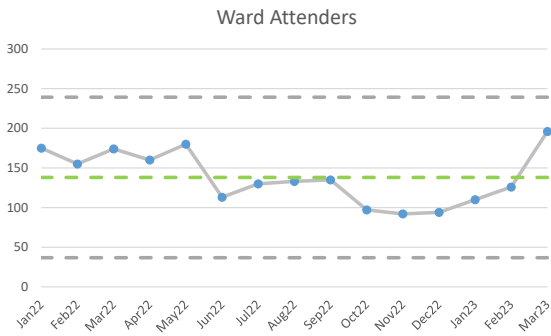
Responsive **Women & Children (1 of 2)** **Executive Lead** **Oliver Radford** **Lead** **Linda Thompson**



Reporting Date	Performance	Op. Plan #
Jul-23	48	
Threshold	YTD Mean	Benchmark
-	564	56
Variation Description		
Common cause		
Assurance Description		



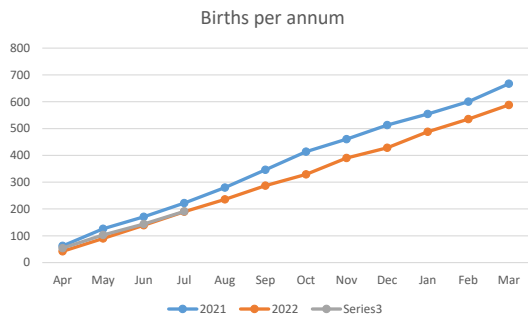
Reporting Date	Performance	Op. Plan #
Jul-23	29%	
Threshold	YTD Mean	Benchmark
-	28%	28.0%
Variation Description		
Common cause		
Assurance Description		



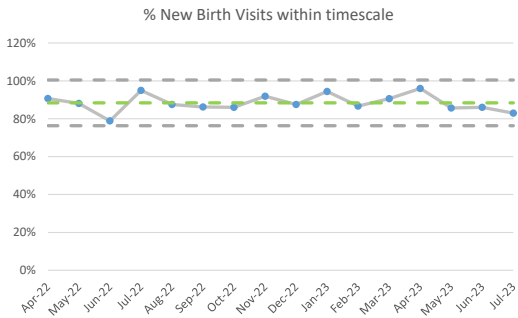
Reporting Date	Performance	Op. Plan #
Mar-23	196	
Threshold	YTD Mean	Benchmark
-	-	131
Variation Description		
Common cause		
Assurance Description		

Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Gestation<10 weeks at booking: 29.1% compared with 49.1% last July. The work to implement a self-referral process for women is ongoing and once implemented the compliance with this KPI should improve.</p>		

Responsive Women & Children (2 of 2) Executive Lead Oliver Radford Lead Linda Thompson



Reporting Date	Performance	Op. plan #
Jul-23	191	
Threshold	YTD Mean	Benchmark
-	123	-
(Higher value represents better performance)		
+ Variation Description		
Common cause		
Assurance Description		



Reporting Date	Performance	Op. Plan #
Jul-23	83%	QC133
Threshold	YTD Mean	Benchmark
-	88%	89%
- Variation Description		
Common cause		
Assurance Description		

Issues / Performance Summary

Total births- July 47 births (46 live births) compared to 51 live births in July 2022.
 A total of 406 women have booked for care during 2023 compared with 394 women at the same point in 2022.

In July 2023 we received **49 Antenatal referrals** into the department.

We conducted 47 New Birth visits, 39 of which were within timeframe of up to 14 days and 8 were out of timeframe of 15 days and over.

Percentage
 Within timeframe – 83%
 Out of Timeframe – 17%
 Compliance: 96%

Exception Data
 Parents forgot we were due to visit, conducted at day 15.
 Parent Requested we reschedule visit, visit conducted at day 16.
 Parent Requested we reschedule visit, visit conducted at day 15.
 Parent Requested we reschedule visit, visit conducted at day 16.
 Parent Requested we reschedule visit, visit conducted at day 20.

Breach Data
 One visit was booked for day 15 due to staffing and bank holiday's.
 One visit was conducted at day 15 as the Health Visitor had incorrectly calculated the date.
 One visit was conducted at day 20, no reason given.

We have a number of vacancies within the service which is contributing to the small breaches.


































Planned / Mitigation Actions

Planned / Mitigation Actions

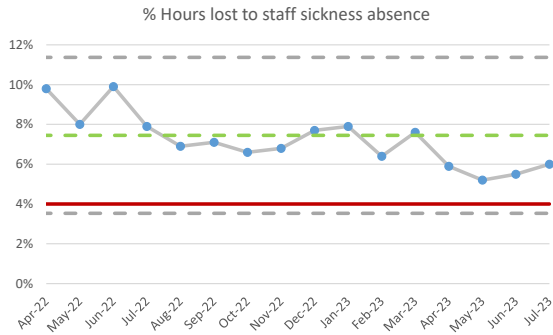
Verbal offer made to 2 Health Visitors following a successful recruitment drive. We also have newly qualified Health Visitors who will commence September time.

With the establishment increasing as of September we expect all new birth visits to be conducted within timeframe where within our control.

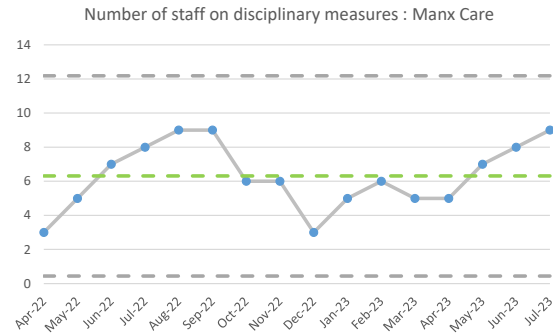
Well Led (People) Performance Summary

KPI ID	B.I. Status	KPI Description	Latest Date	R.A.G.	Value	Mean	YTD	Threshold	Variation	Assurance
WP001		Workforce - % Hours lost to staff sickness absence	Jul-23		6.0%	5.7%	-	4.0%		
WP002		Workforce - Number of staff on long term sickness	Jul-23	-	91	77	-	-		
WP004		Workforce - Number of staff leavers	Jul-23	-	22	23	90	-		
WP005		Workforce - Number of staff on disciplinary measures	Jul-23	-	9	7	29	-		
WP006		Workforce - Number of suspended staff	Jul-23	-	1	1	4	-		
WP013		Staff 12 months turnover rate	Jul-23		10.0%	10.6%	42.3%	10%		
WP014		Training Attendance rate	Jul-23		61.0%	62.0%	248.0%	90%		
WP007		Governance - Number of Data Breaches	Jul-23		11	11	45	0		
WP008		Governance - Number of Data Subject Access Requests (DSAR)	Jul-23	-	56	53	212	-		
WP009		Governance - Number of Access to Health Record Requests (AHR)	Jul-23	-	4	2	8	-		
WP010		Governance - Number of Freedom of Information (FOI) Requests	Jul-23	-	12	11	43	-		
WP011		Governance - Number of Enforcement Notices from the ICO	Jul-23	-	0	0	0	-		
WP012		Governance - Number of SAR, AHR and FOI's not completed within their target	Jul-23		27	44	176	0		
WP015		Number of DSAR, AHR and FOI's overdue at month end	Jul-23		41	45	181	-		

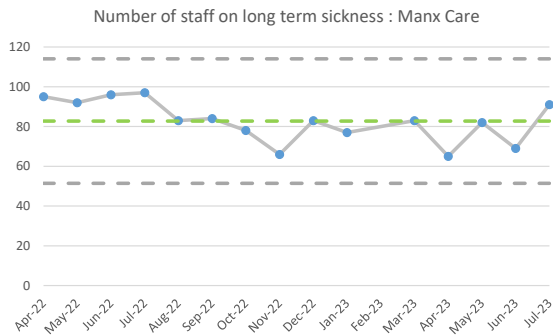
Well Led | **OHR (1 of 2)** | **Executive Lead** | **Anne Corkill** | **Lead** | **Hannah Leighton**



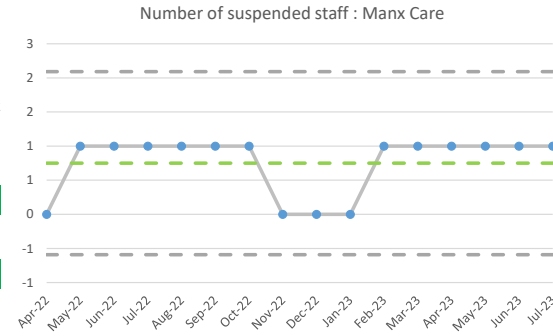
Reporting Date	Performance	Op. plan #
Jul-23	6.0%	P1
Threshold	4.0%	YTD Mean
		5.7%
		Benchmark
		7.7%
(Lower value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		
Consistently fail target		



Reporting Date	Performance	Op. plan #
Jul-23	9	P5
Threshold	-	YTD Mean
		7
		Benchmark
		-
(Lower value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		



Reporting Date	Performance	Op. plan #
Jul-23	91	P4
Threshold	-	YTD Mean
		77
		Benchmark
		-
(Lower value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		



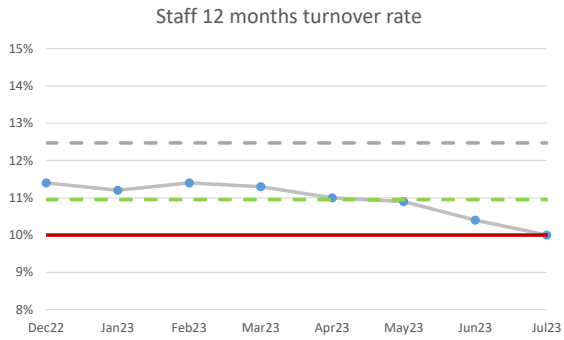
Reporting Date	Performance	Op. plan #
Jul-23	1	P6
Threshold	-	YTD Mean
		1
		Benchmark
		-
(Lower value represents better performance)		
- Variation Description		
Common cause		
- Assurance Description		

Issues / Performance Summary	
• Worktime lost in July '23 by sickness category:	
Stress, Anxiety & Depression	- 1.7%
Cough, Cold & Flu	- 0.4%
Musculoskeletal	- 1.2%
Covid-19	- 0.3%
Other sickness	- 2.4%
• Worktime lost in July'23 by Area:	
Integrated Social Care Services	- 6.7%
Medicine, Urgent Care & Ambulance Services	- 5.6%
Integrated Mental Health Services	-
Infrastructure	- 8%
Integrated Primary & Community Care Services	- 5.7%
Integrated Cancer & Diagnostic Services	- 4.1%
Women, Children & Families	- 4.7%
Surgery, Theatres, Critical Care & Anaesthetics	- 6.3%

Planned / Mitigation Actions
• 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.
• 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.

Assurance / Recovery Trajectory
• 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 which should have a positive impact.

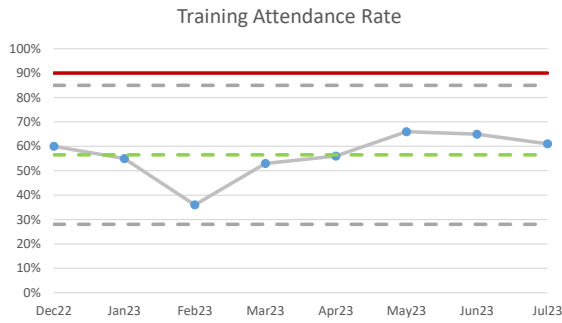
Well Led | **OHR (2 of 2)** | **Executive Lead** | **Anne Corkill** | **Lead** | **Hannah Leighton**



Reporting Date	Performance	Op. plan #
Jul-23	10.0%	P2
Threshold	YTD Mean	Benchmark
10.0%	10.6%	11.3%

(Lower value represents better performance)

+	Variation Description
	Common cause
-	Assurance Description
	Inconsistently passing and falling short of target

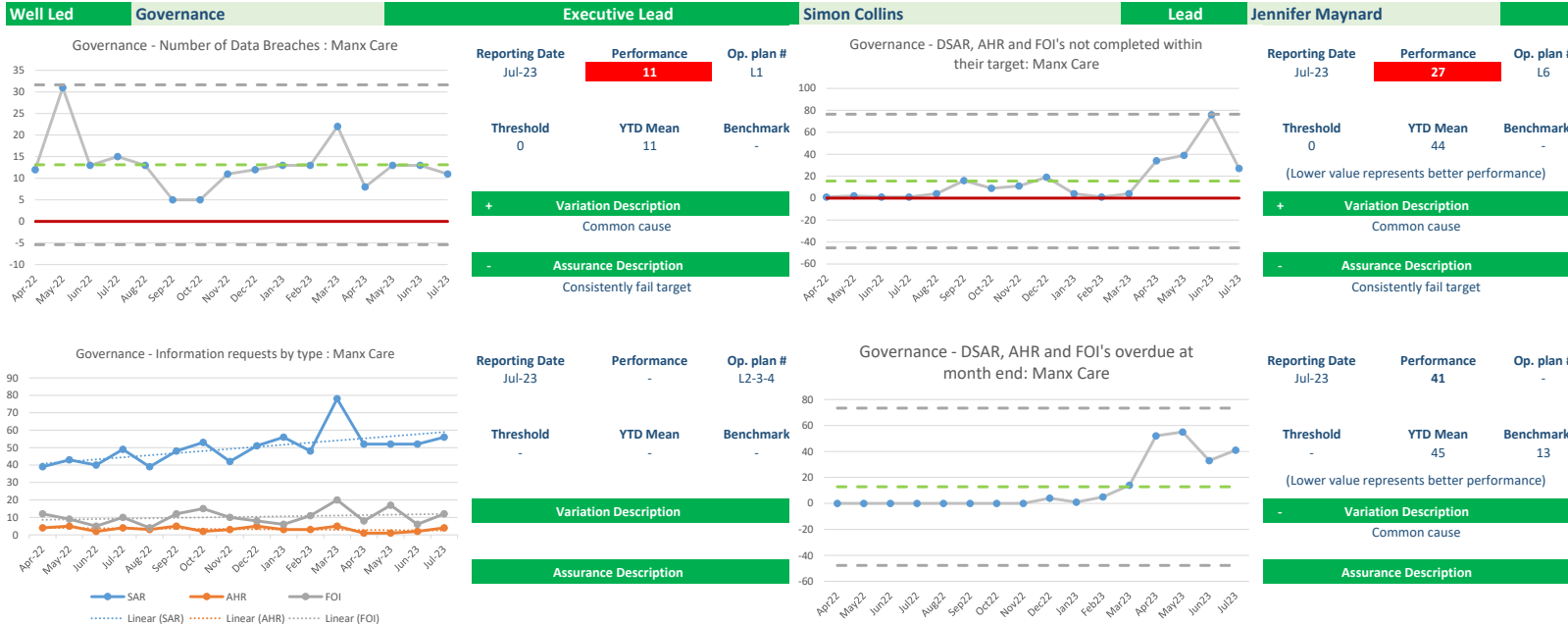


Reporting Date	Performance	Op. plan #
Jul-23	61%	P7
Threshold	YTD Mean	Benchmark
90%	62%	51%

(Higher value represents better performance)










-	Variation Description
	Common cause
-	Assurance Description
	Consistently fail target

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

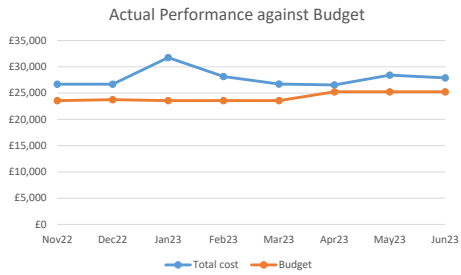


Issues / Performance Summary	Planned / Mitigation Actions	Assurance / Recovery Trajectory
<p>Total Breaches : 11 in July</p> <p>Data Subjects informed: 4</p> <p>Data Subjects Not Informed: 7. [Breaches identified as low or no risk to the data subject i.e. email had been deleted without reading; draft clinical letter breach deemed no risk to the data subject as the clinical letters had been sent out and there was no impact on their clinical care]</p> <p>Types of breach Email: 7 Written Communication: 2 Confidentiality: 2</p>	<ul style="list-style-type: none"> Manx Care continues to report all incidents reported to the Manx Care DPO as breaches to the ICO Where a data breach occurs Manx Care will inform the data subject(s) unless there is a clinical reason not to do so or if there is a very low risk to the data subject, for example patient data being shared with the incorrect GP 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. 	<ul style="list-style-type: none"> 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. 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. All actions will progress the department in its aim of improving efficiencies, processes and clearer reporting. IG are currently looking at all processes and identifying improvements, some can be made now and are actively being addressed, others are longer term. Steps which will be taken will include: improving the digital solutions used to manage and monitor requests; improving data gathering to identify the areas across Manx Care where resource issues are impacting on response times and improving the visibility of the work required to respond to requests, the reporting of a simple total of requests does not allow demonstration of the increasing scope and complexity of requests.

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)	Jun-23		22%	-	22%	100% (equiv. 1%)		
WF002		Total income (£)	Jun-23	-	-£1,363,059	-£1,238,717	-£3,858,315	-		
WF003		Total staff costs (£)	Jun-23	-	£17,822,473	£16,177,273	£52,489,546	-		
WF004		Total other costs (£)	Jun-23	-	£12,377,179	£11,886,589	£38,676,535	-		
WF005		Agency staff costs (proportion %)	Jun-23	-	6%	9.1%	-	-		
WF009		Actual performance against Budget	Jun-23		-2,663	-£4,401	-£7,151	-		

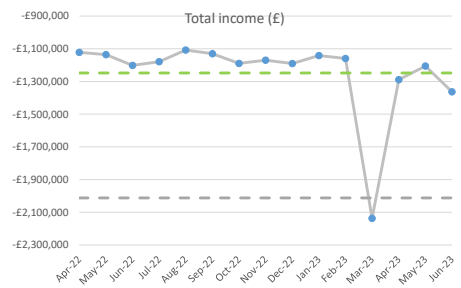
Well Led Finance (1 of 2) Executive Lead Jackie Lawless Lead Samantha Allibone



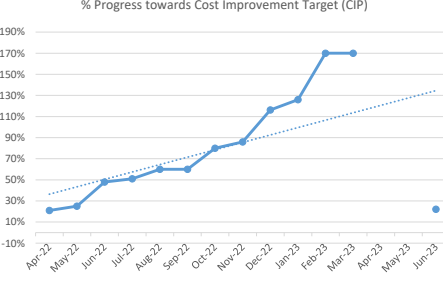
Reporting Date	Performance	Op. plan #
Jun-23	17,822,473	F4
Threshold	-	-
YTD Mean	16,177,273	-
Benchmark	-	-
Variation Description		
Assurance Description		



Reporting Date	Performance	Op. plan #
Jun-23	17,822,473	F4
Threshold	-	-
YTD Mean	16,177,273	-
Benchmark	-	-
Variation Description		
Assurance Description		



Reporting Date	Performance	Op. plan #
Jun-23	-1,363,059	F3
Threshold	-	-
YTD Mean	-1,238,717	-
Benchmark	-	-
Variation Description		
Assurance Description		



Reporting Date	Performance	Op. plan #
Jun-23	22.2%	F1
Threshold	100% (equiv. 1%)	-
YTD Mean	-	-
Benchmark	-	-
Variation Description		
Assurance Description		

Issues / Performance Summary

% Progress towards Cost Improvement Target (CIP):

- The CIP target allocated to Manx Care as part of the budget process is 1.5% (£4.5m).
- Spend is expected to increase by £24.4m compared to the prior year, whilst funding has increased by £20m.

Total income (£):

- The operational result for June is an overspend of (£1,639k) which is a reduction of £531k from the prior month. As actuals in May were higher than normal due to a catch up of costs from the prior month, the reduction in spend this month brings the YTD position more in line with expectations.

Total staff costs (£):

- YTD year employee costs are (£0.9m) over budget.
- Agency spend is contributing to this overspend and reducing this is a factor in improving the financial position by the year end. The total spend YTD of £3.4m is broken down across Care Groups below. The Care Groups with the largest spend are Medicine (£0.9m), Women & Children (£0.5m) and Social Care (£0.4m), where spend is primarily incurred to cover existing vacancies in those areas.
- 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%).
- Increases in Operations Services (46%) and Nursing (29%) are due mainly to service developments and additional funding for nursing staff.

Planned / Mitigation Actions

% Progress towards Cost Improvement Target (CIP):

- 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. To date, £1m in cash out savings have been delivered, along with £354k in efficiencies. As CIP plans develop and crystallise, the forecast will be adjusted to reflect actual spend reductions achieved. If these savings cannot be achieved in year or do not impact the current run rate then the forecast overspend for Manx Care could be up to £27.2m.

Total income (£):

- The full year forecast is an overspend of (£27.2m) which is the same as reported last month. £4.9m of this is expected to be approved from the DHSC reserve fund reducing this to (£22.2m).

Total staff costs (proportion %):

- 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%).

Assurance / Recovery Trajectory

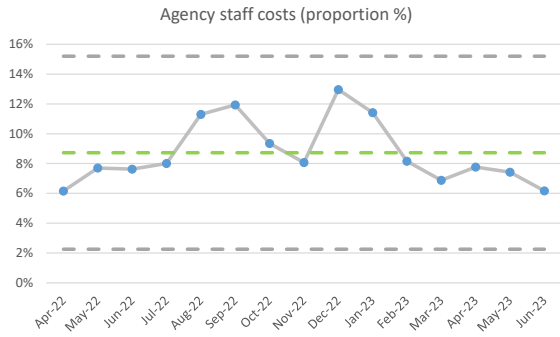
% Progress towards Cost Improvement Target (CIP):

- 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.

Total income (£):

- 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.

Well Led **Finance (2 of 2)** **Executive Lead** Jackie Lawless **Lead** Samantha Allibone



Reporting Date	Performance	Op. plan #
Jun-23	6.2%	
Threshold	YTD Mean	Benchmark
	7.1%	9.1%

(Lower value represents better performance)

+ Variation Description
Common cause

Assurance Description

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

Please see 'Total staff costs (£):' section on the previous page.

CEO

 <p>manx care Kiarail Vannin</p>	<p>SUMMARY REPORT</p>	<p>Meeting Date: 5 September 2023</p>	
		<p>Enclosure Number:</p>	

Meeting:	Manx Care Board (PUBLIC)		
Report Title:	PEOPLE CULTURE AND ENGAGEMENT STRATEGY 2023- 2026		
Authors:	Teresa Cope, Chief Executive Officer		
Accountable Director:	Teresa Cope, Chief Executive Officer		
Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/ Recommendation from that Committee

Summary of key points in report

Since Manx Care's inception one of its key priorities has been to be Improve the Culture of the organisation.

Over the last two years Manx Care has made good progress against its workforce and culture ambitions and is committed to the ongoing development of its culture building on the foundations already laid. There are explicit commitments to cultural improvement in the Manx Care Operating Plan and in the Mandate from DHSC.

The **People Culture and Engagement Strategy** has been developed over the last 4-5 months with input from a wide range of internal stakeholders including; all staff side partnership groups, members of the Executive Management Committee, People and Culture Operational Group, People Committee, Clinical Directors Group and Executive Leadership Team. The Strategy has also been out to consultant across the whole organisations for a 3 week period during August.

The People Culture and Engagement strategy aims **to build a fully engaged, inclusive and high performing workforce that lives our CARE Values** and has 5 Strategic Workforce and Culture Ambitions

1. To be an organisation where colleagues feel valued and respected and empowered and which promotes compassionate, visible, distributed and clinical led leadership.
2. Build and develop our approach to Equality Diversity and Inclusion in all that we do.
3. Build and develop our plans around recruitment and retention to ensure we attract the best talent to our organisation and retain our skilled and dedicated workforce.
4. Build and develop our workforce plans and associated skills development plans to ensure the workforce has, and continues to develop the skills to continuously improve and transform our services and provide the highest quality of care to our patients, service users and their families.
5. Enhance the health and wellbeing of our colleagues through a range of plans focused around improving emotional and physical wellbeing.

Implementation of the Strategy

It is proposed that each ambition of the strategy has an Executive Sponsor.

The **People and Culture Operational Group** will be responsible for the delivery of the strategy and provide assurance to the **People Committee** and provide reporting to the Manx Care Board.

Updates will be provided via all staff side partnership forums and via Executive Management Committee.

The strategy and Implementation plan will be subject to an annual refresh.

Recommendation for the Committee to consider:

Consider for Action Approval Assurance Information

The Board is asked to approve the People Culture and Engagement Strategy

Is this report relevant to compliance with any key standards? YES OR NO		State specific standard
IG Governance Toolkit	No	
Others (pls specify)		
Impacts and Implications?	YES or NO	If yes, what impact or implication
Patient Safety and Experience	No	
Financial (revenue & capital)	No	No additional resources for delivery of this Strategy has been identified at this time. Any additional resources identified during the Implementation and delivery of the strategy will be identified through the financial governance routes.
OD/Workforce including H&S	yes	This People Culture and Engagement Strategy identifies the key ambitions and deliverables for Manx Care over the next 3 years.
Equality, Diversity & Inclusion	Yes	Ambition 2 of the People Culture and Engagement Plan provide a plan for progression of the Equality Diversity and Inclusion agenda for Manx Care.
Legal	No	



People, Culture and Engagement strategy 2023 to 2026



Foreword



Since the establishment of Manx Care in April 2021, Improving the culture of the organisation has been one of our key priorities. Manx Care's **People, Culture and Engagement Strategy** outlines our continued commitment and intent with regard to the culture we wish to create for our people.

The Implementation of our strategy is underpinned by the operational HR framework, policies and procedures and Organisational Design (OD) activities which are critical in ensuring the organisation functions consistently in the way that we want it to, supports our operational delivery, and is resilient enough to meet the long-term health and social care needs of the Island's population to achieve our vision of becoming the best small-Island health and care system in the world.

Whilst we have made good progress in developing our organisational culture in the last two years, it is clear that there is still a lot of work left to achieve, and we do not underestimate this. This will require our collective focus and efforts. Our **People Culture and Engagement Strategy** identifies our priorities for the next 3 years within Manx Care. In October 2023 Manx Care will conduct its first organisation wide comprehensive survey which will be repeated annually. This will create a clearer baseline from which our strategy will be refreshed next year.

We will also ensure that our People Culture and Engagement activities align with the ambitions and deliverables of the Isle of Man government 'Our Public Services' programme. We will continue to play an active role in this important programme to share best practice and align activities where appropriate, as well as sharing relevant Government-wide opportunities that our colleagues can avail of and raising awareness of existing Government services that are available to support them.

We are confident that by working in partnership with our staff colleagues and our Staff Side representatives, we will continue to see real progress and lots of small, incremental steps which will add up to a big difference over the long term.

Sarah Pinch
Interim Chair

Teresa Cope
CEO



Our culture – what have we done to date.

During Manx Care's first two years of operation, a significant amount of work has been undertaken with respect of culture development and driving organisational change, particularly with regard to organisational design and development. It's important not to underestimate the progress that has been made to date, resulting in a solid foundation from which to build between 2023 to 2026.

Some of those achievements include:

Improving Communication:

- Launched an intranet site to aid communication and Information sharing across the organisation.
- Established the Manx Care Communications function to support the development of internal and external communication, event management, brand development and other associated activities
- Holding our Board meetings in Public and holding an Annual Public Meeting to promote transparency and accountability with all our stakeholders
- Fortnightly CEO led 'Let Connect' session.

Hearing the voice of our colleagues:

- Recruiting and embedding a network of Change Coaches across the organisation to support change at all level.
- Established 'Innovate', our Staff Suggestion scheme
- Introducing mechanisms to support ongoing listening and learning, including Executive Visibility and Executive Listening programmes
- Inviting our colleagues to tell their 'Staff Stories' at the People Committee
- Providing dedicated and bespoke Cultural support to a number of operational team to support their cultural Improvement journey
- Undertaking staff surveys
- Establishing a Partnership Working Forum between the Executive Leadership Team and Staff Side union representatives

Promoting Recruitment and Retention

- Creating an international recruitment programme for nurses to address some of our clinical workforce shortages
- Establishing on-Island training opportunities for colleagues including the Manx Care Leadership in Practice Academy, the Ambulance Emergency Care Assistant programme and the Preceptorship programme
- Expanding the number of On Island training places for student nurse training and increasing the training bursary

Living Our Care Values

- Refreshing the organisation's Care Values and providing training for all leaders in our new CARE values
- CEO led Induction for all new staff which focuses on the Care Values
- Introducing a non-monetary reward and recognition programme
- Celebrating the success and achievements of our teams with an Annual Awards events
- Commenced Implementation of CARE Team Charters
- Commenced Implementation of CARE Personal Development Plans



Our corporate Vision, Mission and Strategic Priorities

Vision: *To become the best small-Island health and care system in the world*

Mission: *To meet the health and social care needs of the population efficiently and effectively, in line with professional standards*

Our Strategic priorities

1. Improving patient safety and quality
2. Creating a positive working culture
3. Improving our financial health, our productivity and efficiency
4. Promoting integration across health and social care services and strengthening strategic partnerships.

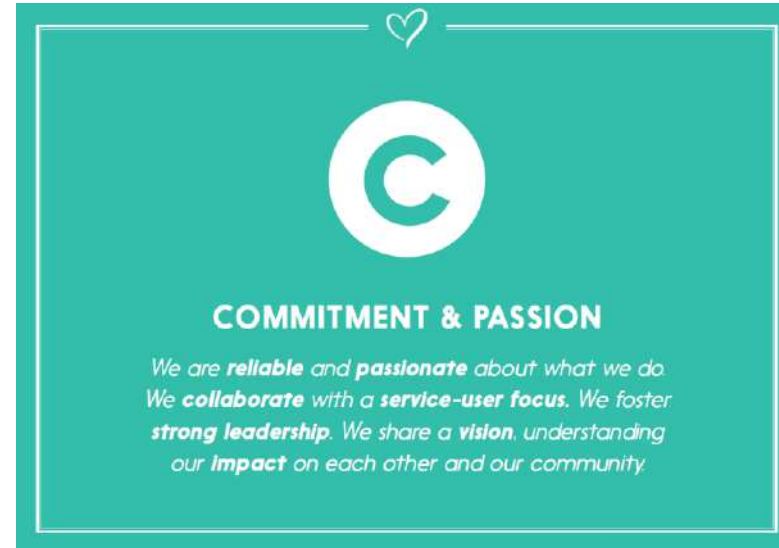




Our Care Values

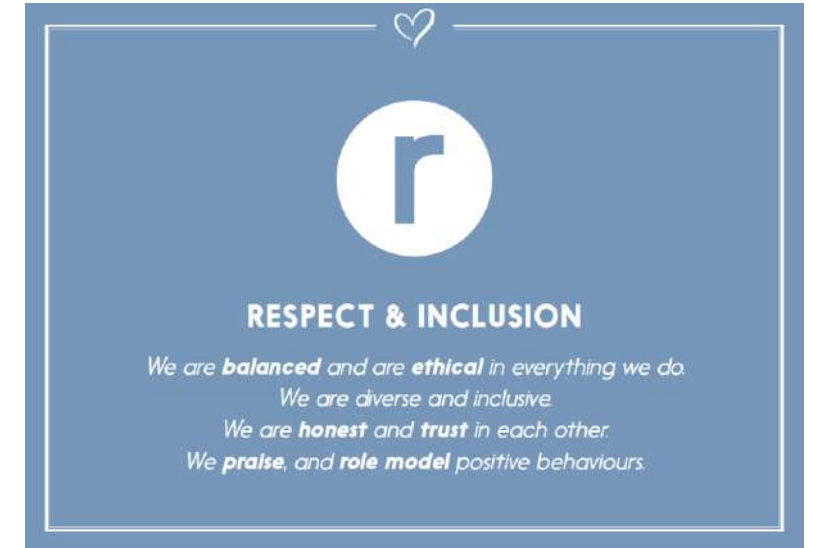
In July 2022, we launched our refreshed our Care Values, a set of qualities and behaviours that underpin our organisation, and provide a clear expectation of how we should all conduct ourselves at work.



We did this by asking our workforce to review whether the existing Care Values that were developed prior to Manx Care being established remained fit for purpose, or if we could change anything to make these more reflective of the organisation we wish to become.

This is what our colleagues came up with. Our redefined Care Values provide the guiding architecture for Manx Care and this Strategy will continue to shape and define our organisation, the decision we make and the way in which conduct ourselves





COMMITMENT & PASSION
*We are **reliable** and **passionate** about what we do.
 We **collaborate** with a **service-user focus**. We foster **strong leadership**. We share a **vision**, understanding our **impact** on each other and our community.*





RESPECT & INCLUSION
*We are **balanced** and are **ethical** in everything we do.
 We are **diverse** and **inclusive**.
 We are **honest** and **trust** in each other.
 We **praise**, and **role model** positive behaviours.*





ACCOUNTABILITY & REFLECTION
*We take **ownership** and responsibility for our actions.
 We act with **candour**, make the best **judgements** and have the **courage** to speak up when something isn't right.
 We **communicate** and **reflect**, acting on **feedback** to improve.*





EXCELLENCE & INNOVATION
*We are **resilient**. We are **proactive** and **flexible** to changing demands. We are **creative** and have the **drive** to succeed.
 We **inspire** others and **aspire** to provide the best quality care and service.*

Our People and Culture and Engagement Vision and Strategic Ambitions

Our Vision: *To build an engaged, inclusive and empowered workforce that feels valued and lives our CARE Values*

Our 5 Strategic People and Culture Ambitions

1. To be an organisation where colleagues feel valued, respected and empowered and which promotes compassionate, visible, distributed and clinically led leadership.
2. Build and develop our approach to Equality Diversity and Inclusion in all that we do.
3. Develop our plans around recruitment and retention to ensure we attract the best talent to our organisation and retain our skilled and dedicated workforce.
4. Build and develop our workforce plans and associated skills development plans to ensure the workforce has, and continues to develop the skills to continuously improve and progress in their careers and enables Manx Care to transform our services and provide the highest quality of care to our patients, service users and their families.
5. Enhance the health and wellbeing of our colleagues through a range of plans focused around improving emotional and physical wellbeing.



Ambition 1: To be an organisation where colleagues feel valued and respected and empowered and which promotes compassionate, visible, distributed and clinically led leadership

Baseline: Whilst we have come a long way in this regard, introducing a number of successful mechanisms to recognise colleagues and developing positive working relationships with Staff Side representatives, there remains a lot of work to do in this regard, particularly within certain areas of Manx Care.

Activities to support achievement of ambitions			Measures of success (Year One)
Year One (2023/24)	Year Two (2024/25)	Year Three (2025/26)	
<ul style="list-style-type: none"> Continue to work with Staff Side to develop our partnership working and underpinning agreements. Have clear agreed programmes of work and metrics to measure delivery and impact Periodically review pay scales for Island-based roles with equivalent UK roles to ensure transparency over monetary reward and remuneration rates Utilise Communications Champions, Change Coaches and EDI Champions to promote non-monetary reward and recognition schemes Formalise the Manx Care long service and retirement policy; drive engagement with long-service and retirement celebrations to ensure colleague dedication is recognised. Introduce a Recognition Wall ‘thank you’ mechanism via the new Manx Care intranet Continue to deliver professional networking and learning events including Grand Rounds and Schwartz Rounds Full roll out of our Care Values training for Leaders Full roll out and Implementation of our CARE Personal Development Plans Work in conjunction with our clinical colleagues to develop plans as to how we become a more clinically lead organisation 	<ul style="list-style-type: none"> Introduce ‘More About Me’* sessions to promote effective networking, build relationships between senior leaders and the workforce, and enhance visibility of career development opportunities: <ul style="list-style-type: none"> Development of a targeted programme of events for those deemed as talent Open to all colleagues Expand professions colleague recognition events and national days to celebrate the range of professions within Manx Care Look at how we can develop our working environment to create dynamic and collaborative working spaces across key areas of our estate Explore the development of a flexible and dynamic working policy for colleagues (and support the adoption of this) Look at opportunities to invest in our colleagues’ working environments, including grant eligibility Implement revised Clinical Leadership and Care Group Model for Manx Care 	<ul style="list-style-type: none"> Empower colleagues through improved use of, and education about, technology (both practical tools for the job and broader system/software support) Others to be confirmed 	<ul style="list-style-type: none"> Published schedule work programme for all our staff side Partnership Boards Published schedule of long service awards and recognition events. Schedule of professional recognition events for 24/25 Agreed approach to clinical leadership approved by Manx Care Board Increased uptake and completion of Care Values Training for leaders Increased involvement and attendance at Schwartz rounds with a wider range of professionals involved Audit and increased roll out of the Care values PDP Agreed plan for increasing clinical leadership at all levels of the organisation agreed through organisations governance routes

Ambition 2: Build and develop our approach to Equality Diversity and Inclusion (EDI) in all that we do

Baseline: A baseline assessment should be conducted in order to agree clear priorities for Manx Care with regard to EDI, allowing us to form an EDI charter and clear short, medium and long-term ambitions.

Activities to support achievement of ambitions			Measures of success (Year One)
Year One (2023/24)	Year Two (2024/25)	Year Three (2025/26)	
<ul style="list-style-type: none"> Appoint formal EDI Champions, with a clear remit as to the scope of their role and level of responsibility Identify appropriate training for Managers and colleagues, including for EDI Champions Encourage colleagues to complete the sensitive information section on PiP Develop and introduce a Reverse Mentoring scheme (six-month pilot due to begin in Q1 2023/24) Create an environment where staff feel able to speak up and raise concerns, Implementation of Freedom to Speak Up programme Establish an LGBTQ and BMAE Network within Manx Care 	<ul style="list-style-type: none"> Introduction of monthly reports and monitoring; monthly reporting to the Board on agreed metrics from April 2024 onwards Develop an EDI charter and strategy, aims and objectives, including a short, medium and long term vision Embed appropriate Networks to support EDI activity and the development of an EDI culture within the organisation Each Board Member of Manx Care will have specific ambitions relating to EDI. Implement an effective flexible working policy including advertising flexible working options on organisations’ recruitment campaigns. Create comprehensive on boarding programmes for all international recruits, drawing on best practice. Review disciplinary and employee relations processes. There should be assurances that all staff who enter into formal processes are treated with compassion, equity and fairness, irrespective of any protected characteristics. 	<ul style="list-style-type: none"> Promoting equality for all, ensuring we operate within our Care Values Create and implement a talent management plan to improve the diversity of executive and senior leadership teams and evidence progress of implementation Analyse data to understand pay gaps by protected characteristic and put in place an improvement plan. Review data by protected characteristic on bullying, harassment, discrimination and violence. Reduction targets must be set and plans implemented to improve staff experience year-on-year. Ensure safe and effective policies and processes are in place to support staff affected by domestic abuse and sexual violence (DASV). Support should be available for those who need it, and staff should know how to access it 	<ul style="list-style-type: none"> Increased record of information on PiP Freedom to Speak Up Champions appointed with clear roles and responsibilities BAME Network established LGBTQ Network established EDI Strategy approved by the Board with an implementation plan from 24/25 Review and evaluation of Reverse Mentoring Scheme Increased Board reporting and visibility on EDI – with Delivery and Impact metric.
<ul style="list-style-type: none"> Across all three years: Review current policies, procedures and data ensure these are fit for purpose 			

Ambition 3: Build and develop our plans around recruitment and retention to ensure we attract the best talent to our organisation and retain our skilled and dedicated workforce

Baseline: Manx Care continues to carry a 20% vacancy factor. There will be a significant emphasis on the development of recruitment, relocation and retention plans in Year One in order to capitalise on the success of the international recruitment programme to date and continue to address the significant workforce challenges that remain. Whilst we have come a long way in this regard, there remains much still to do.

Activities to support achievement of ambitions			Measures of success (Year One)
Year One (2023/24)	Year Two (2024/25)	Year Three (2025/26)	
<ul style="list-style-type: none"> Finalise and Implement and Retention and recruitment strategy to support future workforce need Establish and implement a standard recruitment and welcome experience for: <ul style="list-style-type: none"> Island-based new colleagues Those relocating to the Island Ensure colleagues have a Personal Development Plan (PDP – or equivalent professional development plan aligned with their professional registration) Ensure job satisfaction and retention ('itchy feet') conversations take place in one-to-one or supervision sessions. Improve Exit interview framework. Support Managers in the implementation of the Values-based recruitment framework. Roll out of Care Values for leaders training Develop Manx Care's employer brand proposition, including a suite of branded recruitment collateral to support Recruitment and Retention Assign an appropriate Buddy for new colleagues 	<ul style="list-style-type: none"> Develop comprehensive career pathway frameworks to ensure colleagues can identify and work towards their next career opportunity and understand the transferrable skills required Identify colleagues across the organisation who are deemed as 'talent' and ensure targeted development plans are in place to proactively support and retain them within Manx Care Look at opportunities for job swaps, secondments or other initiatives to support colleagues in identifying new inter-organisational challenges Redesign the work experience programme and proactive school visits to develop interest in health and care as a career opportunity with young people 	<ul style="list-style-type: none"> To be confirmed 	<ul style="list-style-type: none"> Ratified recruitment and retention strategy with agreed implementation plan Audit of Personal Development Plan roll out completed Completion of skills audit All new starters requesting a buddy are assigned one. Communication material to support Recruitment and Retention completed
Years One and Two: Develop a formal exit interview framework for both inter-departmental transfers and colleagues exiting Manx Care, with clear reporting outcomes			

Ambition 4: Build and develop our workforce plan and associated skills development plan to ensure the workforce has, and continues to develop the skills to continuously improve and progress their careers and enables Manx Care to transform our services and provide the highest quality of care to our patients, service users and their families.

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Baseline: Developing the registered and non-registered workforce is crucial to the long-term success of Manx Care, allowing the organisation to maximise the skills of its people and support retention activity. Alongside

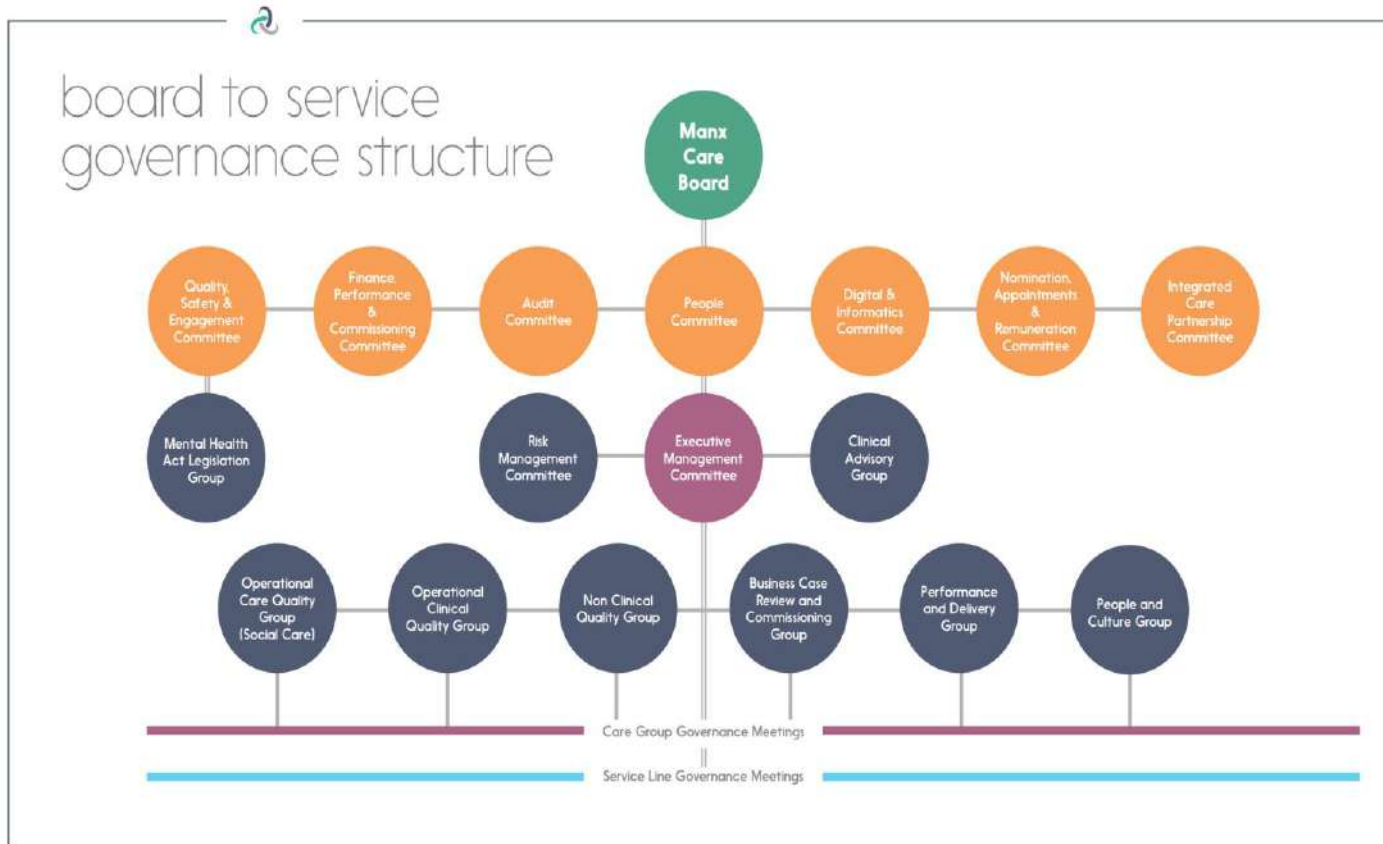
Activities to support achievement of ambitions			Measures of success (Year One)
Year One (2023/24)	Year Two (2024/25)	Year Three (2025/26)	
<ul style="list-style-type: none"> Continue to identify the future clinical delivery models for all Manx Care services and the skills required by the workforce to implement those new clinical models Strengthen the professional learning opportunities via Keyll Darree and enhance the range of off island training collaborations Map currently available career pathways, develop guidance on how colleagues can progress these (registered and non-registered) Introduce customer service training (MCALS) to promote a better culture of satisfaction for colleagues and service users Deliver the Manx Care Leadership in Practice (MCLiP) Academy programme (cohort two) Seek to deliver the Transformational Leadership programme to a new cohort Introduce a 'Toolbox Talks' series (skills-based training) aimed at supporting Managers to develop a standardised approach to processes including sickness absence management, performance management, coaching and developing, talent management, setting development/progression/stretch goals 	<ul style="list-style-type: none"> Ensure succession plans are in place for leaders at Executive Leadership Team – 3 level, and any other cohorts as agreed (for example all ADONs and AHPs), with targeted development plans to support succession and progression Ensure all Executive members and Care Group Leads have formal deputies to support succession planning, followed by all Leaders having succession plans in place Look at opportunities to establish targeted development plans and career pathways to support progression, for example Band 5 to Band 6 transition, standardisation of Advanced Clinical Practitioners Develop and introduce a Mentoring scheme, including a Skills Champion network Develop a programme of 'More About Me' sessions designed to raise awareness of, and support, career development 	<ul style="list-style-type: none"> To be confirmed 	<ul style="list-style-type: none"> Completion of clinical delivery models for all surgical specialities Completion of the next cohort of the leadership programme Increased completion of customer service training Revised learning and development prospects for Keyll Darree
<p>Across all years:</p> <ul style="list-style-type: none"> Define a current baseline position and target future workforce model; conduct a skills audit, producing a skills gap analysis and a learning needs analysis Increase on-Island professional training and 'grow our own' opportunities and, where possible, Bursary support for these Identify skills gaps and career development opportunities to address this through production of a skills development programme aligned with future workplace and workforce requirements 			

Ambition 5: Enhance the health and wellbeing of our colleagues through a range of plans focused around improving emotional and physical wellbeing .

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Baseline: Provision of wellbeing support is strong at a departmental or team level, but should be formalised at an organisational level given the importance Manx Care places on this.

Activities to support achievement of ambitions			Measures of success (Year One)
Year One (2023/24)	Year Two (2024/25)	Year Three (2025/26)	
<ul style="list-style-type: none"> Ensure staff are aware of the range of current services that exist for Government employees to access emotional support, for example the Staff Welfare Service Signpost colleagues to debt counselling and support services, such as that provided by the Office of Fair Trade (OFT) and the Salvation Army Ensure all new starters are assigned a Buddy to support them during their first six months at work, including those who have relocated who may require additional support in settling into Island life Seek to develop outdoor spaces for colleagues to enjoy across our estate, including the development of a memorial garden for late colleagues (with the support of the Manx Woodland Trust) Identify and train a network of colleagues to become Mental Health First Aiders Engage with the Experts by Experience group to see how colleagues can become involved in this network or the Recovery College, for example offering their time and expertise Work closely with Occupational Health function to expand the range of services that are offered to Manx Care staff 	<ul style="list-style-type: none"> Introduce a wellbeing roadshow, in conjunction with private sector organisations Seek to install walking route-markers around the Noble's estate (and other appropriate areas around the Island) to support colleagues increasing their step count Engage with local businesses to create a network of locations offering a discount to Manx Care employees (employee benefits brochure) Look to work with students at University College Isle of Man to offer them the chance to gain practical training in skills like massage therapy by offering short wellbeing breaks to colleagues across various locations in exchange for a small fee or nominal donation to charity Look to develop a 'pop up' wellbeing programme including exercise classes and group walks (this could include families) Develop a Colleague Council who will play an instrumental role in the development and leadership of engagement and wellbeing activities across the organisation. Establish a Social Network to enhance recreational, networking and relocation support opportunities across the organisation 	<ul style="list-style-type: none"> To be confirmed 	<ul style="list-style-type: none"> Increased number of Mental Health First Aiders All new starters who wish to have a buddy are assigned one There is a reduction in the sickness absence rate



This structure highlights the governance arrangements in place across Manx Care, with specific accountability for **People Culture and colleague engagement**.

The **People and Culture Group** will be responsible for the delivery of the strategy. Each ambition will have an Executive Sponsor and a People Culture and Engagement dashboard will be put in place to monitor delivery and impact.

The **People Committee** will receive updates on the delivery of the strategy and provide assurance reporting to the Manx Care Board.

Regular updates will also be provided via all staff side partnership Groups and via Executive Management Committee (EMC).




Stakeholders in this strategy

There are a number of stakeholder groups who are critical to the success of Manx Care's People, Culture and Engagement strategy, and who will be accountable for the delivery of the activity that underpins this. These include, but are not limited to:

- Our people
- The Manx Care Board
- Office of Human Resources (shared service)
- Organisational Design and Development, including LEAD (shared service)
- Workforce and Culture function (Cabinet Office)
- Staff Side representatives and organisations
- Care Quality and Safety Governance team (Manx Care)
- Manx Care Communications
- Practice Development Team (Manx Care)
- Nurse Education facility, Keyll Darree (Manx Care)
- Medical Education facility, Keyll Darree (Manx Care)
- Manx Care Advice and Liaison Service
- Patient Experience Team (Manx Care)
- Department of Infrastructure – Estates Team
- The various charities which support individual Manx Care services and facilities, for example The League of Friends of Noble's Hospital

We will engage with the various charities which support Manx Care's individual services and facilities, along with other appropriate organisations in the third sector and private sector, to seek provision of support for the activities outlined within this strategy.



 manx care Kiarail Vannin	<h1>SUMMARY REPORT</h1>	Meeting Date:	5 th September 2023
		Agenda Item:	
		Enclosure Number:	

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

Summary of key points in report

Current Forecast

The current projected position (as per the July Management Accounts) is a £14.9m operational deficit, which remains broadly the same as previous forecasts.

FINANCIAL SUMMARY - 31 JULY 2023														
	MONTH £'000				YTD £'000				FY £'000					
	Actual	Budget	Var (£)	Var (%)	Actual	Budget	Var (£)	Var (%)	Forecast	Budget	Var (£)	Var (%)	Mov't to Prior Month	Mov't to Prior Forecast
TOTAL - OPERATIONAL	26,905	25,248	(1,657)	(7%)	106,751	100,992	(5,758)	(6%)	317,903	302,975	(14,928)	(5%)	(18)	(57)
Income	(1,221)	(1,281)	(60)	(5%)	(5,079)	(5,123)	(44)	(1%)	(15,561)	(15,568)	(7)	(0%)	(142)	151
Employee Costs	16,887	16,470	(417)	(3%)	67,227	65,880	(1,347)	(2%)	200,973	197,539	(3,334)	(2%)	151	503
Other Costs	11,239	10,059	(1,180)	(12%)	44,603	40,285	(4,368)	(11%)	132,291	120,704	(11,587)	(10%)	(67)	(710)
PAY AWARD (ABOVE 2%)	605	0	(606)	-	2,408	0	(2,408)	-	7,223	0	(7,223)	-	3	79
RESERVE CLAIMS	416	0	(416)	-	1,663	0	(1,663)	-	4,990	0	(4,990)	-	0	0
High Cost Patients / Care Packages	273	0	(273)	-	1,092	0	(1,092)	-	3,275	0	(3,275)	-	0	0
\$115 Aftercare	63	0	(63)	-	250	0	(250)	-	750	0	(750)	-	0	0
Vaccine Service	80	0	(80)	-	322	0	(322)	-	965	0	(965)	-	0	0
TOTAL	27,926	25,248	(2,678)	(11%)	110,822	100,992	(9,830)	(10%)	330,116	302,975	(27,141)	(9%)	(15)	23

The total projected spend of £330m, giving an overall deficit of £27.1m has also remained stable. Of this, it's expected that £4.9m is funded from the DHSC Reserve which would reduce the deficit to £22.2m.

Treasury have instructed all government departments to plan for up to 6% pay awards during 23/24 – however these are not funded and so represent a cost pressure of £7.2m which is included in the £330m figure and has been shown separately for clarity.

This forecast reflects £5.7m of expected CIP savings, which includes £1.2m of cash out savings delivered so far this year. The 23/24 CIP Plan is currently approx. £10m and as these savings are realised the forecast will continue to be adjusted accordingly. If the total CIP Plan is achieved then it could contribute a further £4.3m to the final position. However, there remains risk to delivery of this additional amount.

A detailed financial planning exercise was undertaken to identify the additional mitigations / actions needed over and above the CIP to reach financial balance this year. These will include significant changes to service delivery levels and are currently being risk assessed before implementing.

The projected spend for 23/24 of £330m is a £24.4m increase on 22/23 spend of £305.6m. This is broken down as follows:

Year on Year Spend Movement (£m)			
	22/23	23/24	Movement
Operational	291.6	317.8	26.2
Pay Award	8.8	7.3	-1.5
DHSC Reserve	5.2	4.9	-0.3
Total	305.6	330	24.4

Operational spend is due to increase by £26m whilst the additional funding available in year is just £20m. The additional funding of £20m partially addresses the £9m overspend from 22/23 leaving less to cover funding pressures in year.

	£m
Spend Increase in 23/24	26
Less: Budget Increase	(20)
<u>Funding Gap</u>	<u>6</u>
Add: 22/23 Deficit	9
<u>Operational Deficit 23/24</u>	<u>15</u>
Additional Pay 23/24	7.2
<u>Total Projected Deficit</u>	<u>22.2</u>

Many of these increases are largely outside the control of Manx Care and reflect inflationary pressures on pay, contract services and supplies.

£3.1m of the rise relates to prior year business cases that only incurred part year costs last year such as ED Safe Staffing, Safeguarding and Frailty. It also includes additional costs associated with Eye Care Transformation, Vaccinations, Safeguarding, CFS/ME/Long Covid and Diabetes Services.

£1.5m relates to additional safe staffing costs in nursing, social care and midwifery to respond to core safety and compliance requirements.

CIP

The 23/24 CIP Plan aims to deliver approx. £11m savings which will be well in excess of our target of £4.5m. To date £1.2m in cash out savings have been reported which is cause for concern. However, this is likely to represent under-reporting rather than underperformance as we've prioritised development of the reporting tool rather than reporting of savings during Q1. This position is expected to be rectified during September and reporting to be more robust going forward. On current performance, the base CIP target of £4.5m will be met. However, the additional performance may be at risk.

The savings delivered to date includes £675k on Medicines Optimisation which is helping contain rapidly rising drugs costs. £116k is due to increased contractual controls on off-Island mental health placements and £455k as a result of increased workforce controls including reduction in agency spend as a result of recruitment to vacant posts.

24/25 Funding

Manx Care's Financial Plans for 24/25 has been submitted to the DHSC for consideration and inclusion in their submission to Treasury. It has been produced largely in the same way as the 23/24 plan by collating all known funding pressures and prioritising them as follows

- Priority 1 - Unavoidable Cost Pressures
- Priority 2 - Statutory or Compliance Requirements
- Priority 3 - Mandate Requirements
- Priority 4 - Core Service Delivery
- Priority 5 - Enhanced Service Delivery
- Priority 6 - New Service Developments

Based on Treasury's planning assumptions, the funding envelope for 24/25 is likely to be approx. £310m. This falls far short of the projected spend for this year and only assumes 2% for inflationary uplifts despite expectations that inflation will continue to be higher than this. It also ignores the likely impact of any pay awards above what is budgeted for in this year. Additionally, the CIP target is due to increase from 1.5% to 2%.

This has clear implications in terms of Manx Care's ability to address its core priorities around safety, compliance and responding to the CQC as well as continually rising demand. It also calls into question the ability of Manx Care to fund future requirements arising from the Transformation project. Detailed work will need to be undertaken at pace and in close collaboration with the DHSC to understand the changes to service delivery required in order to meet this budgetary target.

Therefore, three Options have been described, with Option 3 being the one recommended:

- Option 1 – Pink Book
- Option 2 – Total Funding Request
- Option 3 – Full Sir Jonathon Michael Recommended Funding – phased over 3 years

Option 2 would allow Manx Care to address all of the currently known funding pressures identified and set it on a more secure financial footing.

However, Option 3 would address the 'funding gap' described in earlier FD Reports and would fulfil the requirements laid down in the Sir Jonathan Michael's report. It would offer an opportunity to accelerate the transformation of Manx Care into the best small Island health and care service in the world. Phasing over 3 years also allows the system to move towards a 3-5 year funding model as per the report's recommendations.

Once the financial envelope for 24/25 is known, we will assign funding based on the prioritisation criteria above.

Recommendation for the Board to consider:

Consider for Action		Approval		Assurance	X	Information	X
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Manx Care Management Accounts

July 2023

Manx Care Management Accounts – July 2023

FINANCIAL SUMMARY

FINANCIAL SUMMARY - 31 JULY 2023														
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Overview

- The operational result for July is an overspend of (£1,657k) which is the same variance reported as the previous month. The full year forecast has also remained the same as reported in June (£27.2m), with £4.9m of this is expected to be approved from the DHSC reserve fund reducing this to (£22.2m).
- 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.

Manx Care Management Accounts – July 2023

- Further detail on the operational movement to last month is provided in Table 2, the forecast overspend 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 in which the Care Groups have prepared 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 include 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.
- 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). To date, £1.2m in cash out savings have been delivered, which have also been reflected in the forecast. £459k in efficiencies have also been delivered but these do not impact the forecast.
- As CIP plans develop and crystallise, the forecast will be adjusted by Care Group to reflect actual spend reductions achieved, however £4.5m of savings are already included in the forecast centrally, along with £1.2m in the Care Groups. If the CIP delivers the full target of £10m, then it could improve the position by up to £4.3m. However, if the CIP savings cannot be achieved in year or do not impact the current run rate then the forecast overspend for Manx Care could be up to £27.2m. There are also further risks to this forecast position identified in the financial risks section on page 9.
- Spend is expected to increase by £24.4m compared to the prior year, whilst funding has increased by just £20m creating a gap of £4.4m. The year end position for 22/23 was an overspend of £8.9m which also contributes to the predicted operational overspend of £14.9m. 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. The funding for the remainder of the restoration programme of £10.3m has been transferred to Manx Care, meaning that the overall mandate budget is now £313.3m.

Manx Care Management Accounts – July 2023

Table 1 – Operational Movement to Prior Month

Movement to Prior Month	£'000	
Income	(142)	The decrease is mainly due to June's income being higher than normal due to a catch up from the prior month & this month is more in line with the expected trend.
Employee Costs	191	Reduction in staff costs this month in particular across bank & agency
Other Costs	(67)	Costs in line with the prior month
Total	(18)	

Table 2 – Operational Forecast FY Variance to Budget

Forecast Variance to Budget	£'000	
Other Income	(7)	Based on the latest trends, income is expected to be in line with the original target set.
Employee Costs	(3,334)	The employee cost forecast is based on the current run rate adjusted for any known recruitment & service development changes.
Other Costs	(11,587)	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.
Total	(14,928)	

Table 3 - Operational YTD Variance to Budget

YTD Variance to Budget	£'000	
Other Income	(44)	Income is in line with the target set
Employee Costs	(1,347)	Variations 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	(4,368)	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.
Total	(5,758)	

Manx Care Management Accounts – July 2023

Employee Costs

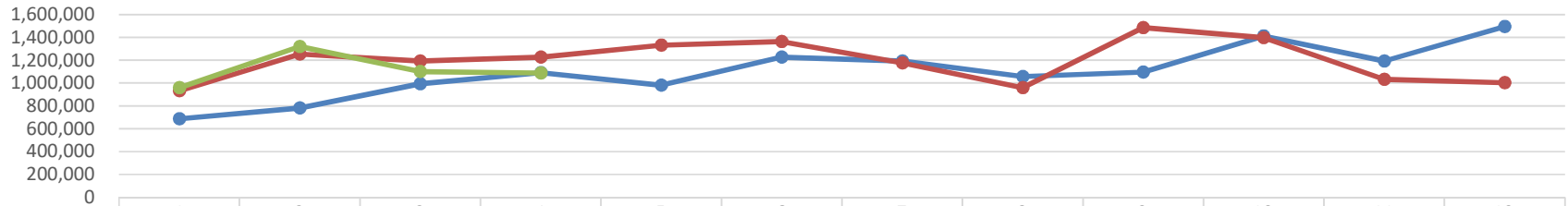
YTD employee costs are (£1.3m) over budget. Agency spend is contributing to this overspend and reducing this is a factor in improving the financial position by the year end. The total spend YTD of £3.4m is broken down across Care Groups below. The Care Groups with the largest spend are Medicine (£1.1m), Women & Children (£0.7m) and Social Care (£0.6m), where spend is primarily incurred to cover existing vacancies in those areas.

	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	CY Total	CY Month Mov't
Total Agency £'000	1,331.0	1,364.3	1,176.9	959.2	1,486.1	1,397.6	1,032.8	1,003.0	958.8	1,320.2	1,100.4	1,089.3	4,468.6	219.8
Corporate Services	35.8	47.1	(0.5)	51.9	66.7	42.7	162.9	(52.4)	63.8	42.6	26.8	(28.6)	104.6	55.4
Infrastructure & Hospital Operations	21.5	26.8	19.0	32.0	24.7	24.7	28.5	32.3	20.3	29.5	24.4	23.1	97.3	1.3
Integrated Cancer & Diag Services	98.7	87.0	87.5	39.8	158.0	142.2	49.9	(51.5)	90.9	97.8	73.4	137.9	400.0	(64.5)
Integrated Mental Health Services	206.0	339.9	204.9	219.9	143.0	218.8	191.7	164.4	85.1	159.0	100.2	109.5	453.8	(9.3)
Integrated Primary Care & Community	6.1	19.0	1.3	3.2	5.1	4.1	2.9	1.6	26.3	73.8	52.9	24.3	177.3	28.6
Integrated Social Care Services	49.5	55.8	99.9	102.9	109.3	158.4	111.7	166.6	129.2	193.7	99.9	224.9	647.7	(125.0)
Integrated Women, Children & Family	94.1	101.3	93.5	139.2	22.1	134.1	85.4	223.0	169.7	205.6	153.0	165.1	693.4	(12.1)
Medicine, Urgent Care & Amb Service	430.5	315.6	308.2	127.2	515.5	320.4	174.0	524.2	270.2	352.8	281.2	162.2	1,066.4	119.0
Nursing, Patient Safety & Governance	1.8	3.6	21.7	(4.5)	13.9	(17.5)	7.8	14.0	0.4	9.7	12.3	11.1	33.5	1.2
Operations Services	57.0	80.0	30.5	46.7	38.9	63.2	45.5	94.8	13.8	99.7	59.8	120.9	294.2	(61.1)
Surgery, Theatres, Critical Care	321.2	279.4	321.8	198.7	389.3	300.9	170.2	(106.6)	89.2	56.0	216.3	139.0	500.5	77.3
Tertiary Care Services	8.8	8.8	(10.9)	2.2	(0.4)	5.6	2.3	(7.6)	0.0	0.0	0.0	0.0	0.0	0.0

Manx Care Management Accounts – July 2023

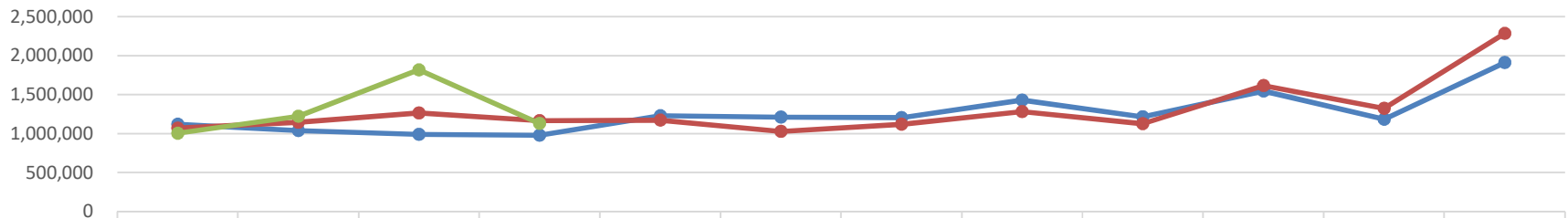
The graphs below compare agency and bank spend to 2022/23 & 2021/22:

Agency Spend YoY



	1	2	3	4	5	6	7	8	9	10	11	12
● Agency 21-22	687,079	781,195	993,970	1,089,929	980,937	1,226,107	1,193,689	1,056,467	1,096,034	1,411,108	1,191,932	1,494,755
● Agency 22-23	932,005	1,254,167	1,192,786	1,225,987	1,331,027	1,364,266	1,176,771	959,201	1,486,130	1,397,664	1,032,848	1,002,980
● Agency 23-24	958,817	1,320,231	1,100,366	1,089,264								

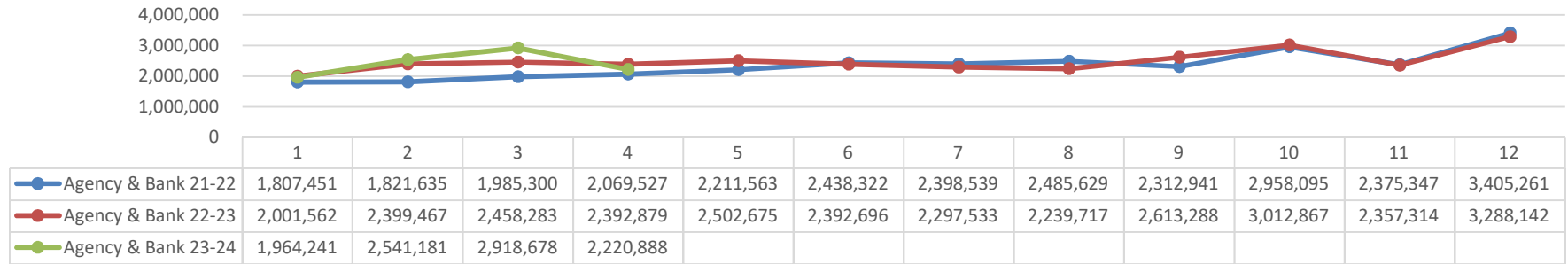
Bank Spend YoY



	1	2	3	4	5	6	7	8	9	10	11	12
● Bank 21-22	1,120,372	1,040,440	991,331	979,598	1,230,626	1,212,216	1,204,850	1,429,163	1,216,907	1,546,987	1,183,415	1,910,506
● Bank 22-23	1,069,557	1,145,299	1,265,498	1,166,892	1,171,648	1,028,430	1,120,762	1,280,515	1,127,159	1,615,203	1,324,466	2,285,162
● Bank 23-24	1,005,424	1,220,950	1,818,313	1,131,625								

Manx Care Management Accounts – July 2023

Total Bank & Agency Spend YoY



Agency costs are now starting to track lower than last year and bank costs which did increase in June have reduced to expected levels. This means that the combined costs are now similar to last year and more in line with the expected trend.

Manx Care Management Accounts – July 2023

Comparison to Prior Year

PRIOR YEAR COMPARISON - 31 JULY 2023				
FY £'000				
	2022/23 (A)	2023/24 (F)	Mov't (£)	Mov't (%)
TOTAL	305,754	330,118	(24,362)	(7%)
Income	(14,798)	(15,361)	563	4%
Employee Costs	191,891	209,161	(17,270)	(8%)
Other Costs	128,661	136,316	(7,655)	(6%)

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.

Manx Care Management Accounts – July 2023

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.
Total	7,500	

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. These costs have not been included in the forecast as it may be possible to secure capital funding instead.
Total	948	

Manx Care Management Accounts – July 2023

Appendix 1 - Summary by Care Group as at 31st July 2023 : Comparison to Prior Year

OPERATIONAL COSTS BY CARE GROUP - 31 JULY 2023

	YTD £'000				FY £'000				PY £'000		
	Actual	Budget	Var (£)	Var (%)	Forecast	Budget	Var (£)	Var (%)	Actual	Mov't (£)	Var (%)
TOTAL BY CARE GROUP	110,821	100,992	(9,830)	(10%)	330,115	302,975	(27,141)	(9%)	305,754	(24,362)	(7%)
CLINICAL CARE GROUPS	98,315	94,404	(3,911)	(4%)	297,161	283,253	(13,907)	(5%)	278,001	(19,160)	(6%)
Medicine, Urgent Care & Ambulance Service	14,881	12,378	(2,504)	(20%)	43,489	37,132	(6,357)	(17%)	42,039	(1,450)	(3%)
Surgery, Theatres, Critical Care & Anaes	13,305	12,800	(505)	(4%)	40,365	38,400	(1,965)	(5%)	38,899	(1,466)	(4%)
Integrated Cancer & Diagnostics Services	8,259	8,141	(118)	(1%)	24,757	24,423	(334)	(1%)	22,766	(1,991)	(8%)
Int Women, Children & Family Services	6,425	5,766	(659)	(11%)	18,785	17,298	(1,487)	(9%)	17,553	(1,232)	(7%)
Integrated Mental Health Services	8,907	8,981	74	1%	27,329	26,942	(386)	(1%)	25,260	(2,069)	(8%)
Int Primary Care & Community Services	20,002	20,968	965	5%	62,715	62,902	187	0%	56,410	(6,306)	(10%)
Integrated Social Care Services	18,060	17,757	(303)	(2%)	54,538	53,272	(1,266)	(2%)	50,805	(3,733)	(7%)
Tertiary Care Services	8,474	7,613	(861)	(11%)	25,183	22,883	(2,300)	(10%)	24,269	(914)	(4%)
SUPPORT & CORPORATE SERVICES	12,506	6,588	(5,918)	(90%)	32,955	19,721	(13,234)	(67%)	27,754	(5,201)	(16%)
Infrastructure & Hospital Operations	3,152	3,034	(118)	(4%)	9,542	9,103	(440)	(5%)	8,875	(667)	(7%)
Operations Services	2,694	2,464	(229)	(9%)	8,185	7,349	(836)	(11%)	3,490	(4,695)	(57%)
Nursing, Patient Safety & Governance	1,224	1,724	500	29%	4,908	5,172	263	5%	3,572	(1,337)	(27%)
Medical Director Services & Education	1,103	943	(160)	(17%)	3,072	2,828	(244)	(9%)	2,857	(214)	(7%)
Corporate Services	1,732	1,568	(163)	(10%)	4,524	4,704	180	4%	4,100	(424)	(9%)
Pay Award (Above 2%)	2,408	0	(2,408)	>(100%)	7,223	0	(7,223)	>(100%)	8,856	1,633	23%
Central CIP	194	(1,930)	(2,124)	(110%)	(4,500)	(5,791)	(1,291)	(22%)	0	4,500	(100%)
DHSC Reserve Adjustments*	0	(1,663)	(1,663)	(100%)	0	(4,990)	(4,990)	(100%)	0	0	0%
Contingency Adjustments	(0)	449	449	100%	0	1,346	1,346	100%	(3,996)	(3,996)	(100%)

* 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 – July 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 – July 2023

Appendix 2 – Manx Care Accounts & Fund Claims

MANX CARE FINANCIAL SUMMARY - 31 JULY 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 (%)		
OPERATIONAL COSTS	26,905	25,248	(1,657)	(7%)	106,751	100,992	(5,758)	(6%)	317,903	302,975	(14,928)	(5%)	(18)	(57)
Income	(1,221)	(1,281)	(60)	(5%)	(5,079)	(5,123)	(44)	(1%)	(15,361)	(15,368)	(7)	(0%)	(142)	151
Employee Costs	16,887	16,470	(417)	(3%)	67,227	65,880	(1,347)	(2%)	200,973	197,639	(3,334)	(2%)	191	503
Other Costs	11,239	10,059	(1,180)	(12%)	44,603	40,235	(4,368)	(11%)	132,291	120,704	(11,587)	(10%)	(67)	(710)
PAY AWARD (ABOVE 2%)	606	0	(606)	-	2,408	0	(2,408)	-	7,223	0	(7,223)	-	3	79
DHSC RESERVE CLAIMS (To be approved)	416	0	(416)	-	1,663	0	(1,663)	-	4,990	0	(4,990)	-	0	0
High Cost Patients / Care Packages	273	0	(273)	-	1,092	0	(1,092)	-	3,275	0	(3,275)	-	0	0
S115 Aftercare	63	0	(63)	-	250	0	(250)	-	750	0	(750)	-	0	0
Vaccine Service	80	0	(80)	-	322	0	(322)	-	965	0	(965)	-	0	0
RESTORATION & RECOVERY	1,582	0	(1,582)	-	4,686	0	(4,686)	-	10,300	10,300	0	-	(694)	0
TOTAL	29,509	25,248	(4,260)	(17%)	115,508	100,992	(14,515)	(14%)	340,416	313,275	(27,141)	(9%)	(708)	23
FUND CLAIMS	29	0	(29)	-	1,339	0	(1,339)	-	4,892	0	(4,892)	-	7	(2,392)
Medical Indemnity	29	0	(29)	-	1,339	0	(1,339)	-	4,000	0	(4,000)	-	7	(1,500)
Transformation Fund	0	0	0	-	0	0	0	-	892	0	(892)	-	0	(892)
MANDATE INCOME	(29,538)	(25,248)	4,290	17%	(116,846)	(100,992)	15,854	16%	(345,308)	(313,275)	32,033	10%	701	2,369
GRAND TOTAL	0	0	0	-	0	0	0	-	0	0	0	-	0	0

Manx Care Management Accounts – July 2023

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.