

 <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:	CEO REPORT		
Authors:	Teresa Cope, Chief Executive Officer		
Accountable Director:	Teresa Cope, Chief Executive Officer		
Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/ Recommendation from that Committee

Summary of key points in report

- The Covid Spring Booster programme completed in late June 2023, reporting 83% uptake from the eligible cohort.
- the Covid Autumn Booster programme which will commence on the 11th September within our care homes and commencing with drop in clinics from the 18th September.
- Seasonal flu vaccines will continue to be available via GP surgeries and Pharmacies and can booked directly with the provider.
- Regent Healthcare Services Ltd have formally handed back their NHS Dental Contract for Hillside Dental Practice, Douglas. Their contract is for 18,500 Unit of Dental Activity (approximately 6,500 patients or 13% of commissioned NHS dental activity). Their last day of their contract is 30th November 2023.
- The final version of the OFSTED report has been received and an action plan has been developed in response. The report and action plan are scheduled for publication towards the end of October
- Manx Care and DHSC have taken the decision to put on hold the closure plans for Cummal Mooar Care Home. This joint decision has been made while conversations are continued with Treasury regarding funding for a replacement facility.
- The Isle of Man safeguarding board will be launching its Self Neglect Strategy on the 19th September 2023 at a dedicated Self Neglect Conference

Recommendation for the Committee to consider:		
Consider for Action	Approval	Assurance
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this report relevant to compliance with any key standards? YES OR NO		State specific standard
IG Governance Toolkit	No	
Others (pls specify)		
Impacts and Implications?	YES or NO	If yes, what impact or implication
Patient Safety and Experience	Yes	The decision by Regent Dental to hand back their contract effective from 30 th November will impact on the number of individuals on Island not registered with a dentist. Manx Care will need to reassess key aspects of safety and compliance for Cummal Mooar in light of the decision to pause the decommissioning.
Financial (revenue & capital)	Yes	Clarification on capital funding for a replacement facility for the north of the Island is being sought during the pause in decommissioning period. Low occupancy levels in Cummal Mooar continue to impact on the revenue position for the service.
OD/Workforce including H&S	Yes	
Equality, Diversity & Inclusion	No	
Legal	Yes	.

Section 1: Purpose and Introduction

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

The Horizon Scan for JULY / AUGUST is attached at Appendix 1.

Section 2: Operational Delivery (Health)

Executive Lead: Executive Director of Health Services

3.1

Vaccination Program Update

The Covid Spring Booster programme completed in late June 2023, reporting 83% uptake from the eligible cohort. This is significantly higher than England and the devolved nations whose final uptake was 71% on average. Planning is now ongoing to deliver the Covid Autumn Booster programme which will commence on the 11th September within our care homes and commencing with drop in clinics from the 18th September. The drop in clinics, which will be based at Chester St Vaccine Hub as well as locality based clinics will offer both the Covid booster (which will be the newly formulated vaccine targeting the XBB sub-variant of Covid) and the seasonal flu vaccine for the following cohorts:

- residents in a care home for older adults
- all adults aged 65 years and over
- persons aged 6 months to 64 years in a clinical risk group,
- frontline health and social care workers
- persons aged 12 to 64 years who are household contacts of people with immunosuppression
- persons aged 16 to 64 years who are carers and staff working in care homes for older adults

Seasonal flu vaccines will continue to be available via GP surgeries and Pharmacies and can booked directly with the provider.

3.2

Manx Grand Prix

Like the TT, the Manx Grand Prix motorsport event involved a significant amount of planning across multiple Manx Care services to be able to respond to both an increase in road traffic incidents as well as an increase in demand in health services from those visiting to watch the races. This included an increase in Ambulance personnel (thanks to a mutual aid arrangement with the Welsh Ambulance Service) as well as additional nursing staff in A&E, additional blood stocks being

requested from the NHS Blood & Transplant Authority and additional resilience within our Air Ambulance Service.

Particularly challenging during this event was an unseasonal increase in medical presentations via A&E, the level of which is normally observed during the winter period, meaning a significant increase in demand on A&E as well as inpatient bed occupancy – this increase was also observed across the NHS in the UK. This made the task of ensuring Noble’s Hospital could accommodate traumas coming from the MGP event alongside ‘business as usual’ activities particularly difficult, although no disruption to racing schedules were experienced due to these pressures.

A National Motorsport Committee debrief has been requested to outline projections in unplanned demand at Noble’s Hospital and how this may impact future motorsport events if A&E capacity remains unchanged.

3.3 **Dental Service – Regent Dental**

Regent Healthcare Services Ltd have formally handed back their NHS Dental Contract for Hillside Dental Practice, Douglas. Their contract is for 18,500 Unit of Dental Activity (approximately 6,500 patients or 13% of commissioned NHS dental activity). Their last day of their contract is 30th November 2023. A range of options are being considered by the Manx Care executive leadership team to ensure that people who are registered with the Hillside Practice continue to receive NHS provided dental services when they need them but also taking into account the financial situation of Manx Care for 22/23. A further detailed analysis of options is being undertaken based on current condition of the Hillside practice (including buildings and equipment), ongoing employment of staff and levels of dental care that could be provided based on cost. Further discussions will take place in early September so all stakeholders are aware of the direction of travel as soon as possible.

Section 3: Operational Delivery (Social Care)

4.1 **Children & Families**

The final version of the OFSTED report has been received and an action plan has been developed in response. The report and action plan are scheduled for publication towards the end of October

4.2 **Cummal Mooar Care Home**

Manx Care and DHSC have taken the decision to put on hold the closure plans for Cummal Mooar Care Home. This joint decision has been made while conversations are continued with Treasury regarding funding for a replacement facility. Meetings have been held with staff, residents, and their families, over the course over the last 2 weeks to explain the pause and confirm that there will be no changes during this pause and a joint press statement confirming this has been issued. Manx Care understands that this is an anxious time for residents, their families and our staff who work at Cummal Mooar and are committed to ensuring that everyone is kept up to date as discussions progress.

4.3 **Isle of Man Safeguarding Board – Self Neglect Conference and Strategy Launch**

The Isle of Man safeguarding board will be launching its Self Neglect Strategy on the 19th September 2023 at a dedicated Self Neglect Conference. The Manx Care CEO and Interim Executive Director of Social Care will be presenting at the event and endorsing the strategy. The conference is open to practitioners across all agencies and is intended to be an interactive and engaging event providing an opportunity to learn about the Self-Neglect Strategy and new ways of working, developing delegates understanding of the complexities associated with self-neglect, what self-neglect looks like, how to recognise the signs and the multi-agency experience of working with vulnerable adults and their families.

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

Meeting:	September 2023		
Report Title:	Update on Primary Care at Scale		
Authors:	Anmarie Cubbon		
Accountable Director:	Oliver Radford / Oliver Ellis		
Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/ Recommendation from that Committee

Summary of key points in report

The intention of this report is to provide an update on progress in relation to the Primary Care at Scale Transformation Programme.

The Primary Care at Scale strategy document sets out that for many years, the Isle of Man, has operated a fairly traditional model of Primary Care. The services of General Practice, Community Pharmacy, Dentistry and Optometry are each delivered through predominantly small-scale independent practices, with relatively little co-ordination at Island level on activities like needs analysis, strategic planning or delivery.

The strategic objective of the strategy was to co-produce (Manx Care with the professions) a target operating model (TOM) for Primary Care. A high level TOM was produced with implementation being subject to the availability of funding. Due to:

- the large funding level required
- the confidence level in the prediction that additional funding into primary care would result in a in spend in secondary care and therefore a slowing down of the ever increasing costs of healthcare, and
- the need to stabilise service in primary care before establishing PCAS,

it was agreed, rather than progressing primary care at scale funding request all in one go, that an incremental approach would be used, alongside a stabilisation plan for primary care.

The PCAS project has focused recently therefore on a stabilisation plan which falls into 7 pillars and which are explained below, along with the most up to date position on each. The role of the Primary Care Network in the delivery of PCAS is key. Manx Care has funded the PCN's structure in the form of funding for administrative support and clinical leadership, along with funding for Clinical Domain Leads, who by mid-23-24 will be providing 16 sessions of clinical leadership in the following areas:

Area	Sessions
Clinical Governance	3
UEIC	1
Mental Health	1

Diabetes	2
Diagnostics, IT and Pharmacy including Pharmacists in GP Practice	2
Hub development	2
MSK FCPs	1
Frailty	2
Safeguarding	1
Dermatology	1
TOTAL	16

The PCN is being commissioned to provide specific outcomes in line with the pillars below, with the relevant commitment from Manx Care in terms of resources to support delivery. The pillars are as follows:

1) resilience / virtual GP

required outcome	To scope the commissioning of a virtual GP system/service to provide resilience in primary care at times when the system is under pressure.
Steps taken so far	The PCN had been tasked with scoping this, including the various options for delivery, and producing an options paper. The options paper has been written and is currently being considered. The view of the PCN currently is that providing an additional 2 GPs into the system at times of pressure would be a more effective way of increasing capacity and therefore providing resilience.
Risks issues	There is an ongoing risk currently around the lack of resilience in primary care.
Opportunity	There is a need to introduce electronic transfer of prescriptions in order for remote GP to work effectively. This is being progressed as a project as part of PCAS.
Next steps	For the options paper to be considered and a decision taken on whether to progress a pilot / tender for additional capacity.

2) community pharmacy

required outcome	Scoping a sustainable future model for pharmacy services on the Island.
Steps taken so far	Work is continuing with DHSC on future models for pharmacy to be scoped and written up. The PCN have asked that this include options around dispensing GP Practices.
Risks issues	
Opportunity	There has been an opportunity to undertake significant work on a continuity plan should a number of pharmacies close. This work is nearing completion.
Next steps	To continue the work in relation to both contingency and to scope future models. This is a significant piece of work and will take time and subject matter experts who are being identified currently.

3) locality hubs

required outcome	to pilot a 'primary care locality hub'. In the first instance this is to:
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	<ul style="list-style-type: none"> • support better navigation and re-direction of patients, ensuring that the patient sees the most appropriate person at the most appropriate time etc • to provide specific clinics for patients, eg. frailty
Steps taken so far	A request to Transformation is going to the October political Board for an administrator to work with the Hub clinical lead and the Wellbeing Partnership Lead to test out the primary care locality hub service.
Risks issues	Awaiting admin resource (above). Manx Care is progressing this 'at risk' and the PCN have appointed a candidate who is due to start shortly.
Opportunity	There is a cohesive team in the North comprising PCN lead, GP Practice lead, wellbeing partnership representation and social care representation. This team is working well.
Next steps	They have yet to write up a DPIA for the hub (which is an outstanding task)

4) salariéd model

required outcome	Obviously Manx Care having to take on Ballasalla Group Practice out of necessity has brought this forward. We have been using the Practice to model how a salariéd model could work in the future for any Practice that wishes to be salariéd rather than contracted.
Steps taken so far	Ballasalla Group Practice has been under Manx Care leadership now for a full quarter. The costs of the Practice are quite high in the first quarter as there has been a requirement to use a number of locum GPs. this is coupled with the staff costs of the Practice, which has taken over as an existing ongoing concern, were higher than would be expected. The modelling used in Ballasalla is being extrapolated to show a full IOM model along with a partial model running alongside a contracted model. This will include services which could be provided 'at scale' in both the full and partial model.
Risks issues	The decision to become salariéd or not is in the hands of the individual contract holders.
Opportunity	The opportunities here are for the individual Practices to be part of the wider system and therefore have some additional resilience. There is also the opportunity to provide some services at scale.
Next steps	Are to produce this model for consideration and first discussion by end September 23.

5) service shift

required outcome	To identify those areas where a 'left shift' from Secondary care to Primary Care can provide both a more effective and efficient service for patients.
Steps taken so far	A number of services have been identified. It has been possible to move some services, eg shared care /prescribing for some drug and alcohol service users and Shared care /prescribing for some CAHMS service users

	This was piloted earlier in the year and patients are steadily being reviewed and discharged back into Primary Care with the appropriate advice and guidance or re-referral available. This has been possible, where the funding can follow the service. It is sometimes more difficult to do this, particularly where the majority of funding is in staffing in secondary care and can't easily be moved into primary care. One such area we are working on that the minute is the monitoring and prescribing for DOAC's.
Risks issues	Difficulty has been identified with moving the funding / resource with the service where some of the service remains in secondary care.
Opportunity	For further services to be identified and moved out into primary care. these include: Provision of Insulin being negotiated ECG, ABPM, Spirometry with diagnostics committee Dexa reporting Botox - awaiting issues re procurement of botox ad DPIA which is with IG
Next steps	the list continues to be developed and individual discussions on moving services along with working up the associated business cases is continuing.

6) Care Quality Commission Required outcome

required outcome	For any issues highlighted through the CQC reports to be addressed.
Steps taken so far	There is a detailed plan for each GP Practice and Dental Practice identifying the areas for improvement. Some of the issues are Practice specific whereas some as across the board. The former is being worked through by the individual Practices, the latter is being worked through by the PCN Governance Lead with some support from Manx Care.
Risks issues	Some of the issues identified will require funding however this is forming part of the action plan.
Opportunity	To improve quality and safety in primary care.
Next steps	Working through the plan to identify those areas which can be remedied and implemented, co-ordinating that plan into the wider Manx Care CQC implementation plan.

7) Prototypes for providing PCAS

Part of PCAS is looking to ensure that there is sufficient skill mix in Primary Care and that it is available across all areas of the Island. In that respect there are a number of prototypes being run across primary care:

a) FCP MSK (First contact Practitioner for Muscular skeletal)

required outcome	Provision of a clinician to work in primary care who is able to see patients for MSK issues without the need for an appointment with a GP first.
Steps taken so far	The first hub clinic commenced on 21 st June 23
Risks issues	Availability of staff as this progresses ie recruitment.

Opportunity	Auditing outcomes are taking place so we should be able to see the opportunities this provides along with being able to consider other FCP clinicians potentially in other areas.
Next steps	This will be rolled out into other GP Practices shortly Roll out into Kensington is planned for September/October 23

b) FCP MH (First contact Practitioner for Mental Health)

required outcome	To provide a mental health professional in a primary care environment who can see appropriate patients without the need for a GP to see first and refer.
Steps taken so far	Currently in the planning phase And awaiting DPIA sign off from IG
Risks issues	TBC
Opportunity	TBC
Next steps	TBC

c) FCP Pharmacy (first contact practitioner pharmacists)

required outcome	To provide a pharmacist in general practice (amended – to free up GP capacity by providing medication governance support) to see additional patients
Steps taken so far	A change request was submitted by the PCN to have 3 band 7 pharmacists who could support medication governance in general practice, rather than FCPs. This has been accepted and is being progressed by the PCN through the recruitment process.
Risks issues	Recruitment Resilience of pharmacy if pharmacist move from pharmacy into GP Practice
Opportunity	Testing of this model
Next steps	To appoint 3 x pharmacists for these roles

a) Dermatology Prototype

required outcome	The intention of this prototype was to train up 4-5 GPs with extended roles (GPwER) in dermatology in order to move a significant proportion of dermatology work from secondary into primary care.
Steps taken so far	The GPs have all been trained and are in the process of receiving their formal qualification. A 'spoke' clinic was established in Peel last year whereby all Peel patients a routed through the GPwER. This has worked well with significant reductions in onward referrals into secondary care
Risks issues	The status of the secondary care service
Opportunity	Funding will be available to develop the primary care service through the funding from the 2 consultant dermatologists and transformation funding already allocated.
Next steps	The next steps is to roll that out across the Island. There has been some concern raised by the GPswER in terms of the support which will

	be available to them in the light of the visiting Consultant’s plan to leave at the end of March 24. They have been given assurances that Manx Care will have a Consultant in place for advice and support. There is a plan for each of the GPswER to work with the current clinical arrangement in Peel and when they are confident to do so they’ll extend that service to another locality on the island in a phased approach.
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The next steps generally for the PCAS project is for project management support. This has been requested as part of the paper submitted to Transformation being considered in October. Manx Care is progressing this at its own risk currently as it is recognised that the plans need to be firmly written, agreed and monitored.

Recommendation for the Committee to consider:

Consider for Action	<input type="checkbox"/>	Approval	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Information	<input checked="" type="checkbox"/>
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The Board is asked to note the content of this paper and seek any further updates or assurances.

Is this report relevant to compliance with any key standards? YES OR NO		State specific standard
Data Security and Protection Toolkit	<input type="checkbox"/>	
Others (pls specify)	<input type="checkbox"/>	
Impacts and Implications?	YES OR NO	If yes, what impact or implication
Patient Safety and Experience	<input type="checkbox"/>	
Financial (revenue & capital)	<input type="checkbox"/>	
Workforce & Culture including H&S	<input type="checkbox"/>	
Equality, Diversity & Inclusion	<input type="checkbox"/>	
Legal	<input type="checkbox"/>	

Title	PCAS Update
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Horizon Scan September 2023

Integrated Women's, Children's & Families Services

- The Care Group is progressing with recruitment; we have key roles out to advert including Paediatric Speciality Doctor, School Nurses, Health Visitors and Children's Services. We are due to appoint a Paediatric Consultant, Interviews are taking place on 1st September 23 and a Associate Specialist for Community Services and Children's Safeguarding.
- Two Project Leads commenced 12 month LTA's in August 23. The Project Leads are overseeing the governance and effective implementation of the Ockenden response, Saving Babies Lives Bundle and the RCPCH recommendation action plan.
- The Care Group is due to review staffing models within Neonatal Services and Paediatric services.
- Successful appointment of Safeguarding Midwife. The post was uplifted to 0.8wte to take into consideration the increase in women that need support and the complexity of that support.
- Maternity is progressing with Maternity Support Workers (Band3/4) which will support women and the midwives with the delivery of hands on care. These This will free up midwives to do what midwives need to do.
- Maternity services received their initial feedback from the Birthrate Plus workforce audit. It identified 54% of births fall into the high risk category which requires the most intervention. It also highlighted taking into account the reduction in births that there is a positive variance of 1.4 to 2wte midwives. Currently with midwifery staffing levels we are seeing 200 more women than it is safe to do so per annum. Once the final report is received a paper will be presented to the Board.

Integrated Women's, Children's & Families Services Cont.

- The Care Group plans to move Early Pregnancy and Assessment Unit from Ward 4 into Women's Outpatients. Work is due to commence end of September, the work will incorporate a small 'bereavement room' for women who have been given upsetting news.
- All three Student Practitioners have successfully qualified as Health Visitors and commence their substantive posts in September.
- Introductory meeting scheduled with Oxleas NHS Trust to support the review of Health Visiting and School Nursing Safeguarding Supervision.
- A successful meeting took place with DHSC representatives in August 23, relating to Integrated Sexual Health Service (ISHS) and the progress of the ISHS Project.
- Family Planning clinics have relocated from the Community into the Hospital and are integrated with GUM. This is partly down to staffing pressures, however this is the proposal to how the Integrated Sexual Health Service will operate in the future. ISHS plan to relocate to new premises in the New Year.
- In July 23 we entered into a participation contract with HQIP for the National Neonatal Audit Programme and we are currently working on finalising the Maternal and Newborn Infant CORP (MBRACE) programme.

Social Care Services

- Discussions with staff and relatives are ongoing in respect of Cummal Mooar. Various reports are awaited to determine the safety and any associated risks of delivering a service in the current location;
- Social Care colleagues are working on the CQC Action Plan, ahead of a Steering Group meeting at the end of August;
- DHSC have commissioned an independent chair for the Ofsted scrutiny panel, colleagues in C&F will be engaging in this process and progressing the action plan in the near future;
- C&F respite and short break services continue to experience serious challenges due to the lack of appropriate services;
- C&F are also seeing an increase in the number of contacts, which have reached an all-time high;
- The work on the Mockingbird fostering model is due to formally launch this year, now that the Family Placement team is fully staffed;
- MASH has been live for 2 months and is progressing well with some good examples of interagency working that has reduced risk and improved outcomes;

Social Care Services

- The Edge of Care pilot is going well and has seen some looked after children return home and some intense pieces of work with children and families who are at crisis point, reducing the need for some children to come into care;
- The Adult Services Access Team has transferred to the Wellbeing Partnerships, which now sits in Nobles' Operations. This will assist with the creation of a notional Eastern Partnerships as an intermediate step before more permanent partnerships are developed in the East of the Island;
- Work is progressing on Summerhill View, with a site visit taking place in early August. There has been some progress, however there are still issues with some aspect of the site. The handover date is yet to be confirmed;
- Safeguarding Health colleagues have co-located with the Adult Social Work team on an interim basis to support with staff shortages. Initial feedback is extremely positive and the Safeguarding Nurse has undertaken single visits and joint visits with the Social Worker;
- Social Care Leadership Team will consider the independently commissioned report and recommendations of the Day Services Review.

Recruitment

- Children & Families have started up a Social Work talent pool, with 1 Social Worker recruited so far;
- Adult Social Work have recently recruited x3 Social Workers on a permanent basis, with 2 of those being agency staff. This is a positive development, reducing our reliance on locums/agency staff;
- The new permanent Head of Adult Learning Disability Services starts in post on 01/09/2023
- The Peripatetic Team in Adult Social Work is now 50% staffed, with 3 staff in post. The remaining 3 vacancies have been recruited to, with the new starters in the process of on-boarding.

Training & Development

- Interviews for the 'Grow Our Own' Social Work degree programme will take place, with 4 spaces available for 2024 commencement in conjunction with Robert Gordon University in Aberdeen.

Theatres, Critical Care & Anaesthetics

- Theatres; after achieving AfPP Accreditation in September 2022 we are planning to undertake a peer review in September 2023 to provide assurance of continued compliance with best practice standards. Work is still progressing to introduce the 6-4-2 principle to Theatre Scheduling and introduce the “golden patient” to facilitate starting the operating list on time and to allow time to allocate beds. This will mitigate some of the current risk experienced with multiple list changes and late starts due to lack of bed base, this is progressing well with the increased use of DPS to start the patient perioperative journey whilst an inpatient bed is sourced.
- Simulation training booked with Dr Angusamy will continue to be performed on Patient Safety Forum afternoons for 2023/2034.
- Recruitment continues to progress positively for Anaesthetics and Theatre. Agency scrub staff employed to support the impact of staffing maternity theatre.
- ICU CCOT: will conduct AKI (Acute Kidney Injury) training every Tuesday in September, have three ICU RN's starting the PGCert Advanced Critical Care Course through Edge Hill University and a Band 7 attending the BACCN conference
- Pre-assessment Clinics have a new starter; a Band 6 Deputy Sister.
- Audiology staff will be attending an update training session with representatives from Phonak – the primary supplier of hearing instruments to ManxCare. The department will be subject to a detailed audit to ensure compliance with Audiological Quality Standards.

Theatres, Critical Care & Anaesthetics Cont.

- Ward 11/12 : Ward 12 staff to continue developing staff with ERAS protocol and work fulltime on the ward after grand prix. Once competent other ward 11 staff to rotate through to develop their skills. Staff continuing to work alongside the Synaptik team to learn ERAS and aim to take over in September as planned.
- Endoscopy: Olympus attending with equipment for supported trials by clinicians and endoscopy staff and the replacement of decontamination machines project has started. A business case is being developed for the staffing of pre-assessment clinics. Nursing documentation, SOPs and a competency pack are being developed. Weekly 6-4-2 meetings are taking place, improving communication and reducing need for bank staff. Private work continues with Mr Husada.

Medicine, Urgent Care and Ambulance Service

- The Same Day Emergency Care business case has been approved and funded. A Change Request currently being reviewed across key stakeholders with regards to a change of name from SDEC to Ambulatory Assessment & Treatment Unit (AATU). Risks Identified: SDEC implementation will be delayed if a suitable location for SDEC cannot be secured.
- The ‘See, Treat and Leave’ initiative has been funded. The project is being planned in detail, recruitment is being initiated and the first Steering Group meeting has been held. Risks identified: GPs concerns around new ways of working (e.g. paramedics directing patients to the GPs) will delay implementation of See, Treat & Leave. Out of date IOM Directory of Services will impede delivery of See, Treat & Leave
- ‘Hear and Treat’ Clinical Navigators have been introduced into the Emergency Services Joint Control Room as part of a phased implementation plan additional training continues prior to full operation (in accordance with the plans in the business case) commences. We will continue to see relatively low levels of non ambulance responses until such times as other, appropriate response pathways open, such as referral to GPs and See, Treat and Leave.

Medicine, Urgent Care and Ambulance Service Cont.

- The Frailty Unit (based upon Ward 6) is subject to further review; an additional business case to support an increase in nursing staff and AHPs will be submitted in due course; this is due to the higher numbers of patients requiring 1:1 nursing or supervision. The service is continuing to make good progress, saving money and reducing length of stay and readmission rates.
- Work is on going with the Service Development team to address Waiting Lists in medical specialities with the assistance of Manx Care staff, Synaptik and other groups.
- A paper setting out the options for the MEDS is to be submitted to ELT on 29 August as part of the achieving balance initiatives. Guidance is to be sought on its hours of operation and structure. We are also looking at the options for the employment model of those involved in the delivery of MEDS.

Integrated Primary Care & Community Services

- Laura Kewley has been appointed as our Care Group’s Senior Nurse for Community Services
- First Contact Practitioners for MSK commenced clinics in Ballasalla Medical Centre on 21st June. This will be rolled out into further GP Practices over the coming months
- HEO’s for Therapy Services and Community Services are now in post; welcome and Charolotte Cairns and Laura Garcia-Fierro

Integrated Diagnostics and Cancer Services

Cancer Services

- Successful interviews for Band 5 SACT Nurse roles and specialist training for new post holders agreed.
- Review of cancer services and current gaps:
- Administration pathway review underway with proposals for more robust processes
- Within current resources, the team are picking up the outstanding Transformation work to understand our pathways against the Cancer Alliance models, with particular focus on the Faster Diagnosis Standard
- Data quality processes outlined to support Cancer Waiting Times and COSD submissions
- Clatterbridge staff visiting in September to support review of our Meditech system usage by staff, data reporting and ODU capacity.
- Clatterbridge BI dashboards from Meditech under development for Manx Care staff to receive access to live data on activity/capacity/prescribing
- Mannin Cancer Centre steering group exploring the MCIC moving into the new 3rd sector premises
- Cheshire & Merseyside Cancer Alliance proposed visit to capture service user and staff feedback in the Autumn
- Next Cancer Performance day 24th November 2023
- Pilot continuing over Clatterbridge direct requesting Radiology from their Meditech system – review again September for roll out to other cancer sites

Radiology

- Consultant Radiologist position positions offered x2. Pre-employment checks underway.
- Fluoroscopy replacement due to be completed October 2023
- Trainee sonographer position interviews due September 2023
- 1 x Band 7 sonographer post offered.

Integrated Diagnostics and Cancer Services Cont.

- Band 7 Mammographer accepted and awaiting pre-employment checks
- Tele-radiology service review now underway.
- CTCA synaptic waiting lists approved until end of the year
- Current RIS/PACS contract extended until July 2023 whilst contract details are finalised for new systems.
- Work commenced with MIAA to gather information for possible efficiencies

Pathology

- Replacement Consultant Pathologist post submitted to Jobtrain
- New computer system on schedule. Go live on Sept 5th. Comms out now
- Digital pathology project restarted with input from new Pathologist. Trialling scanner at the moment.
- Membership of Merseyside and Cheshire Pathology Network. They are currently on a pause so will re-visit later in the year.
- Funding for new CL3 facility needs to go back to Treasury. Major issues with testing for any new outbreak / pandemic / new Variant. Still waiting for Estates to look at current facility.
- Exploring temperature monitoring solutions for Pathology.
- Pathology Manager due to retire in early 2024.

Pharmacy

- Limited cover for oncology, haemonc, haem and aseptics Aug – Oct23
- 3 rotational pharmacists starting end Aug + mid Sep (2 newly registered)
- 2 pharmacists gone on mat leave, locum in place to cover AMU + TSR re-activated for 2nd
- Interview for lead pharmacist clinical services re-arranged to 25 Sep 23
- Progressing ward based rotations for pharmacy technicians
- Scoping impact on Noble's pharmacy of NICE TA roll out (proposed 18 new drugs + 5 drugs onto formulary with forecast of 210 pts receiving monthly treatment) + appropriate delivery model
- Working with Medicine, Urgent & Emergency Care to improve timeliness of TTO prescription (Quality Improvement Project)
- CIP – on target with identified savings, work progressing on scoping medical gas cylinder stock
- CQC – medicine policy drafting into Manx Care template, medicines storage audit progressing

Mental Health Services

- The adult inpatient ward, Harbour Suite bid a fond farewell to our locum Consultant Psychiatrist Dr Asiain and welcomed our new substantive Consultant Dr Khawaja.
- Four substantive speciality doctors due to commence in Aug and Sept and December resulting in IMHS having a full complement of substantive medical staff.
- IMHS July finance report demonstrates a 1% positive variance YTD. Continued confidence that IMHS will maintain positive variance year end underpinned by successful medical recruitment.
- CAMHS business case complete with a planned submission to DHSC w/c 04/09/23
- RIO E-prescribing business case due for consideration by BCRG on the 13/09
- Development of an IMHS Urgent Care strategy planned due for completion at the end of Q3.
- Leadership structure within Inpatient and Adult community service subject to review with an aim of creating additional clinical leadership capacity and supporting clinically focussed career progression.
- IPR data continues to demonstrate high level of compliance against ROF, in particular CRHTT liaison response times, 3 day follow up and ALOS all of which are significantly higher than that observed within the NHS.
- Expressions of interest circulated enabling x2 existing members of staff to be sponsored to undertake a Degree in Social Work.

CEO Horizon

- Manx Care Induction
- Safeguarding board
- Presentation to recognise emergency services contribution to Summerland
- Summerland 50th Anniversary
- Brunswick Garden open day
- Performance and Accountability reviews

 manx care Kiarail Vannin	SUMMARY REPORT	Meeting Date:	05.09.23

Meeting:	Manx Care Board		
Report Title:	Care Quality Commission (CQC) Implementation Plan		
Authors:	Sue Davis / Paul Hurst / Dr Ishaku Pam		
Accountable Director:	Paul Moore, Executive Director of Nursing		
Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/ Recommendation from that Committee

Summary of key points in report:			
<p>This report provides an update on progress of the implementation of the action plan arising from the Care Quality Commission (CQC) reviews of Manx Care services.</p> <p>The CQC Implementation Plan has been circulated to all Care Group Triumvirates / Leadership teams and subject matter experts in order to allow for socialisation of the plans. It is recognised that this undertaking is a significant piece of work that is a priority for Manx Care.</p> <p>The meeting of the first CQC Action Plan Steering Group is scheduled for 30.08.23 and this paper has been drafted in advance of that meeting.</p>			
Recommendation for the Board to consider:			
Consider for Action	<input type="checkbox"/>	Approval	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
		Information	<input type="checkbox"/>
<p>It is recommended that the Board accepts the contents of this report as a true and accurate reflection of progress to date with regard to implementation of the CQC Action Plan and assurance is provided that the governance arrangements that are being established are adequate.</p>			

1. PURPOSE

The purpose of this first report is to ensure the Manx Care Board are up to date on the progress and implementation of the Care Quality Commission (CQC) Action Plan and to highlight, by exception, any elements of the Plan that are not on track or are at risk of not meeting target dates for implementation.

This report also seeks to provide assurance on those actions that have been implemented and embedded across the organisation, whilst outlining the governance arrangements for monitoring performance and compliance.

2. BACKGROUND & SUMMARY OF ACHIEVEMENTS TO DATE

In accordance with action point 10 (CQC Readiness) of the Manx Care Quality Governance Development Roadmap, a considerable amount of energy, effort and resource has been applied pre CQC inspection and is continuing to be applied post CQC inspection.

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 risks that we face.

The following are examples of progress that has been made in terms of quality and safety where positive assurance can be derived. There are many more examples so this should not be read as an exhaustive list, but as a selection of highlights:

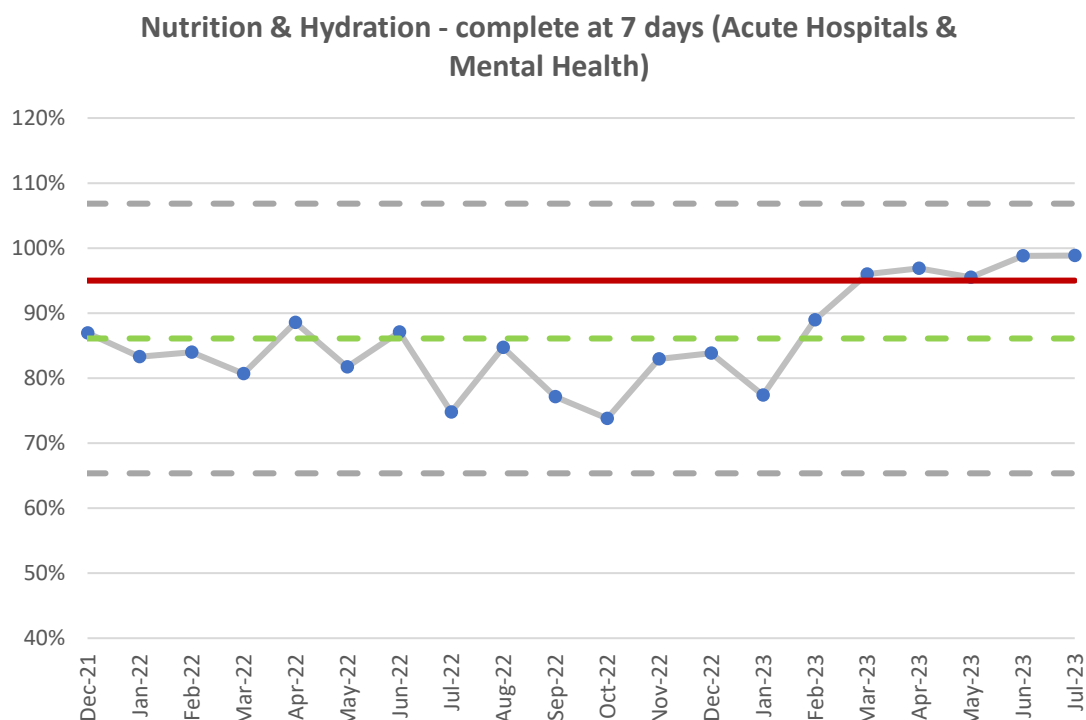
2.1 Malnutrition Universal Screening Tool (MUST)

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.

Compliance with MUST is reported and monitored by the Operational Clinical Quality Group (OCQG) via the Quality Dashboard, with assurance or gaps in assurance escalated to the Quality Safety & Engagement Committee.

The following graph identifies the progress made since the quality indicator was introduced, noting that the target has been exceeded for 5 consecutive months.



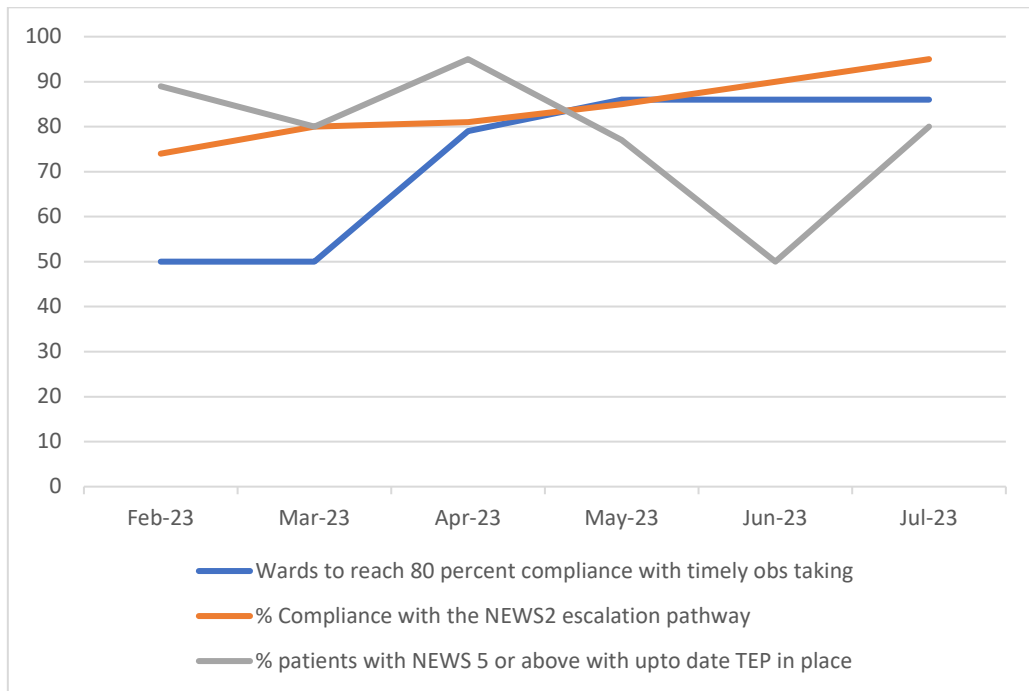
2.2 Recognising and responding to the signs of clinical deterioration in inpatient settings

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 around 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 OCQG has been monitoring the specific indicators concerned with patient deterioration and reporting same to the QSE Committee. 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.



2.3 Managing the risk of falls (moderate harm and above)

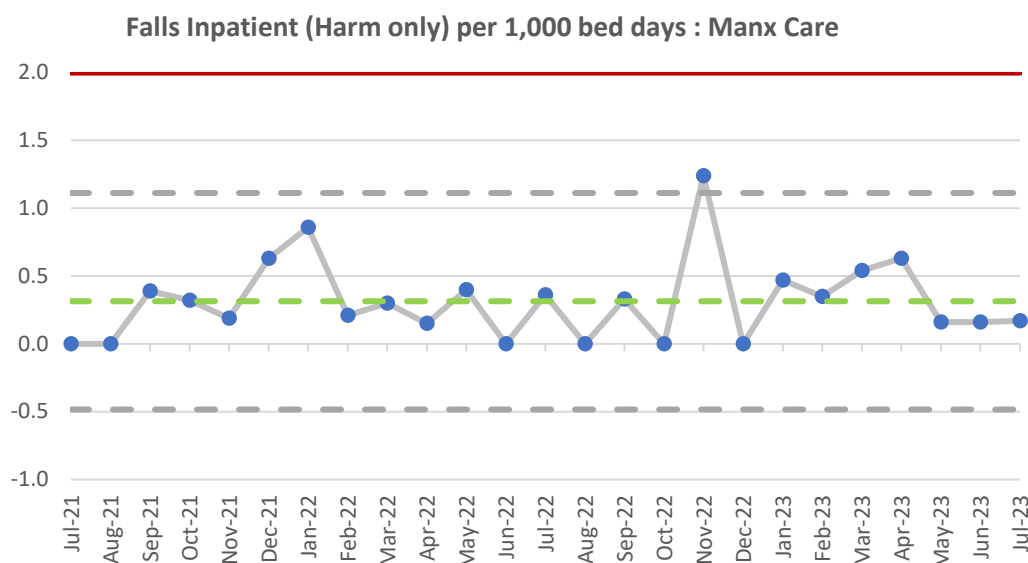
The risk of falls at home and in hospital has been intensified by several factors, including an ageing population, increasing frailty, polypharmacy, drug and alcohol use and care dependency. The management of the risk in hospital has been addressed via a range of activities and interventions, including the following:

- detailed assessment on admission, discharge or transfer to alternative care venue;
- medicines review and optimisation;
- use of devices such as bedside alarms or sensors;
- decluttering of the clinical environment where care is provided;
- provision of aid such as walking aids, anti-slip socks/footwear, handrails etc;
- maintenance of the clinical environment to eliminate defects in the condition of flooring, manage spillages or other hazards, lighting;
- patient and carer education;
- equipment such as low-profiling beds, safety rails, safety mats, hip protectors; and
- 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, although it is acknowledged that workforce challenges have not always enabled the provision of one to one observations and as a result a zonal / cohorting approach has been necessary.

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 injury. 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.

The following indicator is reported monthly to the OCQG via the Quality Dashboard, demonstrating positive performance as the harm threshold has not been breached since reporting commenced.



2.4 Reporting and Management of Serious Incident

Manx Care acted quickly after its formation to align its procedures for the handling of serious incidents to NHS England’s Serious Incident Framework. The Policy for the Reporting, Investigation and Learning from Incidents was implemented in October 2021. The Serious Incident Review Group (SIRG), chaired by the executive Director of Nursing, was formed and embedded with meetings taken place on a weekly basis.

In excess of 6000 incidents are reported in Manx Care each year via the Datix Quality, Safety and Risk Management System. This consistently high figure is believed to be demonstrative of a positive reporting culture.

The SIRG consider new incidents 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 a monthly report detailing all completed serious incident investigations from which it takes assurance that incidents are thoroughly investigated and lessons learned from them.

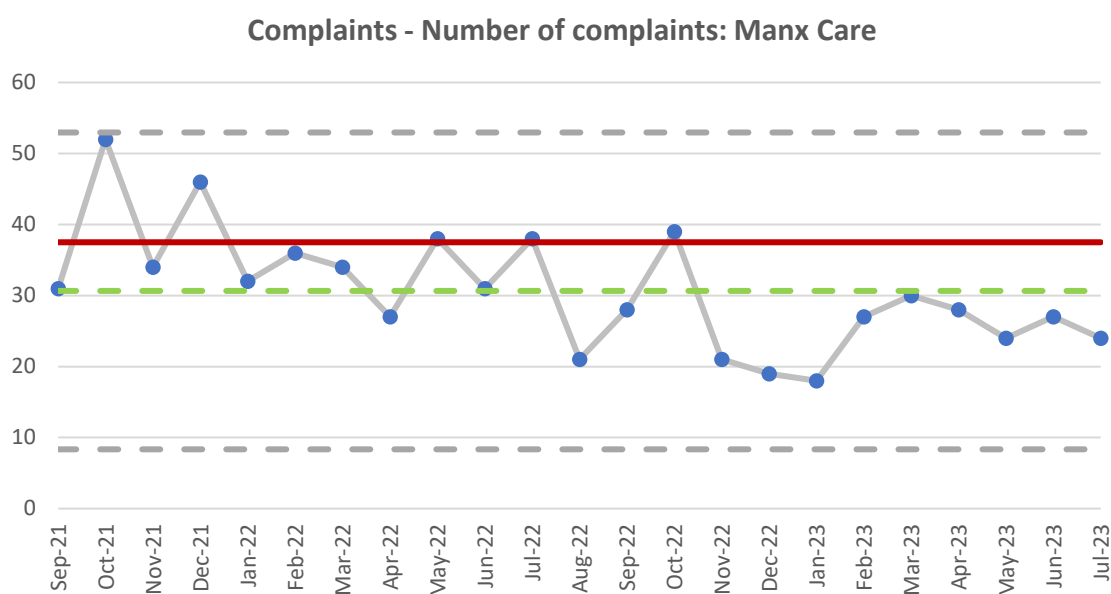
In common with all NHS and social care providers, Manx Care does encounter serious incidents. Whilst incident reporting has remained buoyant, the number of serious incidents has reduced since new incident handling procedures were introduced in 2021 and also following greater scrutiny and review led by 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 SIRG; 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. In 2022/2023 the contributory factors that recorded the highest frequency were: 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%).

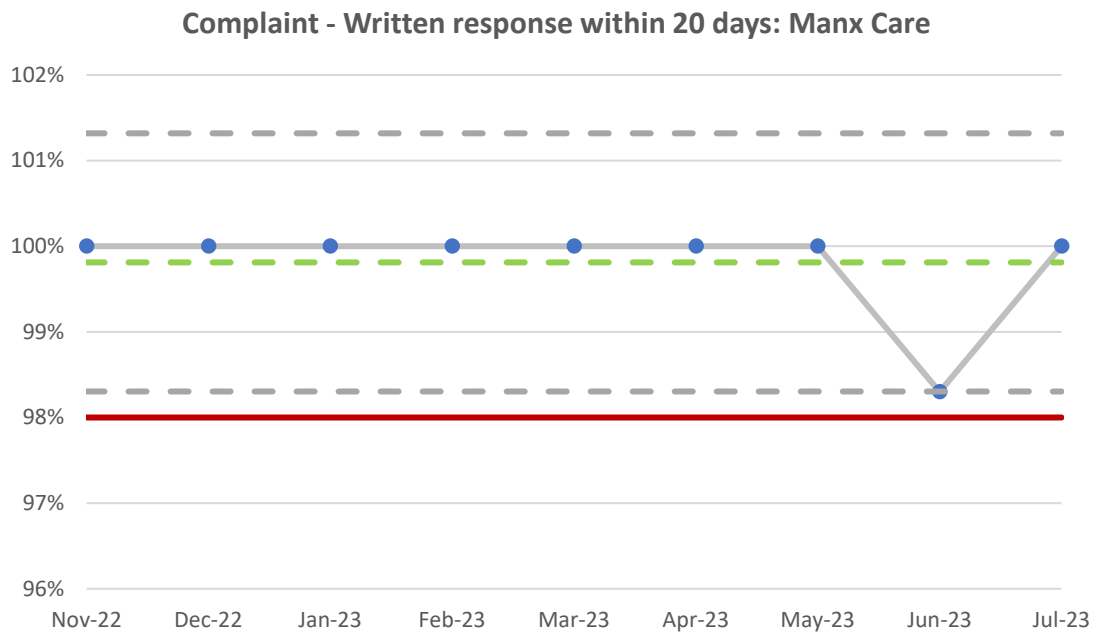
2.5 Complaints Handling

Manx Care applied considerable resource and attention to addressing and resolving a backlog of historical complaints and then applied an equal amount of effort and resource in readiness for the introduction of new Complaint Regulations on 31.10.22. Activities included the drafting of a new policy, new complaint information leaflet, classroom based training for handlers, development of a module on eLearn Vannin and amendments in the Feedback Module in Datix to ensure the system mirrors policy standards.

Manx Care values feedback from complaints highly, and is a means of truly understanding patient / service user experience and their needs for improvement. Feedback and engagement from patients / service users has increased (see 2.6), while complaints have decreased as demonstrated by the graph below.

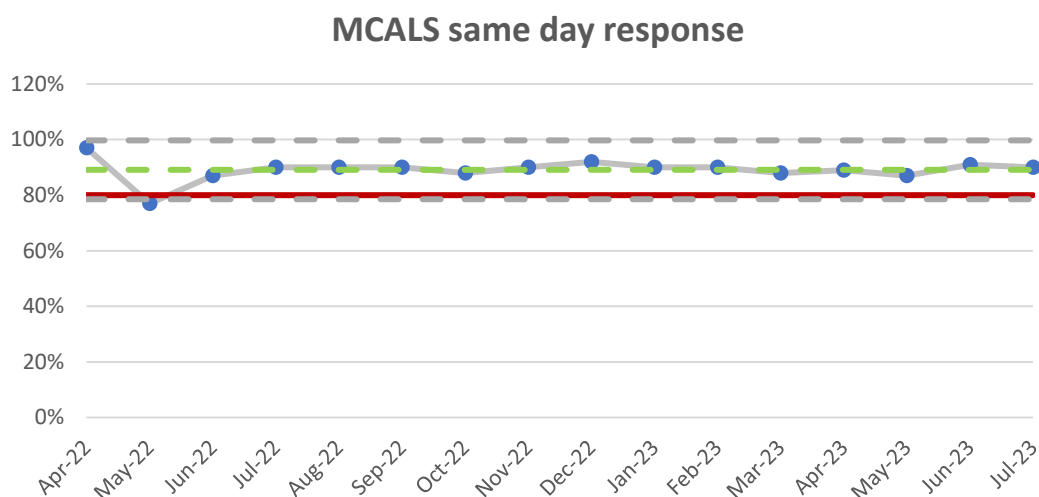


Responsiveness is being maintained by providing updates / progress reports / final resolution in writing within 20 working days, evidenced as follows:-



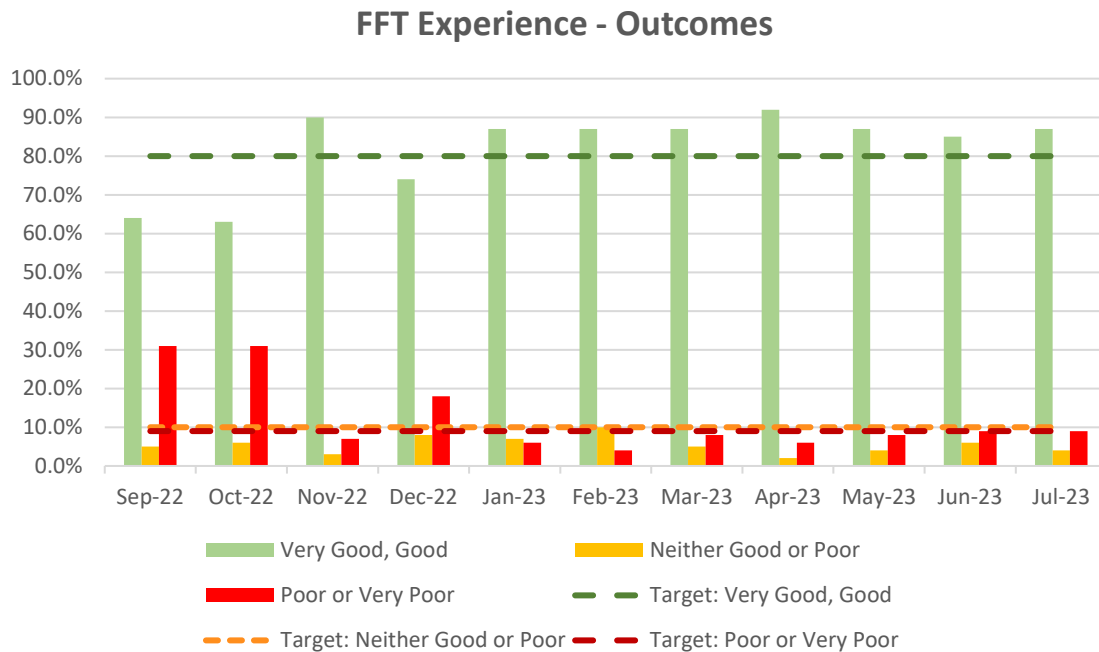
2.6 Patient/Service User Experience and Engagement

Manx Care built and established the Manx Care Advice and Liaison Service (MCALS) with the explicit intention of being able to help people resolve concerns as soon as possible, signposting them to the right person or right place for early and prompt resolution, thereby reducing the number of issues that convert to a formal complaint. Significant progress towards these aims have been achieved, with the use of MCALS by service users growing. MCALS is consistently achieving a resolution on the day in 90% of concerns raised as demonstrated by the following graph:



In addition, the Friends and Family Test was introduced across Manx Care 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%, as demonstrated in the following graph.

Whilst there is clearly an improvement opportunity, the Board can be confident there is a high level of service user satisfaction.



2.7 Risk Management

The Board will be aware that Manx Care inherited an immature risk culture and process at the when formed. A significant amount of work been undertaken 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. The following provides examples of the activities that have been worked on:

- establishment of a Risk Management Committee chaired by the Chief Executive Officer;
- a complete rebuild of the risk registers at care group and executive levels;
- appointment of a Risk Manager;
- delivery of risk management training including a masterclass on risk management and risk appetite;
- detailed review and scrutiny of the Care Group risk registers and control frameworks to ensure risk is kept under prudent control at all times;
- maintained high levels of incident reporting – a strong reporting culture;
- developed and implemented a Risk Management Policy and Procedure aligned to international standards;
- developed and implemented a risk escalation mechanism to ensure intolerable risks are reported and reviewed;
- on the whole met obligations under the Duty of Candour regulation; and
- responded promptly to all safety alerts issued through the NHS Central Alert System.

2.8 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 update, review and in some cases removal from clinical practice. By 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.

2.9 Workforce Safeguards – 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 (NICE), Birthrate+ (in 2023) and MHOST (a mental health acuity & dependency tool). 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.

Workforce models were rebuilt from base in these areas. We also established the mechanism to monitor and assure safe staffing using a fill rate measurement. In addition, Manx Care restarted the implementation of HealthRoster™ in an attempt to ensure all Nobles Wards, Martin Ward, MIU and inpatient psychiatry units were using HealthRoster™. The implementation was a success, and there are plans to extend the use of this system to community settings and wider workforce groups. Manx Care has also focussed on raising the standard of workforce planning and leave management. Taken together this has enabled Manx Care to understand more directly the 'tipping points', beyond which a service is not safely staffed to meet the needs of those using the services, and enabled senior leaders to use and apply professional judgement when making decisions on responding to shortages of staff.

This work led to the Board's commitment to a programme of international recruitment. This 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 nurse recruitment campaign was a success during 2022/23 and has significantly reduced nursing agency expenditure whilst stabilising staffing levels across the service. 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. Although there are some intractable challenges, particularly in respect of

specialist practitioners, learning from the international nurse recruitment programme can and is being applied to other staff groups with the aim of appointing substantively and reduce high-cost agency expenditure where possible. Full substantive recruitment to establishment simultaneously improves the quality of care, improves moral and workload, and saves money.

2.10 VTE Risk Assessment and Prescribing of Prophylaxis

Significant progress has been made in respect of patients subject to the assessment of risk of venous thromboembolism within 12 hours of admission to hospital both at Noble's Hospital and Manannan Court. Performance is monitored monthly via the Quality Dashboard with compliance discussed at the OCQG and QSE Committee.

Significant improvement has also been demonstrated with regard to the prescribing of prophylaxis, evidenced by the Quality Dashboard, where the target of 95% has been exceeded for three consecutive months and for six out of the seven previous months.

2.11 Quality Dashboard

In addressing a significant data deficit, Manx Care promptly built an operational Quality Dashboard framed by the Care Quality Commission's Key Lines of Enquiry. This Quality Dashboard proved to be extremely useful at measuring and evaluating the safety, quality, experience, responsive and leadership for care. Manx Care used pre-existing data sets, audit processes, soft and hard intelligence to develop a set of quality indicators that give the Board insight and foresight into the standard of care provided. We used a combination of leading, lagging and predictive indicators at Care Group level, established 13-month time-series data alongside clear trajectories for compliance across a wide range of health, social care, mental health and operational goals. This has enabled a more granular analysis of performance, compliance and outcomes and provided the means to produce statistical process control analyses that feed into the Integrated Performance Report.

2.12 Established and built a Governance Support Unit

In preparing the ground for CQC inspection and building the capacity and capability for clinical governance development across the organisation, Manx Care built from base the Governance Support Unit, known as the Care Quality and Safety Team (CQS Team). This enabled a clearer focus on quality and standards of practice, combined with clear improvement goals in respect of incident handling, risk management, quality measurement and reporting, production of assurances for operational groups and the Quality, Safety and Experience Committee.

This involved a successful restructuring of the team to enable Manx Care to extract more value from existing resources. In turn, this has improved ownership and control, broken down traditional boundaries impeding integration, has provided much better supervision and support to colleagues working in this field, enabled a greater focus on accountability and a shift towards proactive governance practices – looking for the trouble ahead and mitigating it.

2.13 Established and operated Operational Quality Group for Health and Social Care

To enable great oversight, scrutiny and accountability for quality and safety of care, Manx Care established two operational quality groups to oversee and assurance care practices and standards. There is an Operational Clinical Quality Group which oversees and assures the standards of care within the Acute, Mental Health and Community settings (including forensic healthcare), and an Operational Quality Group which oversees and assures the standards of care within Social Care.

These Groups have built focussed programmes of work to drive and improve the standard of assurance reporting, and to meet the assurance needs of the Board of Directors via the Quality, Safety and Experience Committee. Since Manx Care was established, the standard and clarity of assurances has evolved considerably, allowing for detailed scrutiny and challenge to be applied and helping to drive accountability for performance and delivery. The effectiveness and scope of the work of these Groups was reviewed in detail as part of the Care Quality Commission's Well-Led assessment process; wherein it was concluded by the Care Quality Commission that Board had strong leadership for quality and safety.

2.14 Clinical Policies and Procedures

Significant work has been undertaken to date to review existing policies and procedures across Manx Care. The size of this task cannot be underestimated as Manx Care 'adopted' significant duplication and significant gaps in clinical policy availability in 2021. Temporary funding was secured for a period of four months. A temporary policy officer was appointed on a limited term contract. The policy officer undertook a deep dive of almost 2,000 documents contained across four different sites where policy documents were being held prior to Manx Care's inception. This meant that staff could not access all documents, and without an automated function to flag to authors when documents are due to expire, a large number were out of date and obsolete, introducing risk and complexity for staff who need quick access to up to date guidance.

The policy officer was able to work with authors to review and update in excess of 500 documents during the time of the limited term contract. There is still a significant amount of work to be undertaken to cleanse the remaining 1,500 documents and this is no longer being undertaken at pace without the additional temporary resource.

Manx Care's Intranet site has now been developed and this has enabled the various areas containing policy documents, which means that all staff can now see all policies. An area of priority was given to aligning a suite of Clinical Governance Policies as prior to Manx Care there were multiple policies covering the same topic in place across the different sectors of the DHSC. Services were operating in much more isolation of each other with different standards for quality and safety. A significant piece of work was undertaken to align, simplify and standardise key clinical governance policies and processes.

These policies included but are not limited to the following;

- Policy and Procedure for the Management of Complaints
- Policy for Capacity, Best Interests and Deprivation of Liberty

- Policy for Managing Violence and Aggression in the Workplace
- Policy for Incident Reporting, Investigation and Learning
- Risk Management Policy
- Consent for Procedures
- Duty of Candour Policy
- Lone Working Policy
- Health & Safety Policy
- Policy on Procedural Documents
- Record Keeping Standards
- Slips, Trips and Falls Policy
- The Deteriorating Patient
- Resuscitation Policy
- Blood Transfusion Policy
- Pressure ulcer Prevention and Management Policy

Whilst access to policies via the Manx Care intranet site has assisted in making it easier for staff to access all documents, this system is not designed to enable automatic flagging to authors when policies are due to be reviewed, there is no function to archive old policies for medico-legal reasons. There are bespoke document control management systems available in the market, which would enable efficient and more effective document control and archiving capability leading to improved safety and efficiency overall for staff in their daily work, and support the organisation in dealing more effectively with complaints and clinical negligence claims with a robust repository or archived policies.

2.15 Mortality Review and Learning From Deaths

Manx Care initiated the mechanism for a review of deaths in hospital to extract lessons for learning and inform how care is subsequently delivered on Island. Substantial progress has been made to build the capacity to undertake a clinical review, and identify areas of concern for more detailed consideration by either the Serious Incident Review mechanism or, more recently, review by a qualified medical examiner. Manx Care is now reporting a very high level of compliance with a review following a patient death in hospital at level 1. This has highlighted a need for clear escalation planning, improved response to the signs of unexpected clinical deterioration and end of life care planning, for which learning is being implemented and included within our CQC response plan.

In addition, the Integrated Mental Health Service, with support from the CQS Team, has introduced a Mortality Review Group based on Royal College of Psychiatrists' procedure. This process extends Level 1 / Level 2 reviews beyond those involving inpatients (which are limited in number) to those patients who died in the community whilst receiving support for complex and enduring mental health problems. This both recognises and embraces the opportunities for learning and the process has been embedded as good practice.

3. ACTION PLAN REPORTING STRUCTURE & GOVERNANCE

A CQC Compliance Steering Group has been established to act as the main body to oversee, drive and monitor the delivery of Manx Care’s CQC Implementation Plan. Progress and assurance will be communicated via the following reporting structure:-



The Deputy Medical Director has been appointed as the chair of the CQC Action Plan Steering Group. Core membership of the Steering Group includes the Joint Heads of Care Quality & Safety with administrative support from a 12 month limited term Project Officer.

The Steering Group is scheduled to meet on a monthly basis and all care groups and subject matter experts are invited and required to attend so that progress can be established, evidence provided and further actions agreed.

The Action Plan has been shared with the care group leadership teams / subject matter experts / stakeholders and a regular monthly meeting schedule agreed.

The first meeting is scheduled for 30th August 2023. Monthly assurance, with evidence, will be fed through to the OCQG, then escalated through to the QSE Committee and on to the Manx Care Board.

Where there are any delays in progress, the action leads will be invited to explore reasons and solutions with the Steering Group and in the event issues cannot be resolved matters will be escalated to the Executive Director of Nursing & Governance, who is the Executive Sponsor of the overall CQC Implementation Plan.

4. CQC ACTION PLAN DASHBOARD

The CQC Action Plan Dashboard provides a high level summary of the status of the action plan using the following key:

Blue	Action fully implemented
Red	No Progress made or progress is not expected to be made due to barriers. Overdue
Amber	Progress is being made towards completion of the action but there is risk the action will not complete within the deadline
Green	Action on track to complete in line with the completion date

There are estimated costs identified against some actions, which will need to be validated as progress is made. The Steering Group will seek to explore estimated costs in greater detail with the relevant Care Group / subject matter expert. Given there is no additional budgetary allocation for CQC implementation, actions that have a financial implications are colour coded as red in the Action Plan as this is clearly a barrier at this time.

The CQC Implementation Plan has been circulated to Care Group Triumvirates/Leadership teams and subject matter experts in order to allow for socialisation of the plans.

The Action Plan is divided into the following nine domains:

1. MEDICINES MANAGEMENT
2. END OF LIFE CARE
3. GOVERNANCE – OPERATIONAL LEADERSHIP AND OVERSIGHT
4. HUMAN RESOURCES, WORKFORCE and ORGANISATIONAL DEVELOPMENT
5. ESTATES
6. PERSON CENTRED CARE
7. SAFEGUARDING
8. INFORMATION, DATA SYSTEMS and BI
9. IMPROVING ORGANISATIONAL CULTURE

5. ACTIONS DUE AUGUST 2023

Below is an extract from the CQC Action Plan for actions due by the end of August 2023 and that are to be presented / discussed at the CQC Steering Group meeting scheduled for 30.08.23.

This meeting is scheduled to take place after the drafting and submission of this report and so it should be borne in mind that the actions below may / will change status; either in a positive sense upon submission and scrutiny of required evidence or if there have been delays encountered.

Domain	Number	Action	Potential Financial (£)	Exec Lead	Action Owner	Due Date	Draft Status
Safeguarding	7.04	Improve and strengthen processes to safeguard children when they are treated on adult wards	£0.00	Executive Director of Social Care and Mental Health	Safeguarding Lead ADONs	31-Aug-23	Green
Governance	3.08	Reconstruct the Corporate Risk registers with clear escalation pathways and processes to the Board	£0.00	Executive Director of Nursing	Head of Risk and Compliance	31-Aug-23	Blue
Governance	3.09	Ensure risk registers are handled through Datix Web in order to pass control to managers, speed up recording, and improve monitoring and reporting	£0.00	Executive Director of Nursing	Head of Risk and Compliance	31-Aug-23	Blue
Governance	3.19	IWC&F - Establish an SOP for staff huddles to ensure that learning from incidents and complaints are always shared or discussed.	£0.00	Executive Director of Nursing	Associate Director of Nursing for Surgery, IWC	31-Aug-23	Green
Governance	3.24	Mortuary services. Establish infection prevention and control audits in mortuary services.	£0.00	Executive Director of Nursing	Lead Nurse for IPC Mortuary Manager	31-Aug-23	Green
Governance	3.48	Ensure collection and analysis of surgical site infection data	£0.00	Executive Director of Nursing	ADoN - Surgery	31-Aug-23	Blue
Human Resources	4.19	Instigate and support refresh of PIP staff establishment profile Department/Profession/role number (training needs analysis)	£0.00	Director of HR	Director of IT / SIRO	31-Aug-23	Red
Human Resources	4.27	Update MC training policy to reflect core 10 training and role specific training	£0.00	Director of HR	HR Shared Service Team	31-Aug-23	Yellow
Human Resources	4.49	Have in place processes for completion of staff appraisals and supervisions	£0.00	Chief Operating Officer / Executive Director of Social Care	Leadership team - All Care Groups	31-Aug-23	Green

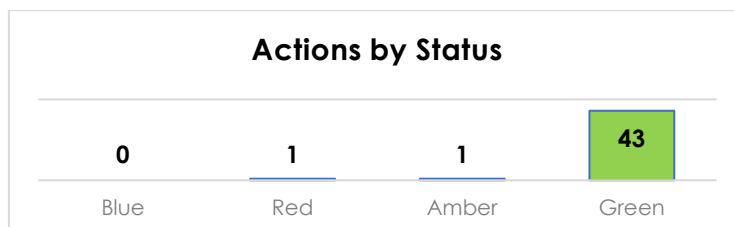
Estates	5.01	Develop and implement SOP to comply with 'Control of Substances Hazardous to Health Regulations 2002', applicable to all Manx Care locations	£0.00	Director of Finance and Performance	Director of Infrastructure	31-Aug-23	
Estates	5.07	ASC - Ensure water temperatures are regularly taken to ensure they are within safe operating temperatures in all locations	£0.00	Executive Director of Social Care and Mental Health	Senior Managers Adult Social Care	31-Aug-23	
Estates	5.16	Dental - Obtain assurance that dentistry is compliant with H&S procedures (sharps instruments in healthcare) Reg 2013	£0.00	Director of Operations	General Manager - Int Community and Primary Care Services	31-Aug-23	
Person Centred Care	6.01	Increase the data displayed relating to patient outcomes on Surgical wards.	£0.00	Director of Nursing	General Manager and ADON - Surgery	31-Aug-23	
Person Centred Care	6.05	IC&D - Establish and implement a process to ensure secure storage of contrast media in the radiology department safely.	£0.00	Director of Operations	General Manager CD IC&D	31-Aug-23	
Person Centred Care	6.06	IC&D - Reduce waiting times for DEXA, CT and MR diagnostics	£0.00	Director of Operations	General Manager & CD Diagnostics	31-Aug-23	
Person Centred Care	6.08	Surgery - Establish SOP and audit compliance daily to ensure all clean and dirty utility rooms are locked during the day or when a clinic is running.	£0.00	Director of Nursing	ADON SA&CC	31-Aug-23	
Person Centred Care	6.16	Develop and implement systems for ensuring access to translators and interpreters	£3,000.00	Director of Nursing	Head of Engagement Head of Care Quality & Safety	31-Aug-23	
Person Centred Care	6.36	MUST - assure the implementation across all Care Groups of MUST assessment on admission and at 7-day intervals for people with an extended length of stay.	£0.00	Executive Director of Nursing	Head of Care Quality & Safety	31-Aug-23	
Person Centred Care	6.48	Obtain assurance from Dental contractors to ensure amalgam separators are fitted in line with EU Regulations	£0.00	Director of Operations	General Manager - Int Community and Primary Care Services	31-Aug-23	
Person Centred Care	6.52	Ensure DNACPR status is reviewed and documented for every admission to hospital	£0.00	Medical Director	Clinical Directors	31-Aug-23	

Additional Comment for Specific Actions due in August which are not yet embedded

Domain	Action No	Narrative
Governance	3.19	IWC&F SOP drafted, evidence of implementation to be provided.
Governance	3.24	Assurances from IFP&C Lead Nurse that arrangements are in place; evidence of audit awaited.
Human Resources	4.19	Update from OHR Director awaited. The inability to interface PIP with eLearn Vannin continues to present a challenge. LEaD have recently advised a new e-learning system may be procured.
Human Resources	4.27	Policy has been revised to reduce the number of topics down to 17, which is still a significant number and needs to be reduced down further. Further revision undertaken by the CQS Team which will be discussed at the next Manx Care Executive Leadership Meeting scheduled for 08.09.2023.
Human Resources	4.49	Long standing issue related to ad hoc processes and methods of recording compliance for some staff groups. Processes in place, but awaiting evidence that this is systematic and robust enough to provide reliable assurance.
Estates	5.01	The drafting of a SOP for COSHH is awaited and progress is to be established.
Estates	5.16	Progress to be ascertained / confirmed at Steering Group Meeting on 30.08.23.
Safeguarding	7.04	The admission of a child to an adult ward is reported as an incident via Datix and the Quality Dashboard. A process has been established whereby the Safeguarding Team are informed of such an admission to enable an immediate review of care arrangements to ensure all measures are taken to protect the individual concerned.

6. PROGRESS BY ACTION PLAN DOMAIN

6.1 Medicines Management



6.1.1 Progress

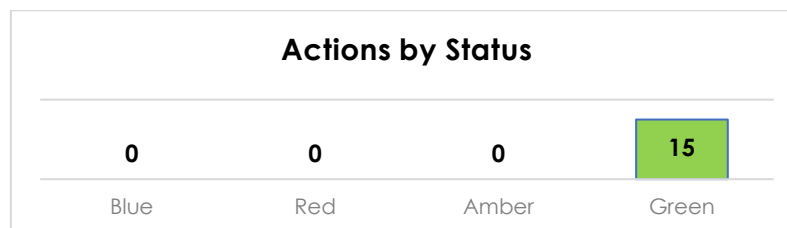
The majority (96%) of actions are on track at the time of this report, with just one showing as amber and one as red (see below).

6.1.2 Risks

Amber - Ambulance Service to develop and implement a PGD for Pentrox. The Executive Director of Nursing (PGD Lead) has written to the Head of Ambulance Services directing that a PGD is drafted by the Operational Lead for PGDs.

Red - Ambulance Service to develop business case for replacement Trakka cabinet. This will incur a cost yet to be determined. Budget not currently available.

6.2 End of Life Care



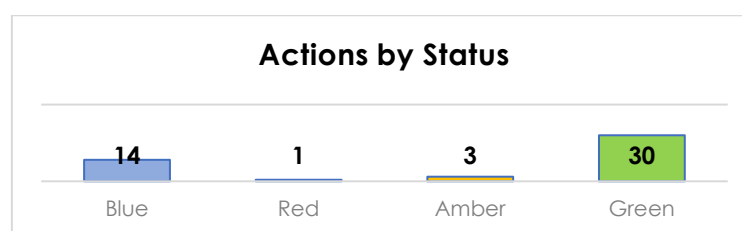
6.2.1 Progress

The status of all actions at the time of reporting is green.

6.2.2 Risk

The establishment of an EOL Care Lead may come with some challenges due to remuneration and / or cost of backfilling of the appointed individual; however details are yet to be determined.

6.3 Governance - Operational Leadership and Oversight



6.3.1 Progress

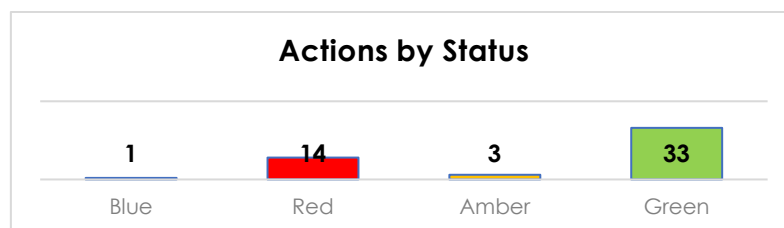
92% of actions are either on track or have been completed.

6.3.2 Risk

Amber (3) / Red (1) – these actions all relate to policy document access and control. Progress has been made in the development of a Manx Care Intranet site whereby policies can be accessed via the home page; however this links to various Sharepoint sites and there remain issues with regard to one central repository which would enable access and review. A temporary project officer has also been successful in removing out of date / duplicate documents (approx.500), however further work is required.

A leading document management system (PolicyStat) has been identified and recommended as a potential solution; however this comes at a cost for which there is no budgetary allocation at this time.

6.4 Human Resource, Workforce and Organisational Development



6.4.1 Progress

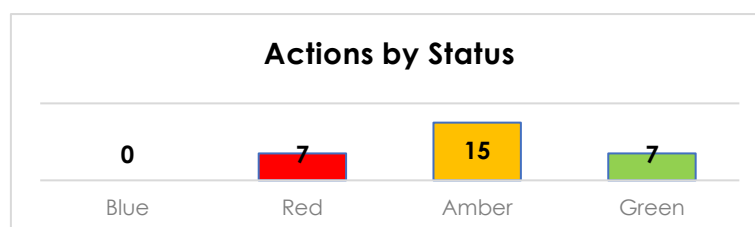
65% of actions are considered on track and one action that concerns the annual review of the nursing establishment has been embedded as a result of work by the Executive Director of Nursing and the Associate Directors of Nursing.

6.4.2 Risk

27% of actions are overdue or where no progress has been made to date. The actions concern input from shared services and therefore Manx Care does not have direct control to influence development as some systems are government wide and not specific to Manx Care. Such system examples include PIP and eLearn Vannin.

The first round of CQC Steering Group meetings will seek to address and provide updates on those actions that are red and amber.

6.5 Estates



6.5.1 Progress

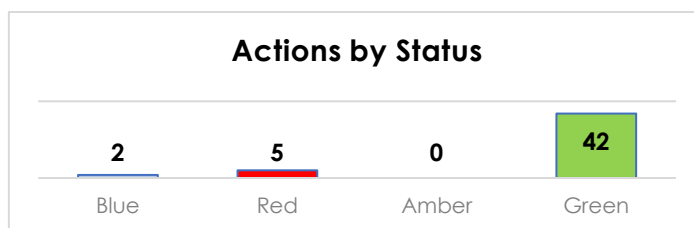
Whilst only 24% of actions are considered on track, on a positive note the recruitment process is underway for the appointment of a Health & Safety Lead for Manx Care. This is considered a significant development as historically the organisation has relied upon a central resource in OHR/Cabinet Office.

6.5.2 Risk

Manx Care faces a considerable challenge in terms of the range and condition of its building stock. There are significant financial implications associated with this risk in addition to the potential risk to patient/service user and staff safety. This issue will be explored in detail with Manx Care's Director of Infrastructure.

The first round of CQC Steering Group meetings will seek to address and provide updates on those actions that are red and amber.

6.6 Person Centred Care



6.6.1 Progress

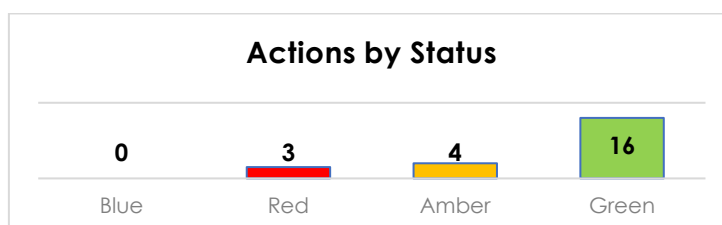
90% of actions are either on track or have been completely implemented.

6.6.2 Risk

All 5 risks flagged as red require resource to take forward that is not currently available with Manx Care's financial envelope. These include:-

- Renew flooring in the diabetes centre
- Improve and increase storage capacity for cleaning equipment and consumables in the diabetes centre
- Recommend to DHSC that they commission and fund a service for patient rights and advocacy (whilst this has been recommended, an advocacy service has not been progressed)
- Development of a specific Lead Nurse role for Dementia
- Convert a clinical area into specialist dementia care Ward that is dementia friendly and designed for this purpose

6.7 Safeguarding



6.7.1 Progress

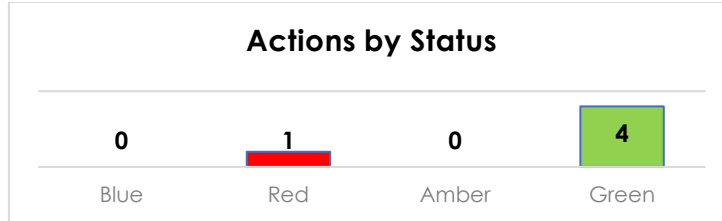
70% of safeguarding actions are on track. Clarity on further progress will be confirmed following the first round of Steering Group meetings as considerable progress is being made in this domain.

6.7.2 Risk

There are 3 red actions all associated with the completion of mandatory training (Level 1, Level 2 and Level 3). Level 1 is available via eLearn Vannin; however, in terms of evidencing compliance there is low confidence in respect of data quality and integrity. There are a considerable number of active accounts in eLearn Vannin for staff no longer in the employment of Manx Care and this is distorting compliance data. Steps are being taken to address this by the CQS Team.

Safeguarding training for Levels 2 and 3 are classroom based and there are challenges with regard to capacity and demand, although a significant number have been through to date and ongoing efforts are being applied to provide more sessions.

6.8 Information, Data Systems and BI



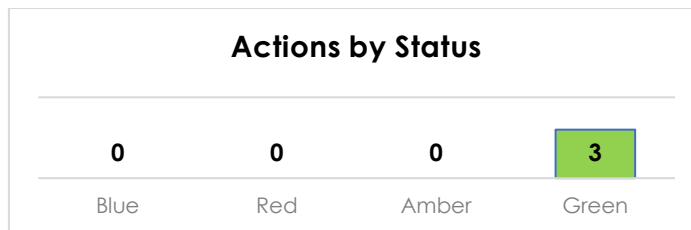
6.8.1 Progress

Clarity on progress will be confirmed following the first round of Steering Group meetings.

6.8.2 Risk

The single red action concerns the procurement of a single patient integrated care record dependent on Liverpool University Foundation Trust procurement and funding from IOM Government. In addition, there are costs associated with the actions that are currently green; however estimates are yet to be established.

6.9 Improving Organisational Culture



6.9.1 Progress

All actions are considered on track and under the direction of the People and Culture Group with support from the Workforce and Culture Team. A People, Culture & Engagement Strategy has been produced and implementation is underway.

Manx Care’s CARE Values framework has been reviewed, updated and is being embedded across a number of activities, including recruitment, training and appraisal.

6.9.2 Risk

At the time of reporting there are no red actions.

7. CONCLUSION/RECOMMENDATIONS

Considerable time, effort and energy has been afforded to the coordination and implementation of the CQC Action Plan and this has been done to date within existing resources. An additional resource has

been recruited (Executive Officer on 12 month LTA) to assist / support with coordination; however at the time of this report the individual had not commenced in post.

As mentioned previously, it is important to note that this report has been drafted in advance of the first CQC Steering Group Meeting (scheduled for 30.08.23) and subsequent reports will provide a more detailed, evidence-based update.

It is hoped that the Board will accept the contents of this report as an accurate summary of progress to date and take assurance that the governance arrangements are both adequate and proportionate to ensure implementation of the CQC Action Plan.