



SERVICE YEAR:
2022/2023



contents

Foreword	3
Chair's Report	5
CEO Report	7
About Manx Care	8
Statement of Internal Control	14
Priority One - Improving Patient Safety	20
Manx Care's Inaugural Care Quality Commission Report	20
Experience and Engagement Team	24
Care Quality and Safety Performance	29
Complaints and Duty of Candour	32
Service and Performance Developments	36
Primary Care and Community	44
Community Care Services	50
Planned Care	51
Medicine, Urgent and Emergency Care, Ambulance Service and MEDS Care Group	56
Integrated Diagnostics and Cancer Services Care Group	67
Social Care Services (including Mental Health)	78
Integrated Mental Health Service	82
Integrated Women, Children and Families Services	88
Priority Two – Creating a Positive Working Culture	92
Priority Three – Improving Financial Health	97
Appendices	99



foreword

We are pleased to share our second Annual Report, which provides a summary of our performance during the 2022/23 service year.

In accordance with the Manx Care Act (2021), this Annual Report describes how Manx Care exercised its functions during 2022/23, including an assessment of the extent to which it met the objectives and requirements specified within the Department of Health and Social Care's (DHSC) Mandate.

The Mandate details the DHSC's requirements of Manx Care as the provider of health and care services during the Year 2022/23. It sets out the services required, the funding available and the obligations and limitations of the delivery of those services. It forms the basis on which services required to be delivered are described and mandated by the DHSC to Manx Care. The Required Outcomes Framework (ROF) was Manx Care's response to the Mandate for 2022/23. It outlined a set of indicators and standards to monitor performance, drive transparency and accountability, and improve quality outcomes over the course of the year.

Progress has been made during our second year of operation. However, we recognise and accept that more is to be done to fully deliver and embed all of the recommendations from Sir Jonathan Michael's independent review into the provision of health and social care on the Isle of Man.

The provision of high quality and safe care for our patients and service users continued to be our priority and indeed our very purpose throughout the year. The Manx Care Board identified four priorities on which it would focus during its second year of operation:

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

Service improvements have been made and delivered and we can evidence progress against our ambitions to enhance patient, service user and carer experience, creating a continuous learning culture, improving safeguarding of our adults, children and younger people, and improving access to our services.

We continue to recognise that improving the culture of the organisation will take time, but we believe we have made progress in Year Two of our operation. We continue to listen to our colleagues and ensure that, as far as is possible, we act on what we hear. We are embedding our Care Values throughout the organisation to ensure they resonate with and are reflective of the views of our colleagues and mirror what is important to the future of Manx Care.



We are committed to open and transparent communication with our colleagues, our patients, services users and their carers, and are committed to co-production and taking a partnership approach to all that we do, underlining our values.



Committed & Passionate

Accountable & Reflective

Respectful & Inclusive

Excellent & Innovative

Managing our finances has proven to be extremely challenging again during our second year. Whilst we achieved savings in excess of our target and reduced our deficit compared to last year, we were disappointed not to be able to achieve financial balance in the year. Much of this was largely due to continued growth in demand for our services, significant inflationary pressures and a continued reliance on agency and bank staff to cover vacant positions.

However, a huge amount of work has been done to establish more effective grip and control on our expenditure and manage our costs, and we remain fully committed to operating within our allocated budget. We expect to make significant progress in this regard, with further focus around our Cost Improvement Programme (CIP) during 2023/24.

The intended audience for this document is broad, and includes our people, our patients and service users, their families and carers, service partners, and the Manx community, all of whom have an important role to play in making Manx Care a success.



chair's report

It is with both pleasure and sadness that I am writing the introduction to the 2022/23 Manx Care Annual Report. The Inaugural Chair of Manx Care, Andrew Foster CBE, who was Chair from the inception of this organisation until January 2023, sadly passed away in March 2023 following a short illness. Andrew had been tasked by Tynwald, through unanimous agreement, with taking Sir Jonathan Michael's recommendations forward, including the fundamental recommendation of establishing Manx Care.

Under Andrew's leadership and guidance, Manx Care found new ways of working by improving the culture of the workforce, focusing on financial balance in exceedingly challenging circumstances, increasing levels of trust between staff, stakeholders and the people of the Isle of Man and encouraging staff to work together across the organisation. We have seen great improvements in standards of care and outcomes for patients and service users. Andrew was a strong leader, a thoughtful and caring colleague, an insightful and collegiate chair and his knowledge and expertise were invaluable to us as a new organisation. Manx Care has indeed lost a great friend and a great leader, and he has left us with the most extraordinary legacy. It has been my most humble and utter privilege to take on the role of Interim Chair and honour his legacy.

Manx Care's Board has a commitment to transparency, openness and maintaining independence, to ensure the delivery of health and social care to the people of the Isle of Man. Our Board meetings are held in public settings. The Board has recognised that the first operational year (2021/22) of Manx Care was our year of discovery, during which we had the opportunity to fully understand the baseline position across most of our services. This second year (2022/23) has been a year of consolidation and prioritisation, maintaining focus on the same three key priorities as Year One, those of safety, workforce and finances and also the introduction of a fourth priority of promoting integration across our services.

There have been many challenges throughout the year, not least the financial challenge which has resulted in ending the year with a small percentage overspend (3% against budget). This was extremely disappointing to everyone at Manx Care as we had worked so hard to ensure financial balance. There is further detail of the reasons why contained within the finance section of this report.

A comprehensive and very detailed set of inspections were carried out by the Care Quality Commission (CQC), at the invitation of the DHSC. The resulting reports have given Manx Care valuable information and greater insights with which to further strengthen the quality of care for patients when the recommendations are implemented. An OFSTED inspection of our children's social care services has concluded and we will be implementing the helpful recommendations from the inspection over the coming months.

Whilst there have been significant challenges, there have also been many successes to celebrate. We continued with Phase One of the Elective Restoration and Recovery (R&R) Programme and successfully secured funding for Phase Two which will enable Manx Care to continue the vital work in reducing the waiting lists. The Recovery College was launched too. This is a recovery-focused integrated mental health service, with an emphasis on courses that are co-produced with people who have lived experience of having overcome mental health challenges. The Thrive Framework established an integrated, multi-agency network to support the mental health and wellbeing needs of children and young people. This pathway works alongside the Child and Adolescent



Mental Health Service (CAMHS). The Manx Care Advice and Liaison Service (MCALS) continues to support patients and service users effectively. In March 2023, 92% of concerns raised, were dealt with within 24 hours which is a phenomenal achievement. The Friends and Family feedback survey showed that 87% of service users rated their experience as 'Very Good' or 'Good' in the same month and we are committed to further improving on this.

It was wonderful to be able to celebrate with Manx Care colleagues at the inaugural Manx Care awards which were held in February 2023. This was a fabulous occasion, cost neutral to Manx Care due to the generous support of our sponsors, and the evening gave us an opportunity to reflect and champion great care across our whole organisation. I was very proud to be part of the event. We were delighted to welcome His Excellency the Lieutenant Governor of the Isle of Man and Lady Lorimer as our keynote speaker on the night.

During the year there were a number of changes to the Board. The loss of our Chair was felt acutely and I record here my sincere condolences to Sara Foster and Andrew's beloved family. Myself, Teresa Cope, Katie Kapernaros and David Ashford MHK were honoured to pay our respects at Andrew's funeral on behalf of Manx Care and wider Government.

We said goodbye to Executive Directors, Richard Wild and Sally Shaw and Non-Executive Director, Andy Guy. I would like to thank all my Board colleagues past and present for their contributions, which have shaped the strategy and vision for Manx Care.

As I look ahead to the coming year, I am mindful of the cost pressures that will continue to affect the provision of services. I am thankful to our staff for their continued hard work and dedication to provide excellent quality services to the people of the Isle of Man. The Board is committed to ensuring we are on the road to becoming the best small island health and social care system in the world.

We also remain absolute in our commitment to ensuring that the needs of the public are at the heart of our decision making.

I dedicate this Annual Report to Andrew Foster CBE.



Sarah Pinch
Interim Chair, Manx Care



ceo's report

I am pleased to share with you Manx Care's second annual report, for the Year 2022/23. This report contains significantly more detailed performance reporting than our first one and this has been made possible by the significant improvements in our performance management and reporting systems.

We started the year with reduced rates of COVID-19, which was a trajectory that continued. This was reflective of growing population immunity and the success of our booster programmes. This also reduced sickness absence rates amongst colleagues, so we could focus on our elective R&R Programme.

A huge focus this year was improving quality in anticipation of the CQC on-site inspection of our hospitals, mental health services, GP and dental services along with social care and safeguarding. The inspection commenced in October 2022 and concluded in January 2023. A total of 73 CQC reports were produced for Manx Care to respond to between April 2022 and 31 March 2023. An action plan to address the resulting recommendations has been devised and this will be the foundation for our continued quality improvement for 2023/24 and beyond. Positive themes that emerged from the CQC inspections reflected a supportive working culture with effective intra/inter-team communication and the provision of person-centred care, patient choice and kindness.

Throughout the year we focused on embedding risk management into our daily operations, as well as continuing to manage our strategic risks through the Board Assurance Framework (BAF). This is a key component of good governance and will be further improved upon with the development of a Risk Appetite Statement in 2023/24.

We remain committed to creating a fair and just environment where all our colleagues feel supported. An Equality, Diversity and Inclusion (EDI) forum has been established and we still recognise that we need to develop a much bolder EDI strategy.

Our international nursing recruitment campaign has enabled us to increase our staffing levels effectively. We had further success with our consultant recruitment programme and were able to place consultants into permanent roles which reduced our significant reliance on flexible workers. This also helped to reduce our cost base in those areas.

Whilst there have been many achievements to celebrate, we did end the year in an overspend position which was deeply disappointing. We will continue to implement and strengthen our financial governance. Our cost improvement activities, which include clinical input, will continue to be a focus for improved value for the public money we spend.

Members of the public will continue to see a significant amount of progress being made across the 2023/24 service year, and I hope that you will continue to provide your input and feedback to help us shape the range of services we provide.



Teresa Cope
CEO, Manx Care



about manx care

Manx Care was established with effect of the Manx Care Act (2021), with the organisation being authorised on 01 April 2021.

The Board is of a unitary nature with 11 statutory, voting directors recognised as filling the roles described in Schedule 1 of the Act.

Non-Executive Directors
Andrew Foster CBE, Chair
Sarah Pinch, Vice Chair
Andy Guy
Katie Kapernaros
Nigel Wood
Tim Bishop²

Executive Directors
Teresa Cope, Chief Executive Officer
Dr. Sree Andole, Medical Director
Jackie Lawless, Director of Finance
Paul Moore, Director of Nursing and Governance
Sally Shaw, Director of Social Care¹

Tenure

During the year under review, the Board was very sorry to lose its valued Chairperson, Andrew Foster. Andy Guy resigned his position as a Non-Executive Director and stood down on 31 March 2023. A recruitment process has recently been undertaken to appoint two new Non-Executive Directors. The appointments having been approved by Tynwald in May 2023.

In addition to these directors, the senior management team reporting into the CEO includes four non-voting directors with the portfolios set out below:

- Anne Corkill, Director of HR Business
- Oliver Radford, Director of Operations
- Aneurin Pritchard, Director of Infrastructure³
- Richard Wild, Director of Digital & Informatics⁴

¹ Sally Shaw resigned on 31 March 2023 and David Hamilton was appointed as Executive Director of Social Care, Mental Health and Safeguarding on an interim basis.

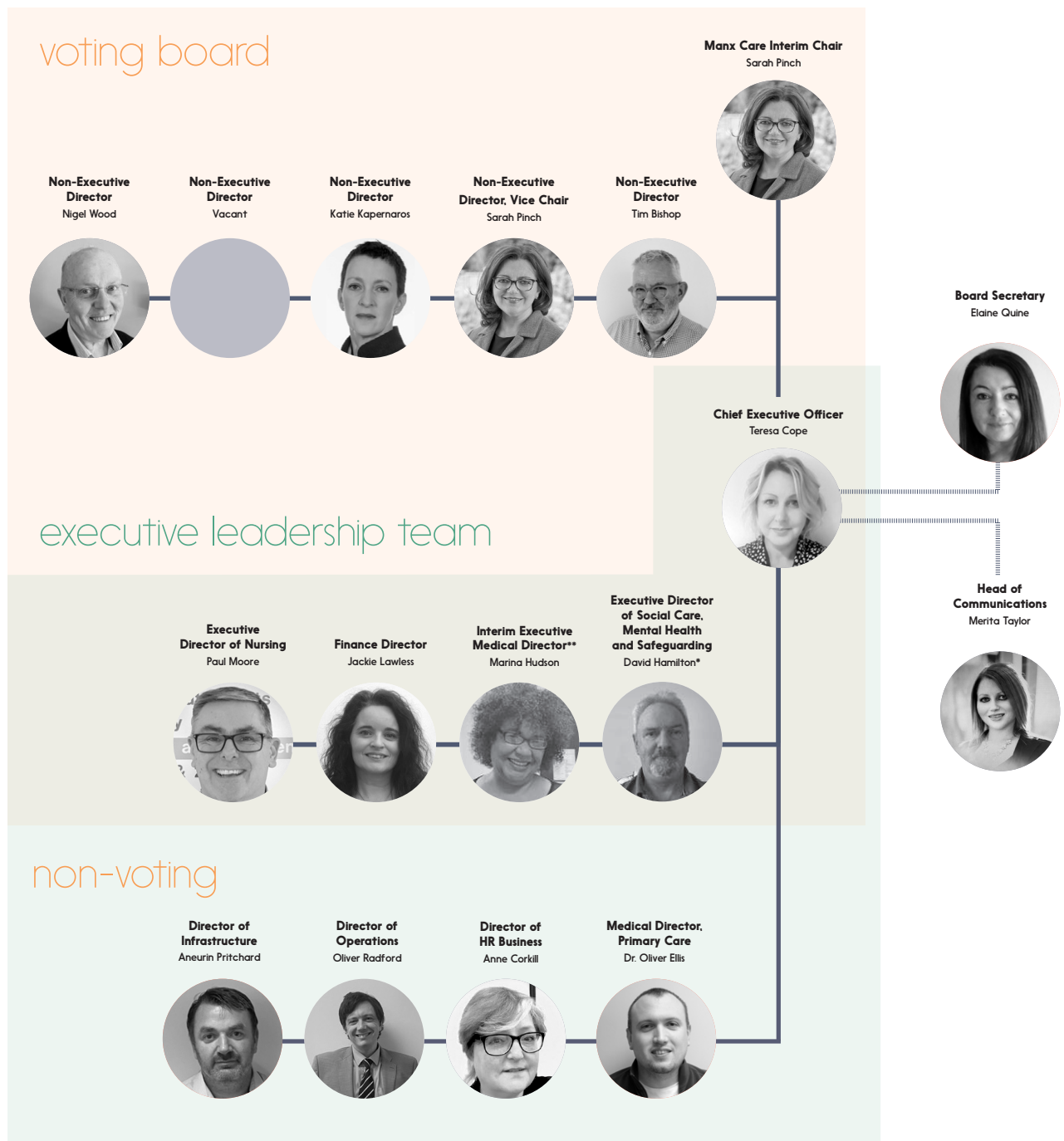
² Tim Bishop was appointed on 1 September 2022

³ Aneurin Pritchard was appointed on 01 August 2022

⁴ Richard Wild resigned on 30 November 2022



board structure





* Interim, from 06 March 2023
** Interim until 01 May 2023



manx care board meeting attendance 2022/2023

	05 April 2022	06 May 2022	24 May 2022	06 July 2022	01 September 2022	04 October 2022	01 November 2022	06 December 2022	10 January 2023	07 February 2023	07 March 2023
Andrew Foster	Present	Not Present	Present	Present	Present	Not Present	Present	Present	Not Present	Not Present	Not Present
Andrew Guy	Present	Not Present	Present	Present	Present	Present	Present	Present	Present	Present	Present
Katie Kapernaros	Not Present	Present	Present	Present	Present	Present	Not Present	Not Present	Present	Present	Present
Sarah Pinch	Present	Present	Present	Present	Present	Present	Present	Not Present	Present	Present	Present
Nigel Wood	Present	Present	Present	Present	Present	Present	Present	Not Present	Not Present	Present	Present
Tim Bishop	Not Present	Not Present	Not Present	Not Present	Present	Not Present	Present	Present	Present	Present	Present
Teresa Cope	Present	Present	Present	Present	Present	Present	Present	Present	Present	Present	Present
Paul Moore	Present	Present	Present	Present	Present	Present	Present	Present	Present	Present	Present
Jackie Lawless	Present	Present	Not Present	Present	Present	Present	Not Present	Present	Present	Present	Present
Sree Andole	Not Present	Present	Present	Present	Present	Present	Present	Present	Present	Present	Present
Sally Shaw	Present	Present	Present	Present	Present	Present	Not Present	Present	Not Present	Not Present	Not Present
Richard Wild	Present	Present	Present	Present	Present	Present	Present	Not Present	Not Present	Not Present	Not Present
Oliver Radford	Present	Present	Present	Present	Present	Present	Present	Present	Present	Present	Present
Barbara Scott	Not Present	Not Present	Not Present	Not Present	Not Present	Not Present	Not Present	Not Present	Not Present	Not Present	Not Present
Aneurin Pritchard	Not Present	Not Present	Not Present	Not Present	Not Present	Not Present	Not Present	Not Present	Not Present	Not Present	Not Present
Anne Corkill	Present	Present	Present	Present	Present	Present	Present	Present	Present	Present	Present
Oliver Ellis	Present	Present	Present	Present	Not Present	Present	Present	Present	Present	Not Present	Present
David Hamilton	Not Present	Not Present	Not Present	Not Present	Not Present	Not Present	Not Present	Not Present	Not Present	Not Present	Present

Present 
Not Present 



how the board works

The Board works in accordance with the principles of a unitary Board in which, whilst in the Boardroom, each voting Director carries the same and equal legal responsibilities as the others for the decisions taken.

Outside of the Boardroom, the Non-Executive and Executive roles differ widely, not only in time commitment and remuneration, but also in the degree of delegated responsibility for operational matters. These difference are highlighted in the figure below.

The Roles of Directors within a Unitary Board:

Inside the Boardroom: All directors acting collectively as 'The Board'

1. Establish and communicate the values and behaviours underpinning organisational culture.
2. Determine the organisational strategy from amongst options provided / recommended by the Executive.
3. Allocate resources using budgets.
4. Monitor performance using an integrated performance report / *balanced scorecard*.
5. Hold the Executive to account, exercising constructive challenge.

Outside the Boardroom:

Non-Executive directors meeting periodically to exercise independent oversight:

Using a risk-based approach, acquire and scrutinise assurances* that the system of internal controls is well designed, consistently applied and operating effectively, thereby gaining confidence that objectives will be met.

* 'assurance' is taken to mean the elimination of doubt through the provision of multiple documented sources of data and information, some of which may be independent of management e.g. Peers, stakeholders, regulators.

Outside the Boardroom:

CEO and Exec Team use detailed knowledge to:

1. Cultivate the culture.
2. Establish the operational controls by which organisational objectives are met.
3. Hold management to account.



the board's work during the year

During the year under review, regular Board meetings were held in public settings. This provides opportunities for members of the public and staff to observe. We also recorded the meetings and live streamed them on YouTube. They can be found at the link below:

<https://www.gov.im/about-the-government/statutory-boards/manx-care/board-meetings-2023/#accordion>

In future, whilst the meetings will continue to be held in a public setting, accessible to observers, we plan to provide audio recordings only, without the video recording or live stream, to be more cost effective.

The Board has six established Committees, each of which undertakes a process of scrutiny into the system of internal control. These are:

- Audit Committee
- Finance, Performance and Commissioning Committee
- Quality, Safety and Engagement Committee
- People Committee
- Digital and Informatics Committee
- Integrated Care Partnership Committee

The work of the Committees is to seek and scrutinise assurances that the systems by which Manx Care is controlled on a day-to-day basis, are appropriately designed, consistently applied and are operating effectively. By assurances, we mean the reasonable elimination of doubt. Such assurances are provided in the form of data e.g. performance data; management narrative. They are also obtained from sources of independent reporting e.g. internal and external audit functions, the CQC and OFSTED. Where such assurances are available, the Board takes confidence that the objectives are likely to be met.

The Mental Health Act Legislation Committee was re-designated from a committee of the Board, to an operational committee with a reporting line to the Quality, Safety and Engagement Committee.

Audit

The Committee's overarching duty is to provide assurance to the Board that there are effective systems of governance and risk management across Manx Care health and social care services which lead to better outcomes for patients and service users. The Committee will review the effectiveness of the other Board committees within Manx Care, whose work can provide relevant assurance on the effectiveness of that governance system.

Finance, Performance and Commissioning

The Finance, Performance and Commissioning Committee assists in ensuring that Board members have a sufficiently robust understanding of key performance and financial issues to enable sound decision-making.



Quality, Safety and Engagement

The Quality, Safety and Engagement Committee provides scrutiny and challenge with regard to all aspects of the quality of care and clinical and professional safety. This includes patient, public and service user engagement, care strategy and delivery, clinical and professional governance, clinical and professional audit and research in order to obtain assurance and make appropriate reports or recommendations to the Board.

People

The People Committee provides scrutiny and challenge with regard to all aspects of people, engagement, workforce and organisational development planning. This includes workforce strategy and delivery, clinical and professional training, and staff engagement in order to obtain assurance and make appropriate reports or recommendations to the Board.

Digital and Informatics

The Committee provides advice and assurance to the Board in relation to the direction and delivery of strategies relating to digital and informatics development and information governance. The aim is that the committee contributes to driving continuous improvement, and supports information technology enabled health and social care to achieve the strategic objectives of the Manx Care Board. The Committee seeks assurance on behalf of the Board in relation to Manx Care's arrangements for the development and effective management of data and information to support a fit and proper system of performance management and business intelligence in line with the strategic objectives of the Manx Care Board. The Committee will seek assurance on behalf of the Board in relation to Manx Care's arrangements for appropriate and effective management and protection of information (including patient and personal information) in line with legislative and regulatory responsibilities.

Integrated Care Partnership Committee

The Integrated Care Partnership Board (ICPB) had existed as an operational board within Manx Care, shaping the provision of integrated care across the Island and promoting collaborative working with other government and third sector bodies to help develop a truly inter-agency integrated health and care system. In June 2022, the Manx Care Board agreed that the ICPB should be a formal committee of the Manx Care Board with the purpose of achieving, through integrated care, better health, better care and better value. It is now termed the Integrated Care Partnership Committee.



statement of internal control

As Accountable Officer for Manx Care, the CEO has overall responsibility for the management of the risks to the achievement of the strategic aims, whilst safeguarding public funds and public sector assets. Consequently, the CEO is responsible for ensuring that a sufficient and appropriate system of internal control is maintained across the organisation, enabling these risks to be effectively managed. The CEO has ensured that each head of division responsible for strategic delivery within the area has completed the required Self Review Questionnaire. This is in order to gain appropriate information and assurances that the system of internal control, that is relied upon to manage risks, is adequate to enable the CEO to give reasonable assurance that risks are being appropriately managed and to identify any improvements that may be required.

The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives. It can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Manx Care and depends upon constant re-evaluation of the likelihood of those risks being realised.

Operationally, we work through Care Groups for Medicine Urgent Care & Ambulance; Surgery, Theatres, Critical Care and Anaesthetics; Integrated Diagnostics & Cancer Services; Integrated Women, Children and Families Services; Integrated Primary and Community Care Services; Integrated Mental Health Services and also Social Care Services. Each Care Group is led through the combined efforts of a Clinical Director, Associate Medical Director and Operational Manager, with support from senior managers, including Nursing & Governance.

Our colleagues working within support services are grouped as follows:

- Contracts and Commissioning (including tertiary care and patient transfers)
- Infrastructure
- Digital and Informatics
- Information Governance (including Data Protection)
- Company Secretariat (including Manx Care whistleblowing lead)
- Communications and Branding
- Programme Management
- Finance*
- Office of Human Resources*
- Government Technology Services*

**denotes resourced through IOM Government shared services.*



The Risk and Control Framework

Risk is the effect of uncertainty on the delivery of objectives. When identifying risk, we anticipate what could stop us from achieving our goals. To help identify risk, we look at our historical performance and trends, previous events, current challenges, and needs of people who use our services now and in the future. Risk analysis involves estimating severity (the impact the risk has on Manx Care and people in our care) and likelihood (the probability of that impact happening). The scores are multiplied to give an overall risk rating. The risk rating is used to determine risk management priorities and monitor acceptable amounts of risk. Risk management is an integral component of Manx Care's Quality Governance Framework.

Manx Care's Governance Framework is supported by a risk management system that aims to deliver continuous improvements in safety and quality and maximise opportunity for growth and development. Risk management provides a solid foundation upon which to build a culture of high reliability wherein clinical and organisational excellence can flourish.

Risk Management Committee

The Risk Management Committee is responsible for keeping risk under prudent control on behalf of the Manx Care Board and in accordance with the Board's risk appetite, maintain effective control systems and minimise over-exposure to harm. It keeps material risk under review at all times with the aim of improving organisational resilience. The Committee reviews the Board Assurance Framework (BAF), each month and agrees any changes to the risk profile.

The Board Assurance Framework (BAF)

The key risks to the delivery of Manx Care's strategic objectives are identified in the BAF. The BAF provides the mechanism for the Board to monitor risks, controls and the assurances that controls are effective. The Board recognises the importance of the BAF in mitigating Manx Care's strategic risks. During 2022/23, the BAF was reviewed by the Board at each meeting and the individual risks were reviewed by those Board committees to which specific BAF risks have been assigned for scrutiny.

Information Governance

It was recognised in 2021/22 that Information Governance was an area of significant risk, and to understand the levels of risk, a review of the Information Governance function within Manx Care was undertaken by KPMG, Cabinet Office's transformation programme partner. The findings of the report were accepted by Manx Care and a significant amount of work to implement the recommendations has been undertaken.

An Information Governance Advisory Board (IGAB) was established and continues to be chaired by the CEO. The Digital and Informatics Committee along with the Non-Clinical Quality and Safety Group, meet bimonthly and report on performance are provided to IGAB, along with other established groups, within and externally to Manx Care.

The IGAB approved the development of Manx Care's compliance-based programme of improvement. This is aligned to the standards of the Data Security and Protection Toolkit (DSPT) which can be benchmarked against a national NHS compliance regime.

Information Governance training is a mandatory training module for all staff within Manx Care.



Board level and programme level risk registers have been recorded and reported through Manx Care's reporting groups and reported to the Senior Information Risk Owner (SIRO) and the CEO who represents the Information Governance function at Board level.

Manx Care's Information Governance service provides a framework that brings together all the legal rules, guidance and best practice that apply to the handling of information.

At its heart, the Information Governance Team sets a high standard for the handling of information, providing Manx Care with the tools to achieve that standard. The service aims to demonstrate that Manx Care can be trusted to maintain the confidentiality and security of personal information by helping our staff to practice effective Information Governance and to be consistent in the way that they handle personal and corporate information.

The Information Governance Team focus on data protection and confidentiality, information security, information quality and corporate information. We provide advice, training and practical support to colleagues and the general public, as well as fulfilling our responsibilities to Tynwald, Cabinet Office, DHSC and the Information Commissioner.

Data Security and Protection Toolkit (DSPT)

It important to Manx Care to practice good data governance and effectively demonstrate this commitment. In order to do this, Manx Care has signed up to the NHS DSPT. This is an annual assessment that measures performance against the Data Security Standards developed by the National Data Guardian (NDG). The DSPT assesses an organisation's compliance with legal requirements and best practice around data security and protection. The first annual submission was made in June 2023.

Using this toolkit will provide assurance that Manx Care is practising effective data security and that personal information is handled correctly. It will also provide an indication as to where improvements may be required, something Manx Care expects as an outcome in our first year of registering for the scheme.

Historically, Manx Care, and in prior years, DHSC, has not participated in a formal assessment process. As such Manx Care has elected, initially, to register for Category Three assessment with the aim of progressing to a higher-level category requiring additional assessments as the organisation matures.

Accreditation

Manx Care has also progressed reaccreditation to BS10008, the British Standard that outlines best practice for the implementation and operation of electronic information management systems, including the storage and transfer of information.

BS10008 outlines best practice for transferring electronic information between systems and migrating paper records to digital files. It also gives guidelines for managing the availability and accessibility of any records that could be required as legal evidence.



Information Commissioner

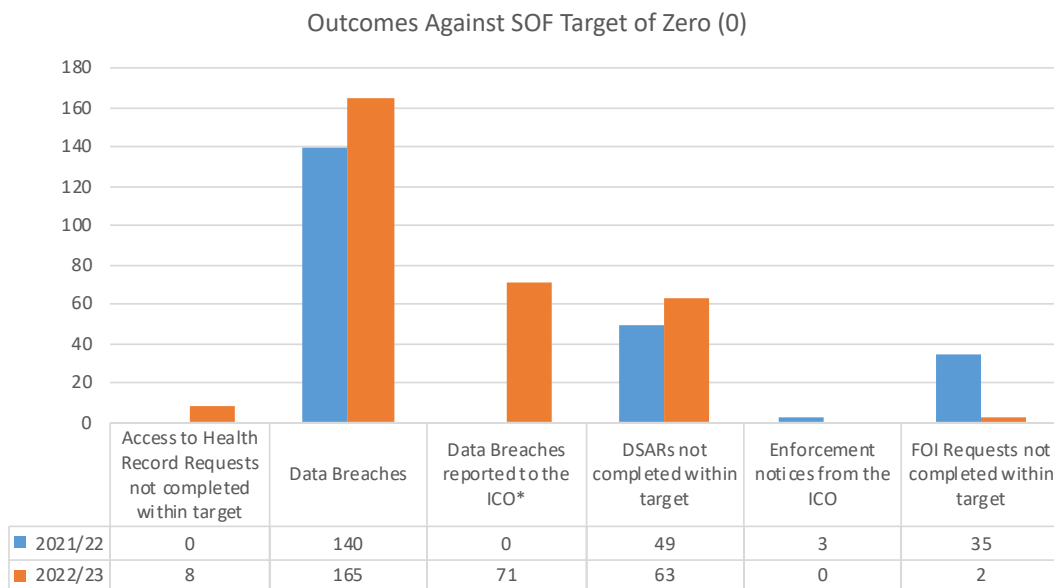
As a result of a penalty notice being issued by the Information Commissioner Office (ICO) in 2022, a significant amount of work has been undertaken to improve Manx Care's processes and the way in which information is shared across the various systems used. Manx Care maintains regular contact with the ICO with both face-to-face meetings and written updates on progress.

Data Breach

Manx Care actively encourages staff to report all data breaches. Whilst it is desirable to see breaches eliminated, Manx Care recognises that breaches will occur and that they represent an opportunity to review our processes, identify weaknesses in process and to use the lessons learned to improve.

During the year, Manx Care has revised and improved its internal breach reporting process, which has included the instigation of Incident Review Meetings that are attended by a senior member of the Information Governance team and key personnel from relevant Care Groups. By focusing on breaches and insisting on high quality breach investigation, Manx Care aims to reduce the number of future breaches and learn lessons from past ones.

Breach performance is monitored using the Strategic Operating Framework (SOF) targets and managed via the Integrated Performance Report (IPR). The picture is mixed from 2021/22 to 2022/23. There has been an increased number of data breaches. As staff are encouraged to report them, this is expected as a sign of a positive reporting culture. The number of Freedom of Information requests (FOI) which breached the response time has reduced substantially.



*Data Breaches to the ICO: Between November 2022 - March 2023



The performance indicators below are measured and monitored.

	2021/22	2022/23
Number of Data Subject Access Requests (DSAR)	650	586
Number of Access to Health Records	31	44
Number of Freedom of Information Requests	140	122

It is worth noting that:

- All incidents reported to the Information Governance team as breaches are fully investigated and reported to the ICO, irrespective of there being a data breach as defined under General Data Protection Regulations (GDPR).
- Where possible all data subjects are notified as soon as possible of any data breach. There may be occasions when a clinical decision is made that a data subject may suffer harm if notified of a data breach at the time and notification may therefore be delayed.
- A full investigation report, root cause analysis and incident review meetings are completed for all breaches. This is to ensure that Manx Care understands the cause of the breach and identifies remediation actions to reduce the risk of a similar breach in the future.
- Data breach training now forms part of Manx Care's mandatory training programme.

Information Governance Developments

Manx Care recognises that in order to ensure effective data security, it is critical that the organisation has the appropriate frameworks and structures in place. In order to achieve this in the last year, the Manx Care's Information Governance team has:

- Developed a suite of core information policies which will form the cornerstone of data governance going forward.
- Ensured these policies are supported by the development of new and revised procedures and training to support the delivery of these policies.
- Appointed a Risk and Quality Assurance Manager which will allow Manx Care to pursue a robust internal Quality Assurance Programme, which will ensure that Manx Care's Policies and Procedures are applied correctly and consistently across all areas of operation and are reviewed regularly.
- Completed the creation of Information Asset Registers (IARs) and Records of Processing Activity (ROPAs) across all Manx Care functions. The regular review of these will form part of our Quality Assurance Programme.
- Reviewed and enhanced our training programme which will ensure staff at every level in Manx Care will receive training in Information Governance appropriate to their role.
- Continued to focus on improvements, ensuring that changes in legislation and best practice are met.
- Worked closely with the team from the Cabinet Office Transformation Project to deliver a range of recommendations arising from the reviews performed by both Sir Jonathan Michael and KPMG.



Data Quality and Governance

It is essential for both clinical service delivery and compliance with legislation that data is both accurate and up to date. Any departure from this will compromise our ability to deliver high quality, integrated health and care services, which reflect the needs of the population both now and for future generations.

Currently Manx Care relies upon a number of systems to deliver a range of services. This presents a number of challenges which include:

- Technical support for a variety of systems.
- Integration of data from multiple platforms.
- Data warehousing.
- Accurate reporting.
- Appropriate information sharing.

We aim to ensure that patients and service users have confidence and trust in our services and data security, whilst encouraging research and innovation through partnerships which improve patient outcomes through appropriate information sharing.



priority one - improving patient safety

The Care Quality and Safety directorate provides education and oversight of clinical governance to support Manx Care deliver high quality, safe care that is effective, together with a positive patient experience.

This is achieved through a number of measures including investigation, analysis and learning from incidents, accidents, complaints and claims along with analysing feedback from patients, carers and service users. This also involves measuring outcomes through clinical audit and quality improvement processes.

Manx Care is committed to improving all areas of Care Quality and Safety using its governance structures and Key Performance Indicators (KPIs). Manx Care is also committed to external review and regulation by welcoming the findings of external review by the CQC and OFSTED.

Manx Care's Inaugural Care Quality Commission Report

After the recommendation for an independent review of its services, Manx Care worked with the CQC to enable inspections of:

- Adult Social Care.
- Dental Practices.
- GP Surgeries.
- The Isle of Man's Hospice.
- Acute and Community Services.
- Manx Emergency Doctor Service (MEDS).
- Leadership within Manx Care (in the Manx Care Well Led report).
- Integrated Mental Health.

The CQC's inspection concluded that the DHSC and Manx Care are working to ensure that people on the Island have access to safe, high-quality health and care services.

In the final report, there was notable practice in several areas, including:

Adult services, where it was acknowledged that:

- People were protected from risk of abuse.
- People were happy living at the various locations which were assessed and that staff knew people and understood their needs well.
- Person-centred risk assessment and support plans provided guidance and information.
- Community outreach services supported people with a range of activities and prompted people to be as independent as possible.



Dental services, where it was acknowledged that:

- There were systems in place to keep dental professionals up to date with current evidence-based practice, alongside legislation, standards and guidance.
- Staff gave patients clear information to help them make informed choices.
- Staff were clear about the importance about giving emotional support to patients, conveying a good understanding of vulnerable members of society.
- Staff had completed sepsis awareness training.

Mental Health services, where it was acknowledged that:

- Staff treated people with compassion and kindness and understood their individual needs. They actively involved people in decisions and care planning.
- Staff developed holistic, recovery-orientated care plans and provided a range of treatments to suit people's needs and in line with guidance and best practice.
- Staff gave person-centred support and helped individuals be involved in their own care and allowed them to be part of their local community and as independent as possible.

GP services, where it was acknowledged that:

- Some practices demonstrated a consistent and proactive approach towards safeguarding.
- Several practices had established multidisciplinary team meetings to ensure a co-ordinated approach to patient care.
- Some practices had developed their own care pathways and treatment protocols focused on improving the quality of care and treatment for patients, which was shared with other practices.
- Practices were focused on the needs of each patient, taking into account their individual requirements.
- Some practices operated a comprehensive clinical audit programme to improve the quality and safety of care in the local area.

Hospital services, where it was acknowledged that:

- Manx care had introduced an electronic bleep system, to enable staff to escalate concerns, ask for review and request and contact other staff.
- Multidisciplinary decision making was made within relevant clinical specialisms.
- Some medical staff completed rotations in England to maintain skill and competence in line with guidance from Medical Royal Colleges.
- Manx Care had developed and implemented MCALS to support patients with concerns or give feedback about their care.
- Manx Care had developed links with a large NHS trust in North-West England to procure and develop a bespoke electronic Manx Care patient records system.
- The staff of Manx Care were seen to show a genuine caring approach to patients.
- There was a strong team working culture that included community support groups and volunteers, which provided a holistic service with patients at the heart.



The CQC also reported concerns requiring improvement regarding:

Safeguarding

Whilst progress has been made, there needs to be further co-ordination between services, including improving data sharing arrangements which might currently prevent discussion and sharing of safeguarding concerns.

Staff Training

Completion of, and data on, mandatory training needs improvement.

Recruitment

Recruitment and retention is a concern, as this leads to a lack of staff to ensure safe care and management of patients.

Premises, Equipment and Maintenance

There are challenges around the upkeep and maintenance of premises, waste and equipment.

Some facilities are not fit for purpose having implications for the safety of patients and staff.

Medicines Optimisation

Concerns around medicine management, including storage, accessibility, monitoring and prescribing.

Data Sharing and Patient Records

Multiple systems that do not share patient information, leading to poor patient experience and gaps in their journey.

Lack of patient and staff record confidentiality, which could lead to a data breach.

Patient Outcomes

Data unavailable to allow clinicians to review outcomes and clinical effectiveness of treatment.

Lack of psychological neurological specialist support in both acute and community services, negatively affecting rehabilitation of stroke patients.

GP practices do not have access to prescribing data, so unable to compare to others.

Person-centred Care

Lack of data sharing means services are working independently, impacting on patient care.

Lack of access to translation services.

No funding for a diabetic retinal screening programme, putting patients at risk of complications.

Phlebotomy services within primary care do not meet the needs of patients.

Care and treatment not always delivered in line with legislation and best practice guidelines, e.g. patients with long term conditions, prescribing of high-risk medications, acting on safety alerts.



Strategic Direction

There is no vision or strategic objectives within some services.

Staff did not always know the underpinning values developed by Manx Care.

Inconsistency in staff feeling valued or supported by senior leaders, due to factors such as shortage of staff.

Staff did not always feel like they could raise concerns.

Well Led

No strategy in place to develop future leaders or implement a succession plan.

Legislation, Regulations, Guidance and Standards

It is suggested that further legislation is required to support a planned enactment of a Health and Social Care Act.

Governance

Inconsistent governance within Manx Care.

Lack of required information within policies.

Risk Management

Not all services demonstrated a proactive and effective approach to risk management.

Processes and systems for reporting incidents varied between services.

Although medicine and drug safety alerts were cascaded effectively to all staff and services, not all could demonstrate effective systems in place to quickly act on them.

Full reports for each service can be found on the External Quality Regulation webpage on the IOM Government's website.



Experience and Engagement Team

MCALS falls within the Experience and Engagement Team. The remit for each area is:

- **Experience and Engagement Team** - promotes patient, service user, carer and family and visitor experience and provides assistance, support and help. The team provides regular face to face contact with the public and has established a Manx Care Friends and Family survey.
- **MCALS** - provide a confidential, supportive service helping patients manage their queries and issues by providing advice, guidance and signposting.

Data collected by the Experience and Engagement Team, including MCALS, is analysed to identify themes and emerging trends from concerns, queries and compliments. The feedback provides a picture of service user experience, whilst offering an insight into what matters to them. It allows Manx Care to develop action plans for public engagement and quality improvements.

The Experience and Engagement Team's Annual Report for 2022/23, which demonstrates how Manx Care measures progress towards the ambitions set out in the Experience and Engagement Framework (2021 to 2024), revealed MCALS responded to an average of 90% of enquiries and queries on the same day in 2022/23. In overview:

- There were 6,693 MCALS contacts logged, which is an increase of 3,224 on the previous year.
- There were 3,017 calls received by MCALS.
- There were 3,504 emailed concerns and queries completed by MCALS.
- 162 contacts were made with the public, via drop-in sessions. Face to Face contacts were initiated at Noble's Hospital on 02 August 2022.
- Other sessions were held in the Western and Southern Wellbeing Centres, Ramsey Town Hall, Henry Bloom Noble Library and Onchan Library.
- 10 letters were received and responded to by MCALS.
- MCALS resolved cases within 24 hours, 90% of the time.
- Of the 10% cases not resolved within 24 hours, 8% were resolved within seven days with the remaining 2% being more complex cases, requiring the input of colleagues across Manx Care and wider Government.
- 141 compliments were received via MCALS, regarding nearly every area of Manx Care's services. These were shared with Care Group Leads, Services Managers and Associate Directors of Nursing.



Top ten themes for enquiries received by MCALS:

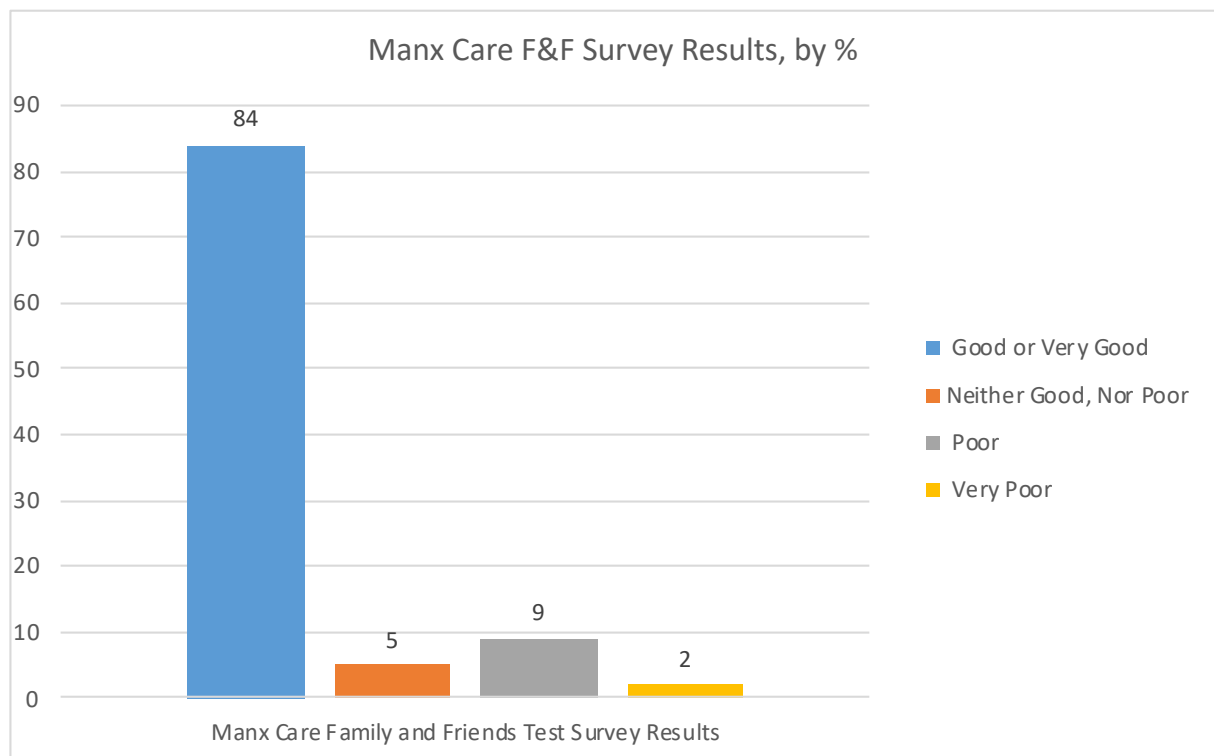
1	1,927 enquiries for general signposting to other services and departments and third sector charities.
2	1,094 enquiries and concerns were raised about appointments, either access to outpatient appointments, delays to appointments, or concerns about waiting times for appointments across Manx Care.
3	738 enquiries and concerns were categorised as 'other', e.g. parking, general feedback of services, signage, general enquiries about how to access a service and providing general information.
4	408 enquiries and concerns were related to administration, comprising of issues with non-receipt of clinical letters, incorrect appointment dates, or general enquiries about hospital administration, or request to change address or general details.
5	374 enquiries or concerns relating to access to treatment or drugs – this included access to National Institute for Health and Clinical Excellence (NICE) TA approved drugs, as well as treatment in hospital or within outpatient settings which comprise physical and mental health.
6	266 enquiries requesting advice on how to access the Manx Care complaints processes. Note: MCALS have prevented 49% of concerns from becoming a complaint which is reflected in the Manx Care complaints figures since the new Complaints Regulations were launched on 31 October 2022.
7	152 enquiries and concerns relating to inpatient waiting lists for procedures - these related to operations in a variety of areas, e.g. hip and knee replacements, cataract operations, general surgery, ENT and gynaecology procedures. Care Groups are working hard to tackle the current backlog, some of which is being done through the Elective Restoration and Recovery Programme.
8	141 enquiries resulted in compliments across all Manx Care's Care. The main theme being that staff were very caring and kind as well as effective and efficient services. Service users conveyed that they had received good communication in terms of explaining their treatment, received good timely care, kind and empathetic end of life care, and professional staff attitude. Compliments are shared with Care Group Leads and teams, who celebrate within their governance meetings the feedback received.
9	140 enquiries related to vaccination enquiries and concerns – the main theme around concerns was eligibility and criteria and not having enough information provided; MCALS signpost service users to ensure they know where they can access information, such as the online booking portal.
10	127 missed calls out of hours were recorded by MCALS in February and March (related to weekends and those received after 16:00 weekdays and before 09:30). MCALS always follow up missed calls to ensure service users are contacted.



Manx Care Patient Survey Results

The Manx Care Friends and Family Test Survey launched in August 2022 to give service users, carers and families who have received care the opportunity to provide immediate feedback about their experiences. They are asked in the survey about their experience and if they themselves would recommend Manx Care to their friends and family as a place to receive treatment. There are two surveys. One for secondary care and one for primary care.

Between August 2022 and March 2023, 1,801 responses were received relating to secondary care Friends and Family Test Survey were received. The figure below illustrates that whilst a high proportion of patients reported good or very good experiences, there remains more to do to reduce the occasions in which patients do not experience the service they would wish for.



The ratings result from the 1,801 surveys completed. The responses demonstrate that the majority are highly satisfied with the standards of care they receive. Positive experiences cited friendliness, helpfulness, excellence, clinical outcomes, professionalism and an overall very positive experience.

The majority of responses received from the Manx Care Family and Friends Test Survey arose via outpatients departments across Noble's Hospital, which includes medical and surgical specialities and the Emergency Department.

The departments returning the highest number of completed survey responses included Oncology, Emergency Department, Acute Medical Unit, Renal Unit and Radiology.

The gender and age demographics have been captured via the survey and the results highlight that females over the age of 65 was the cohort most likely to participate in the survey, followed by males over the age of 65.



Demographic analysis of the patients who were less likely to participate, including children and younger age groups and those who prefer not to state their gender will inform further adaptation of the survey in 2023/24 to ensure that the voices and opinions of all our patients are heard effectively.

We also received 4,575 responses for the Primary Care Friends and Family Test Survey. Each area within Primary Care (GPs, Dentists and Opticians) has relevant questions that they ask in the Primary Care Family and Friends Test Survey. Additional data can be found in the appendices, illustrating the volume of surveys completed for GP practices, dental practices and opticians together, with the degree of satisfaction respectively.

Learning from Concerns, Enquiries and Feedback

We place an organisational emphasis on both quality and timeliness of MCALS concern and enquiries handling which is re-enforced by the Board in their public meetings.

All concerns and enquiries, together with their respective responses, are quality and accuracy checked and challenged by the Experience and Engagement Lead and MCALS Service Lead. The majority of concerns related to issues with accessing appointments and the negative impact this has had on people's wellbeing since the pandemic.

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

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

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

- Direct feedback to the service user via meetings, telephone calls, emails and face to face sessions.
- Quarterly reporting of Experience and Engagement data at the Operational Clinical Quality Group.
- MCALS and Experience and Engagement Teams feedback to Care Group governance review meetings on a quarterly basis.
- Weekly dashboards are circulated to all Care Group Leads for high level oversight of the trends each week.
- Monthly MCALS reports circulated to all Care Group Leads highlighting volumes and trends and for sharing with their teams.
- 'You said – we did' noticeboards at Care Group level since January 2023 – reported via an infographic poster each quarter.



Future Developments for the Year Ahead

Our Experience and Engagement Team plan further developments during 2023/24, including:

- Further ways of accessing the existing Friends and Family Test.
- Improved alignment with Primary Care in terms of the Manx Care Friends and Family Test Survey.
- Further investment in the MCALS Team, to support future work.
- Widening access to training sessions for the quality and safety walk programme.
- Recruitment of public representatives to sit on a Public Representative Group, along with other service user experience groups across Manx Care to support in service improvements and co-design.
- Development of focus group 'Whose Shoes?' events.
- Further enhancements to data capture and reporting on patient experience themes.
- Adaptation of current survey methods to develop new survey tools for Mental Health Services and Social Care.
- Development of an approach for a Manx Care National Survey Programme.
- An overarching Experience and Engagement Action Plan.





Care Quality and Safety Performance

In response to DHSC's Mandate to Manx Care, the Integrated Performance Report (IPR) details how Manx Care is responding to targets outlined in the Strategic Operating Framework (SOF). The SOF targets are Manx Care-wide, i.e. Primary and Secondary Care Groups, Social Care, including Mental Health services.

Outlined below are comparative metrics set for Manx Care over the last two years, the changing position for each and narrative to support the positions.

Metric	Target	2021/22	2022/23	Change in percentage +/-
Serious Incidents (SIs) Declared	Less than 40 per annum	29	24	-6.90%

Narrative:

There was a decrease in SIs declared for Year 2022/23, compared to the previous year, which is also well below the target of 40. The robust SI process put in place has become well embedded in the organisation providing assurance on the quality of investigation, timeliness of reporting and learning arising from SIs.

A specific Manx Care-wide annual report on SIs and the Duty of Candour has been produced and approved by the (Quality Safety and Engagement) QSE Committee, detailing the analysis of causal factors following root cause analysis investigation (see details below).

Metric	Target	2021/22	2022/23	Change in percentage +/-
Eligible patients have a Venous Thromboembolism (VTE) risk assessment within 12 hours of decision to admit	95%	84.8% (avg)	89.2% (avg)	+4.40%

Narrative:

Each Care Group has been working to improve performance, with a continued focus to improve compliance. The target of 95% was not achieved overall. A significant improvement has been demonstrated during the year and an overall positive trajectory is noted compared to the previous year.

Metric	Target	2021/22	2022/23	Change in percentage +/-
*Venous Thromboembolism (VTE)				
% Adult Patients (within hospital) who had Venous Thromboembolism (VTE) prophylaxis prescribed if appropriate	95%	87.7% (avg)	96.2% (avg)	+8.5%

Narrative:

Substantial work was done to increase performance, with the year-end performance exceeding the target of 95%.



Metric	Target	2021/22	2022/23	Change in percentage +/-
Inpatient health service falls (with harm) per 1,000 occupied bed days reported	<2 per 1000 bed days	0.41 (avg Sept-Mar)	0.32 (avg)	-22%

Narrative:

Performance across the year has been within the target set, as well as being an improvement on 2021/22. No month has breached the threshold of 2 during the reporting year. All mitigations are put into place to reduce the risk of harm from falls, with a focus on maintaining patient safety.

Metric	Target	2021/22	2022/23	Change in percentage +/-
Number of medication errors (with harm)	Less than 25 per annum	4	4	No change

Narrative:

Performance across the year has exceeded the threshold with four incidents of harm from medication errors being recorded. There is a dedicated Safety Pharmacist role within Manx Care in order to proactively analyse and help clinical teams learn from lower-level medication errors, before they lead to any harm.

Metric	Target	2021/22	2022/23	Change in percentage +/-
<i>Clostridium difficile</i>: Total number of acquired infections	Less than 30 per annum	20	13	-35%

Narrative:

An excellent performance throughout 2022/23, particularly compared to the previous year. Close surveillance continues, with root cause analysis of cases to identify any learning and improvement actions, with ongoing positive progress being made in relation to antibiotic stewardship.

Metric	Target	2021/22	2022/23	Change in percentage +/-
MRSA bacteraemia: Total number of acquired infections	0	0	0	Level

Narrative:

There have been no MRSA bacteraemia cases reported since February 2021, and evidence of ongoing sustained high level of clinical practice.



Metric	Target	2021/22	2022/23	Change in percentage +/-
E-Coli: Total number of acquired infections	Less than 72 per annum	69	66	-4.30%

Narrative:

There has been a steady decrease in numbers of E-Coli in 2022/23. The overall trajectory showed a monthly reduction in numbers of cases. The March 2023 figure was zero.

Metric	Target	2021/22	2022/23	Change in percentage +/-
<i>Klebsiella</i> (bacterial infection) Total number of confirmed cases	None	17	12	-29.4%

Narrative:

Although there is no target, Manx Care closely monitor cases through surveillance. Cases have remained low this year, with zero cases between December 2002 and March 2023, indicating an improving picture.

Metric	Target	2021/22	2022/23	Change in percentage +/-
<i>Pseudomonas aeruginosa</i>: Number of confirmed cases	None	5	6	20%

Narrative:

Although there is no national target for this measure, Manx Care does record the number of cases, which continues to remain low. All cases throughout 2022/23 were community-associated and patients were admitted to hospital for treatment for an average of seven days, with control measures in place.

Metric	Target	2021/22	2022/23	Change in percentage +/-
Nutrition and Hydration - complete at 7 days (Acute Hospitals and Mental Health)	95%	83.7% (avg Dec-Mar)	83.1%	-0.60%

Narrative:

This has been a challenged area of compliance throughout the year, with performance being below target up until March 2023, following some very focused and direct attention by the Executive Director of Nursing and the senior nursing leadership team. Close monitoring of compliance will continue in this area to ensure a sustained improvement.



Metric	Target	2021/22	2022/23	Change in percentage +/-
Harm Free Care Score (Safety Thermometer) – Adult	95%	96.6% (avg)	98% (avg)	+1.40%

Narrative:

Compliance has remained high throughout this year, due to ongoing actions to mitigate harm, with positive performance results.

Metric	Target	2021/22	2022/23	Change in percentage +/-
Harm Free Care Score (Safety Thermometer) – Maternity	95%	99.5% (avg)	100% (avg)	+0.50%

Narrative:

Performance has exceeded the target throughout the year. Year end result is 100%, with excellent verbal feedback received from patients.

Metric	Target	2021/22	2022/23	Change in percentage +/-
Harm Free Care Score (Safety Thermometer) – Children	95%	99.3%	95.8%	-3.50%

Narrative:

During 2022/23, 10 out of 12 months have met or exceeded the 95% target. Overall very good performance and evidence of sustained improvements.

Complaints and Duty of Candour

In 2023, the Care Quality and Safety (CQS) Team produced an analysis of complaints and Duty of Candour feedback for inclusion in Manx Care's second Annual Report. The analysis focuses on activity between 01 April 2022 and 31 March 2023 and serves to:

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



In preparation for the new Complaints Regulations 2022, Manx Care's Care Quality and Safety Team undertook the following initiatives:

- Drafted, printed and circulated a new leaflet for complaints.
- Created a central email inbox, central postal address and telephone number for the receipt of complaints and management of enquiries.
- Updated Manx Care's webpage for complaints.
- Implemented a new complaints policy, inclusive of templates.
- Developed a complaints awareness learning module for all Manx Care staff.
- Delivered face to face effective complaints handling training to in excess of 140 managers and leaders across Manx Care.
- Updated the complaints reporting platform, Datix, to reflect Regulatory changes.
- Reviewed, updated and implemented the consent form for complaints submitted by a third party.

In addition to the above, the findings in the Complaints and Duty of Candour Annual Report demonstrate how important the development and implementation of a permanent Manx Care MCALS has been in respect of the management of general enquires and contacts. As detailed above, not only does this service facilitate a central point of contact for help with a range of matters, including signposting, but the evidence indicates that early intervention and speedy resolution has avoided escalation to formal complaint stage.

With this in mind, in the first three months following introduction of the new Complaints Regulations, formal complaints dropped by 49% when compared to the previous three months in the year before. During 2022/23, MCALS recorded an average of 567 contacts per month, with 89% of contacts responded to within the same day against a target in Manx Care's Quality Dashboard of 80%.

Considerable progress has been made with regard to how complaints are managed since the introduction of the new Complaints Regulations, which came into effect on 31 October 2022. We will continue to ensure compliance to make sure learning is gained and shared across the organisation and that there is further improvement in the user experience.

The new Complaints Regulations introduced changes that applied across all services provided directly by Manx Care, as well as commissioned providers. In line with the new Regulations, Manx Care implemented a new Complaints Policy and Procedure which facilitated a joined-up approach between services.

Complaints

The total number of complaints received and logged by Manx Care for the reporting Year 2022/23 was 443; representing a reduction of 15% when compared to 2021/22. This reduction is mostly attributed to the introduction of MCALS, which deals with issues and queries, focusing on a local resolution at source.

Learning from Complaints

Almost half (49%) of all complaints were partially upheld following investigation, with a smaller proportion (20%) upheld in full. 29% of all complaints were not upheld. When compared with the previous year's findings, there has been a 6% increase in the overall number of complaints for which Manx Care has identified shortcomings – 69% in 2022/23 compared to 63% in 2021/22.



The following changes were made as a direct result of complaints made to Manx Care:

- Manx Care's Complaints Policy and Procedure were reviewed, updated and implemented.
- Effective Complaints Handling Training (inclusive of Regulatory updates) was provided in person.
- A mandatory training complaints awareness module was created for all Manx Care staff.
- Changes were introduced to how District Nurses refer patients to safeguarding services. A new Standard Operating Procedure was introduced to support staff and better inform patients when referrals are made.
- Regular governance meetings between the CQS Team and Care Group triumvirates were established and play a key role in monitoring complaint performance and compliance.
- Significant updates have been applied to Datix by Manx Care's Quality and Risk Management System Lead to reflect regulatory changes.
- Datix training was rolled out across Manx Care by the Quality and Risk Management System Lead to promote compliance with accurate record keeping.
- Datix dashboards have been developed across Care Groups to promote timely access to complaint activity and progress.
- Improvements have been applied to the procedure for the use of 'port-a-caths' (catheters used for administration of intravenous fluids and medications) for patients receiving chemotherapy.

Duty of Candour

Manx Care has continued to comply with its statutory obligation to be open and transparent with any individual (and/or identified 'relevant person') who suffers significant harm whilst under the care of our services as the result of an act or omission by Manx Care.

Of the 5,990 incidents reported during 2022/23, 270 incidents were initially reported as meeting the criteria for the application of the Duty of Candour. Upon reviewing these incidents, 226 were found to have resulted in no harm (or, based on the incident description, did not appear to meet the Duty of Candour benchmark as there was no act or omission).

Only 24 (0.40%) were identified as being Serious Incidents in accordance with recognised policy criteria. All such incidents were subject to robust review and monitoring by Manx Care's well-established Serious Incident Review Group.

In total, notable changes from last year's categories were:

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



Serious Incident Reporting

Serious incident reporting is a key component in patient safety for Manx Care and must be an integral part of the health and social care responses issues that arise.

Manx Care's Serious Incident Reporting Group (SIRG) meet on a weekly basis, chaired by the Executive Director for Nursing/Executive Medical Director, with support from the Care Quality and Safety Team and representation from all Care Groups, ordinarily at a senior leadership level.

The purpose of the SIRG is to receive and review 72-Hour rapid review reports for any incident, in line with Manx Care's Policy and Procedure for Incident Reporting, Investigation and Learning (2021), which is taken from NHS England's Serious Incident Framework.

Where the criteria for a serious incident had not been met, the SIRG direct incidents to be subject to a local Level 1 Care Group Review or a Mortality Review.

The total number of incidents recorded was 5,990 (averaging 499 incidents per month) compared to 5,865 for the preceding year, representing a marginal increase of 2.1%. In the first full year 2019/20, there had been 5,336 incidents recorded. This data indicates that Manx Care has developed and maintained a consistent, positive reporting culture across the organisation.

The proportion of incidents classified as serious from all those reported was 0.40%, compared to 0.48% recorded within NHS England.

Stabilising Staffing Levels

A nursing workforce board paper was presented to Manx Care's Board in January 2023. It set out the challenges faced with recruiting and retaining both international and on-Island nursing, including clinical, midwifery and mental health nursing staff. The Board considered several options. Whilst the initial recruitment of international nurses had been successful, the high levels of placement failure did not make this option a sustainable solution for Manx Care.

To support the workforce challenges, the Senior Nursing Leadership Team has built workforce models for each ward at Noble's Hospital, Ramsey District and Cottage Hospital, Manannan Court and each locality within the district nursing service. A rostering system, Health Roster, is now being used in most areas to give greater visibility and control of staffing levels. It will also enable future development and use of key performance indicators.

The Board has committed to doubling both the number of nursing places (to 40, from 20) and bursary amount (from £5,000 to £10,000), which should expand the domestic numbers, offering Manx Care a sustainable nursing staffing level for the future.

Additional progress has been made by working with Locate Isle of Man and the Office of Human Resources (OHR), with over 75 applications received and nearly 30 registered nurses being progressed, offering Manx Care a more stabilised nursing position.



service and performance developments

Introduction

This section of the Annual Report is intended to give an overview of how Manx Care has performed against:

- The Isle of Man Government's Island Plan.
- The priorities set by the DHSC, in its Mandate to Manx Care.
- Manx Care's response to the Mandate via the SOF, which is aligned to Manx Care's four strategic priorities being:
 - Improving patient safety.
 - Creating a positive working culture.
 - Improving financial health, alongside the productivity and efficiency of services.
 - Promoting integration across health and social care services.

A full list of indicators, standards and outcomes for 2022/23 can be found in Appendix 2 of this document.

In line with these strategic priorities, Manx Care has formulated a system of integrated governance to deliver the performance measures which include but are not limited to the following:

- CQC Inspections and learning from the observations and findings.
- Care Group Governance meetings.
- Care Group Performance meetings.
- Performance and Accountability Reporting to Manx Care's Board.
- The creation of an Integrated Performance Report (IPR).
- An Elective Restoration and Recovery Programme.
- An Elective Reconciliation Plan.

Integrated Performance Reporting

In response to the DHSC's Mandate to Manx Care, an IPR was developed and produced to support the requirements of the ROF and the SOF.

The IPR highlights and ensures transparency with regard to the organisation's achievement against the key areas of mandated and operational Key Performance Indicators (KPIs) across all service areas in the SOF and is produced by Manx Care's Performance and Improvement Service Team.



The IPR is used internally within Manx Care to support the monitoring and management of operational and clinical performance and will be a key resource going forward in the organisation's implementation of a robust performance and accountability framework.

The IPR also supports Manx Care's commitment to patient safety and quality of care, using the metrics to highlight areas of concern within Care Groups and ensure these are managed appropriately.

The Performance and Improvement Service team use the IPR to support Manx Care's Care Groups by highlighting performance challenges, escalating them to Manx Care's Board as appropriate and offering remedial actions and learning.

The IPR has also been made available within the public domain via presentation and discussion at the regular public Board Meetings and the corresponding publication of the papers to support those sessions.

This section of the Annual Report will include information from the IPR against each area of Manx Care, where possible comparing to 2021/22.

Access to Elective Services

Manx Care recognise that waiting times matter to patients. Most patients want to be referred, diagnosed and treated as soon as possible. The accurate recording and reporting of Referral to Treatment (RTT) waiting time information is therefore extremely important. The fundamental principle is that all decisions about a patient's waiting time should be made with the patient's best clinical interests in mind.

The Government's Our Island Plan requires Manx Care, via the DHSC Mandate to Manx Care, to address waiting list sizes and waiting times for all mandated services to ensure that they are at levels comparable with other health and care systems.

Manx Care inherited a significant waiting list backlog across all inpatient, day-case and outpatient specialties when it began operation in April 2021, largely due to the impact of the COVID-19 pandemic on operational areas such as the availability of anaesthetists, specialist consultants and nursing resources.

These pressures have impaired Manx Care's ability to provide timely access to consultant led outpatient services, with an average of only 54% of urgent referrals from a GP to a Consultant being seen within the required 6 weeks during 2022/23, falling short of the 85% required.

% Urgent GP referrals seen for first appointment within 6 weeks													
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly Avg.
2021/22	56.9%	56.0%	61.4%	54.4%	55.8%	51.9%	50.0%	49.1%	47.2%	47.2%	52.9%	60.5%	53.6%
2022/23	57.1%	61.0%	49.6%	58.1%	64.6%	57.5%	48.4%	52.4%	53.4%	41.5%	48.4%	55.7%	54.0%



The Elective Restoration and Recovery (R&R) Programme

Without sufficient substantive capacity within the organisation to address these backlogs as 'business as usual', the R&R Programme was initiated to identify and operationalise additional capacity. Manx Care was awarded £1.86m of Treasury funding to deliver Phase One of the programme, with a further £18.3m of funding agreed by Tynwald in 2022/23.

The additional capacity required has been put in place through a combination of local waiting list initiatives such as, running additional outpatient clinics at weekends and partnership working with third party organisations to bolster clinical resource. The programme commenced in July 2021. Additional capacity was introduced to support the organisation to work at maximum efficiency. The programme is being delivered via a series of supporting business cases, developed in phases, to deliver the required capacity to ensure timely access to Manx Care's elective services for the Manx public. Manx Care provides updates to the DHSC and Tynwald on a quarterly basis regarding the delivery of the R&R Programme. These formal reports include details regarding patient experience, the activity delivered and the corresponding expenditure. This ensures that an appropriate level of external review and oversight is in place to give assurance to the public with regard to the programme's efficacy.

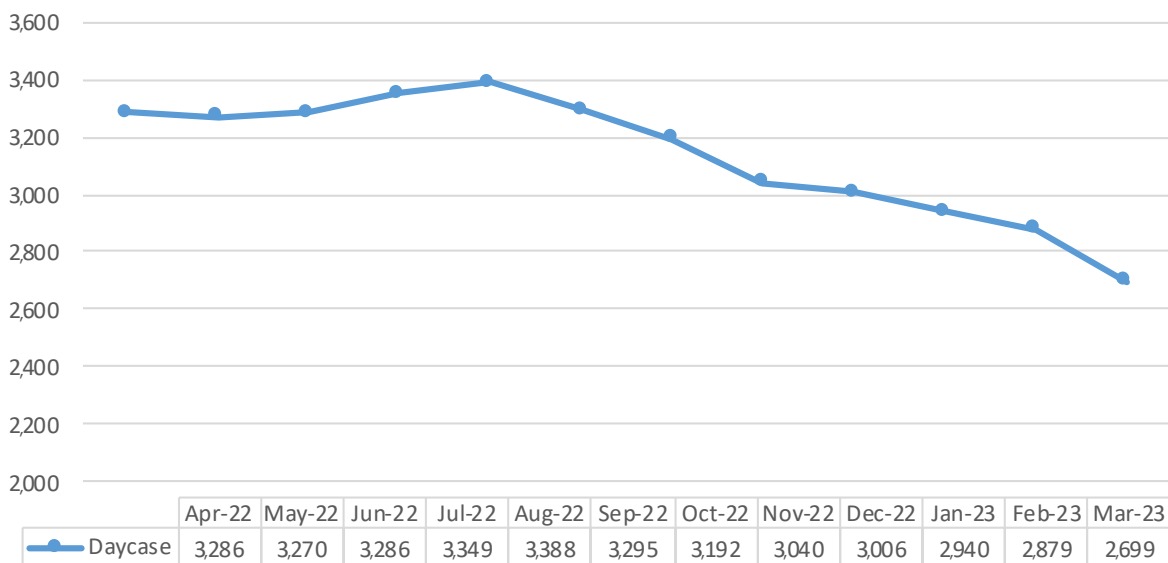
Objective 7 of the DHSC's Mandate to Manx Care for 2022/23 included a specific requirement for the continued delivery of the R&R Programme, and for additional elective recovery plans to be developed to address all backlogs, in order to improve waiting times across Manx Care's services.

In 2021/22, the R&R Programme delivered a reduction in the Endoscopy waiting list of 458 patients through a waiting list initiative delivered internally within Manx Care, and 152 patients had ophthalmic procedures for cataracts.

The delivery of the R&R Programme continued throughout 2022/23, with 2,752 patients either being seen or receiving treatment under the initiative within the year.

During 2022/23, the overall waiting list for elective surgical procedures in a day-case setting reduced by 587 (17.9%) from 3,286 in April 2022 to 2,699 to March 2023.

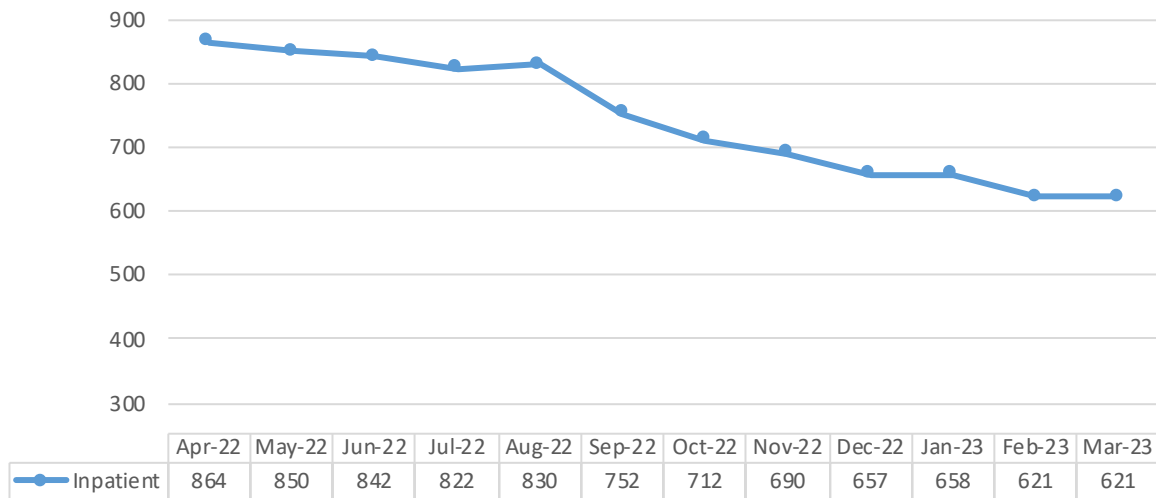
Day-case Waiting List





The overall waiting list for elective surgical procedures in an inpatient setting reduced by 243 (28.1%) from 864 in April 2022 to 621 in March 2023.

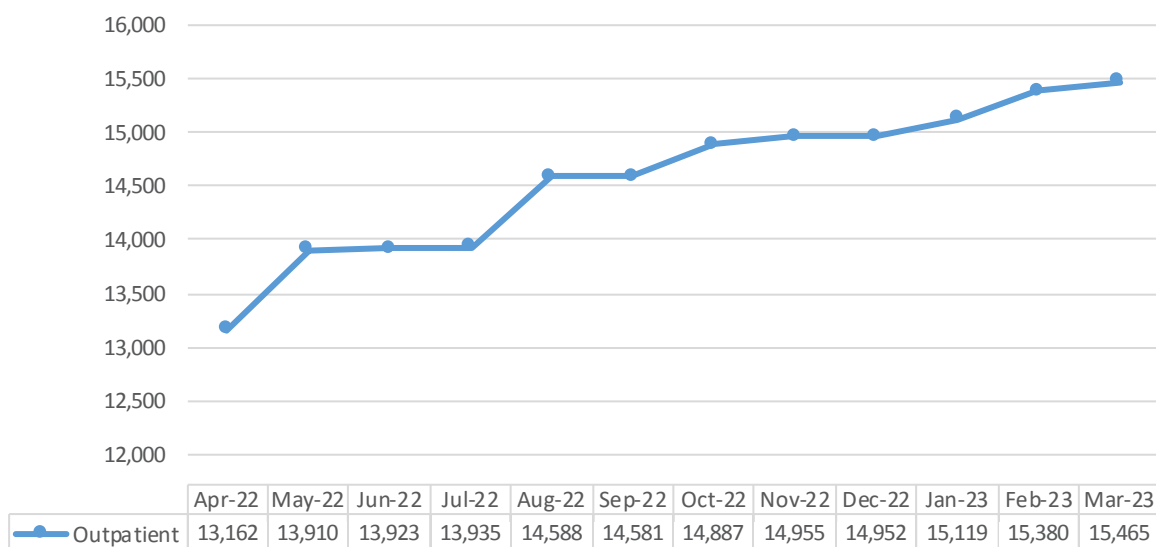
Inpatient Waiting List



In 2022/23 Manx Care received 36,819 referrals for first outpatient clinic appointments for consultant led services. This represented an increase in annual demand of 2,249 (6.5%) when compared to the 34,570 referrals received in 2021/22. This equated to an additional 187 referrals being received each month. For context, this level of referrals equates to approximately 43% of the Island's population being referred for a first outpatient attendance with a consultant during the year.

This increase in annual demand was a contributing factor to the increase in the waiting list size for first outpatient attendances for consultant led services over the course of the year.

First outpatient waiting list volume - Consultant Led



A number of initiatives commenced in 2022/23 under the R&R Programme to begin to address the increasing outpatient demand and waiting list numbers. These are detailed below. In addition to these, Phase Three of the R&R Programme, which is expected to commence in 2023/24, has a core focus on addressing the outpatient waiting lists so that patients can have their initial consultation with a consultant in as timely a manner as possible.



R&R Activity Delivery (2022/23)

One of the key areas for this phase of the R&R Programme was the delivery of surgical procedures for those patients who had been waiting for their surgery the longest, based on clinical prioritisation. The initial focus of the programme has been on the delivery of ophthalmic surgical procedures within a day-case setting, for cataracts and hip/knee surgery within an inpatient setting for Orthopaedics. This initiative has had a significant impact upon Ophthalmology waiting lists, illustrated in the appendices.

Ophthalmology surgical procedures in a Day-case setting:

Patients Treated under R&R Programme	1,148
Waiting List Movement	-610
Median Waiting Time (weeks) – Apr '22	51
Median Waiting Time (weeks) – Mar '23	16

The waiting list for Orthopaedic day-case procedures over the first part of the year increased, due to the initial focus and clinical prioritisation being on higher acuity patients requiring procedures within an inpatient setting. The service delivery of this element of the programme was stepped up operationally in early 2023 and will continue on into 2023/24.

Orthopaedic surgical procedures in an Inpatient setting:

Patients Treated under R&R Programme	434
Waiting List Movement	-195
Median Waiting Time (weeks) – Apr '22	22
Median Waiting Time (weeks) – Mar '23	23

Orthopaedic surgical procedures in a Day-case setting:

Patients Treated under R&R Programme	117
Waiting List Movement	52
Median Waiting Time (weeks) – Apr '22	8
Median Waiting Time (weeks) – Mar '23	14

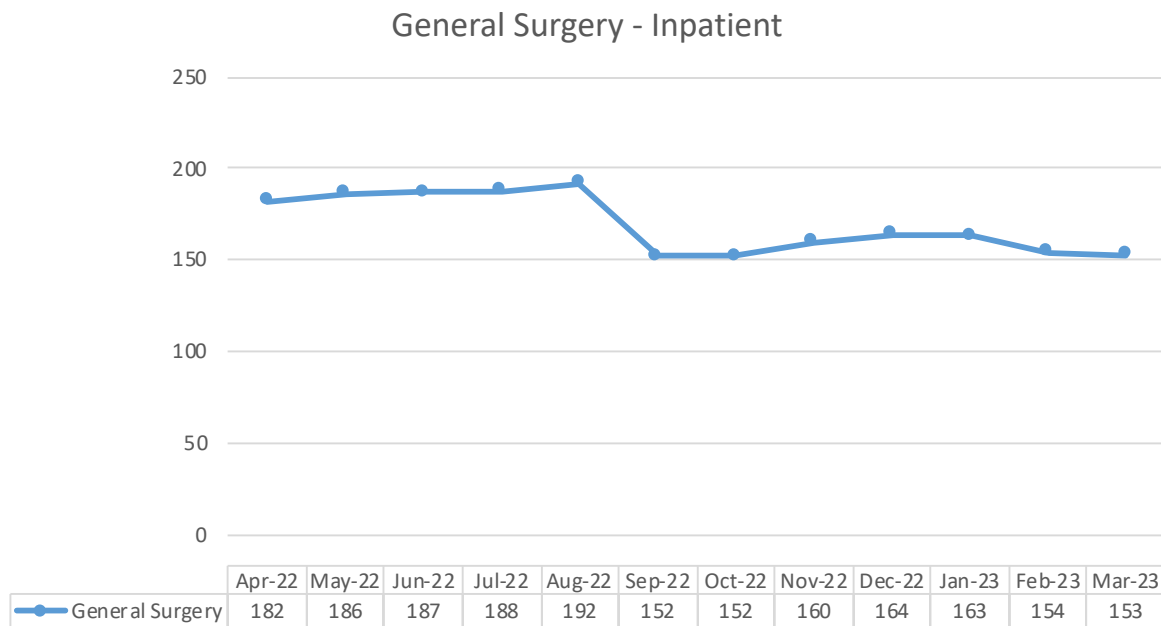
Further data is provided within the appendices.

Later in 2022/23 the scope of the programme was expanded to include inpatient gall bladder and hernia procedures within General Surgery, and Orthopaedic procedures in a day-case setting. This has involved a team made up of both Manx Care and third-party provider colleagues.



General Surgery surgical procedures in an Inpatient setting:

Patients Treated under R&R Programme	69
Waiting List Movement	-29
Median Waiting Time (weeks) – Apr '22	34
Median Waiting Time (weeks) – Mar '23	46



We are also using the R&R Programme to re-draw pathways and ways of working, learning from best practice techniques and procedures used by partner organisations. These will remain post-recovery as part of how Manx Care works to ensure maximum quality and efficiency from the substantive capacity available going forward.

Examples of such operational improvements include the intention to adopt an ambulatory approach to cataract surgery, the use of topical anaesthesia and optometrist-led follow-up. Topical anaesthesia is safe form of anaesthesia, recognised by the UK National Institute for Health and Care Excellence (NICE), which has obviated the need for anaesthetic blocks and the use of inpatient beds, leading to more patients being treated per session than previously possible. This pathway is now our preferred clinical model and is being actively promoted with clinicians.

In Orthopaedics, through partnership working, patients have benefitted from enhanced recovery pathways. Under the recovery programme so far, over 70% of patients undergoing hip and knee joint surgeries have had a length of stay of 1.6 days post-surgery, where previously this would have been 4 or 5 days. We are therefore developing an Enhanced Recovery After Surgery (ERAS) accreditation nurse training programme within Orthopaedics. The accreditation programme will facilitate an orderly withdrawal of third-party nursing ward support.

In General Surgery we are planning to deliver three session operating days (increased from two session), delivering care to around an additional 25 patients over a four-day period.



Another initiative within the R&R Programme is to reduce the time that patients are waiting to see a consultant for their first outpatient attendance. A number of additional outpatient clinics were implemented during the year through a combination of weekend clinics and telemedicine provided by Medefer.

ENT attendances in an Outpatient Clinic	303 patients
Neurology attendances in an Outpatient Clinic	70 patients
Gastroenterology attendances in an Outpatient Clinic	199 patients
Cardiology attendances in an Outpatient Clinic	260 patients

In addition to the secondary health services mentioned above, the R&R Programme also includes provision for the improvement of access to evidenced based psychological therapies for young people. These services are fundamental to the effective treatment of mental health conditions and Manx Care has been committed to significantly increasing its capacity to deliver such services as efficiently as possible. A number of young people on the Child and Adolescent Mental Health Service (CAMHS) waiting list were offered the option of having their psychological therapy treatment with a professional from the Isle of Man-based charity, Minds Matter.

Mental Health, CAMHS Therapies	152 service users
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To support the recovery of waiting lists, Manx Care continued its implementation of the Enhanced Waiting List Management programme during 2022/23. This included the continuation of:

- **Waiting List Validation**

Manx Care established a dedicated team to validate the elective waiting lists during 2022/23 to ensure the accuracy and appropriateness of the referrals on the lists. The validation process is comprised of three stages:

1. Technical Validation checks for duplication and referrals that are recorded incorrectly.
2. Administrative Validation involves writing to patients and checking that they wish to remain on the waiting list, or not, as they may have been treated elsewhere or their condition has improved.
3. Clinical Validation (e.g. prioritisation based on clinical need, triage with primary care).

It should be noted that no patients are removed from the waiting lists without a clinical decision first being made by an appropriate clinician.

During 2022/23, over 12,300 entries on the waiting lists were validated, with approximately 4.5% of those reviewed being clinically appropriate to be removed from the lists.

- **48-Hour Call-Out Process**

This has meant that we have been able to schedule in 'Short Notice' patients where another patient has informed the organisation that they are unable to attend their scheduled procedure. Any patients cancelling their own appointments have subsequently been booked on to a later list.

- **Expanded Decontamination Team**

We have established a Decontamination Team to provide capacity at weekends to support seven-day operational activity in theatres.



- **Patient Tracking List (PTL) Meetings (for non-Cancer specialties)**

A pilot of the PTL process for Orthopaedics commenced in 2022/23, where every patient on the waiting list is reviewed on a weekly basis to determine what action is required to progress them on to the next stage of their pathway. This process is already undertaken on a weekly basis for patients on Cancer pathways. In 2023/24 the PTL process has been expanded to include cataract pathways within Ophthalmology and General Surgery.

- **Referral and Booking**

We are initially focussing on the implementation of partial booking and patient-initiated follow-up outpatient appointments.

- **Referral To Treatment (RTT)**

Planning commenced during 2022/23 regarding the implementation of RTT Rules, methodologies and system functionality for the organisation. This will ultimately make it easier to track and manage patients and service users throughout their pathways to ensure services are delivered in as timely and efficient a way as possible. However, such implementation of the RTT methodology will require additional funding from the DHSC/ Treasury.

- **Harm Review Process**

We continue to build upon its existing harm review process to ensure it remains as robust as possible in terms of identifying and reducing the risk of any potential or actual harm to a patient or service users due to long wait times for services.

We will continue to validate, report and monitor our overall Waiting List Volume (WLV), at speciality and sub-speciality level, and as noted above will develop further plans to reduce our WLV during 2023/24.

Patient Did Not Attend (DNA) Rates

Of the 70,000 outpatient appointments booked in 2022/23 for consultant led services, 10.4% ended in a patient not attending their scheduled appointment, known as a 'Did Not Attend' or 'DNA'. This equates to an average of approximately 600 monthly appointment slots.

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly Avg.
2021/22	10.2%	9.9%	10.7%	9.4%	8.9%	11.3%	10.2%	9.5%	9.6%	10.6%	10.3%	9.2%	10.0%
2022/23	10.5%	9.9%	13.8%	9.9%	10.9%	11.2%	11.1%	8.6%	9.4%	9.7%	7.9%	12.0%	10.4%

We need to reduce instances where people miss their outpatient appointments to improve patient experience, free up capacity to treat long-waiting patients and support the delivery of the R&R Programme for tackling the elective care backlog. Our aim is to reduce the consultant led outpatient DNA rate to 5% by March 2024.

A dedicated working group has been tasked to look into the drivers of DNAs and identify and implement processes and changes to outpatient pathways which will free up capacity for longer waiting patients. This was established during 2022/23. Initial work undertaken by the group has included looking into the implementation of:

- Streamlining outpatient letters and communication to patients regarding appointments.
- Improving reminder services.
- Appropriate use of virtual appointments.
- Patient Initiated Follow Up.



There are many reasons why people may not attend an appointment. We aim to provide all patient groups with equal opportunities to access healthcare and as with any type of healthcare, outpatient care should not be 'one size fits all'. By understanding the many causes behind DNAs and working to reduce them, we aim to ensure that appointment slots are not wasted.

Many of the same actions can also support patients to take control of their care and reduce health inequalities. It is therefore crucial that we take appropriate steps to ensure we are not exacerbating health inequalities when managing our approach to missed appointments.

Primary Care and Community

In this section of the report the intention is to show how each Care Group within Manx Care follows the patient's pathway from primary to secondary care, including social and mental health care.

Integrated Primary and Community Care Services (IPCC)

IPCC is committed to delivering the strategic intention of *Primary Care at Scale*. One of the aims is to provide care closer to the patient, in a primary care setting, freeing up secondary care (hospital services) to deliver more specialist care.

The IPCC group supports Manx Care in offering and managing first point of entry care services, giving patients and service users access to services, such as GPs, Dentists, Pharmacies, Optometrists, Community Care services, e.g. therapies and podiatry, prison healthcare, district nursing, diabetes and endocrine and long-term condition management. They work alongside other Care Groups (Mental Health and Social Care) to provide care in the community, often facilitated by the Wellbeing Partnerships.

The IPCC also supports the infrastructure of Primary Care services by managing these services which includes contracts, Care Quality and Safety, GP registration and treatment of off-Island visitors.

The IPCC holds the Isle of Man Performer List for GPs, Dentists and Opticians, which co-ordinates and manages those professionals in respect of their registration, appraisal, education and revalidation. This also gives Manx Care assurance of their clinical and professional standards.

GP Practices

With the exception of Ballasalla Group Practice, General Practices (GP) are independent providers of their services, with a contract between the practice and Manx Care in place. (For awareness, since 01 May 2023 Manx Care has had direct responsibility for Ballasalla Group Practice which is now known as Ballasalla Medical Centre).

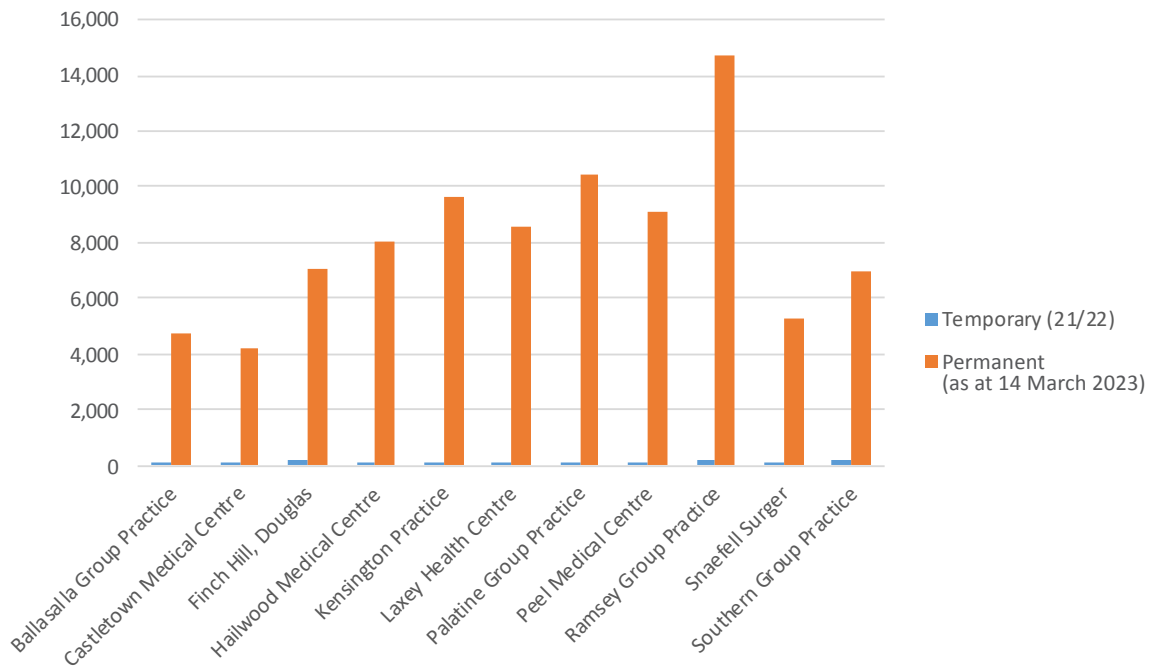
GP services are available to all Island residents and temporary residents (visitors) with the services operating Monday to Friday 08:00 - 18:00. Patients should be registered with a GP practice within the catchment area in which they live.

GPs are responsible for referring patients to both primary/community care and secondary services.

The numbers of permanently and temporarily registered patients at each practice is shown below.



Number of Patients Registered by Practice, as at 14 March 2023

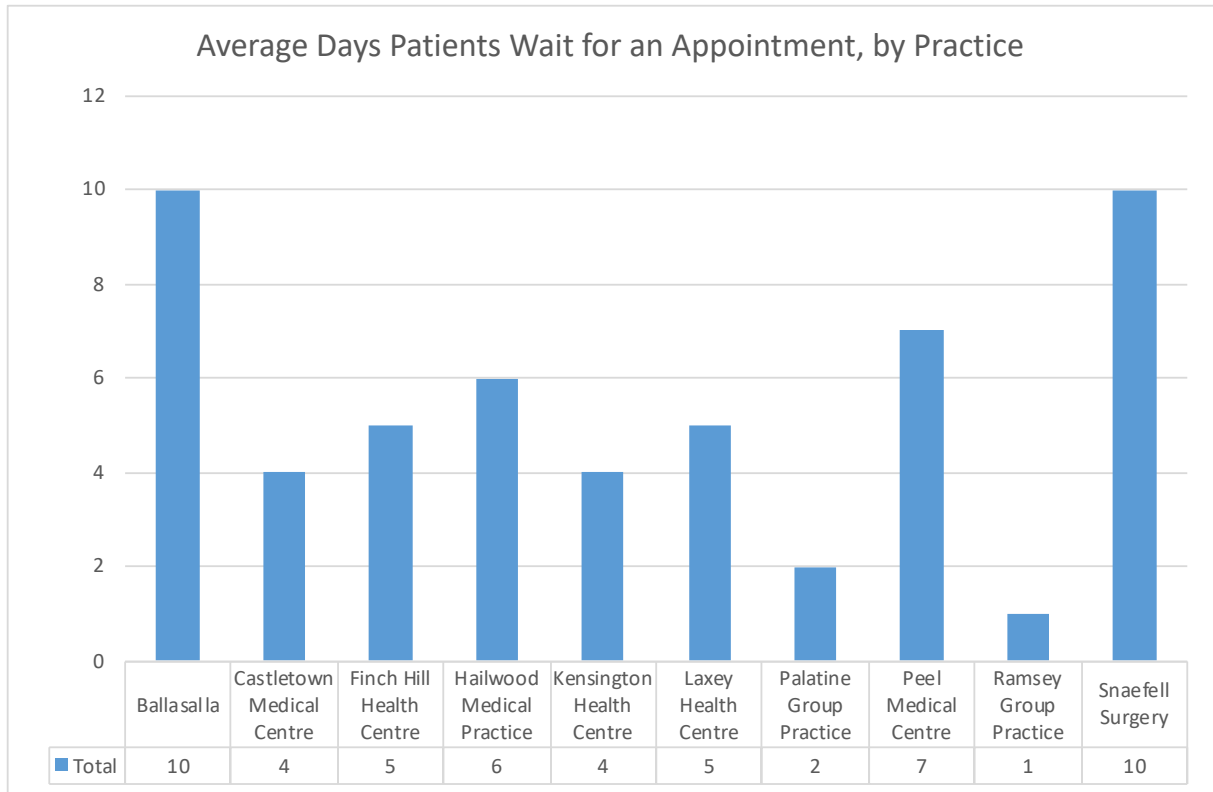


GP Practice Name	Number of Patients Registered as at 14 March 2023 -Permanent-	Number of Patients Registered 2022/23 -Temporary-
*Ballasalla Group Practice	4,722	69
Castletown Medical Centre	4,221	102
Finch Hill, Douglas	7,091	220
Hailwood Medical Centre, Douglas	7,995	85
The Kensington Practice, Douglas	9,647	63
Laxey Health Centre	8,575	97
Palatine Group Practice, Douglas	10,481	99
Peel Medical Centre	9,105	144
Ramsey Group Practice	14,692	154
Snæfell Surgery, Douglas	5,279	76
Southern Group Practice, Port Erin	6,948	177

Since 2021, GP practices have introduced new ways of working, which includes the introduction of clinicians who work alongside GPs, providing care to patients. Each practice has its own complement of staff. These may include Physician Associates, Paramedics, Advanced Nurse Practitioners or Pharmacy Technicians. These developments have enabled an increase in the availability of appointments with alternative clinicians to reduce waiting times for appointments. Additional data about GP practice medical, nursing and allied health professional workforce is shown within the appendices.



Manx Care measures the time patients have to wait for a routine (non-urgent) appointment. Average number of days waited is affected by factors such as the practice's patient list size, number of GPs and other clinical staff. This is illustrated below.





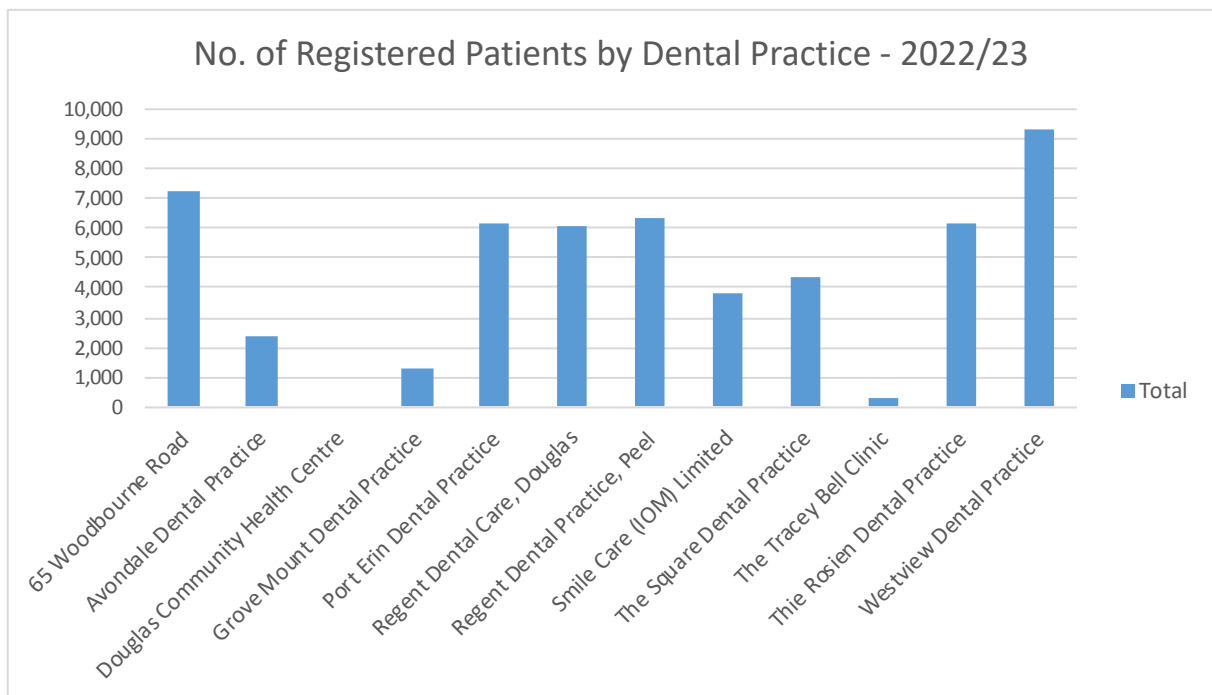
NHS Dentistry

The Isle of Man's dental practices are privately owned but have a cohort of patients that are charged at NHS fee rates.

Dental practices can refer patients to the Community Dental Service and Oral Surgery Department and an emergency dental service is delivered at weekends and bank holidays. Weekday Emergency Dental Services for patients who do not have access to a regular dentist, are provided via the Community Dental Service.

Primary care manage the back-office function for payments and contracts, general enquiries, management of the dental waiting list and financial help for patients towards NHS dental fees, for eligible patients. It also manages the NHS orthodontic service provision for the Island (both Primary Care and Consultant-Led (hospital) services). This is a referral only service and all dentists can refer children up to the age of 18 years who qualify for NHS orthodontic provision.

Whilst there is no formal registration system in place for dental services, from April 2022 to March 2023, each practice provided an NHS dental service to the number of patients shown in the illustration below.



Further data on dental practice patient registration numbers is shown within the appendices.

A dashboard for the dental allocation list has been developed and collates the number of people added, the number of allocations made to NHS dental practices and the average wait that people have waited to be allocated.

In 2022/23 a total of 1,212 people have been allocated to a NHS dentist and a total of 2,329 people were added to the dental allocation list during this period. A general dental services dashboard is also being developed and this will be available from September 2023.



Pharmacies

There are 23 pharmacies across the Isle of Man providing services seven days a week, including an out-of-hours rota service.

Pharmacists are qualified healthcare professionals who can offer clinical advice and over-the-counter medicines for minor illnesses and provide health and wellbeing advice. Most pharmacies on the Island have a private consultation room where pharmacy staff are willing to discuss issues for minor ailments, such as aches, pains, coughs and colds.

Manx Care's Medicine Optimisation Service aims to improve patient safety and health outcomes for the better use of medicines and playing a key role in the development and implementation of Cost Improvement Programmes (CIP), by ensuring the cost-effective use of medicines. It supports GP practices answering clinical queries, completes medication reviews with patients and patient safety audits, develops cost improvement projects and policies for the safe use of medicines in care homes, supporting the Learning Disability Teams etc.





Opticians

The Isle of Man's optical services are managed via agreements with every optician practice, which enables them to offer NHS sight tests and provide vouchers and repairs under the NHS for all residents.

2022/23 saw an increase of 4% from 2021/22 in the number of sight tests, whilst voucher issues remained almost the same and repair vouchers fell by 24%.

	2021/22	2022/23
Sight Tests	27,853	29,038
Vouchers Issues	2,568	2,526
Repair Vouchers	510	384

There are eleven optician practices across the Isle of Man:

- Boots Opticians
- Gillian Sheard Opticians
- Holmes & Davidson Opticians
- Newby & Padley Opticians
- Patricia Wild Opticians
- Specsavers Opticians
- Tracy Vanderplank Opticians
- Newby & Padley Opticians
- Charlotte Sadler Opticians (Castletown)
- Patricia Wild Opticians
- Charlotte Sadler Opticians (Ramsey)

A Minor Eye Conditions Service (MECS) currently runs at Specsavers in Douglas, for residents at no charge. In addition, Opticians can also refer residents to the Hospital Eye Service within Manx Care.

Optical services are currently going through a period of transformation (via the Transformation Programme), which will see appropriate optical services move from secondary to primary care, as part of a new contract. This development will aim to reduce footfall in our Emergency Department as local optometrists will be providing routine monitoring of Glaucoma and minor eye conditions.



Community Care Services

Manx Care delivers a mix of services in the community and in people's homes and residencies, offering the following:

District Nursing

The District Nursing Service provides nursing care and support to patients aged 16 or over, who have an identified nursing need which requires intervention or advice from a Registered Nurse, in their own home, accepting referrals from a variety of sources.

The service works alongside other health professionals and statutory/non-statutory agencies, preventing unnecessary hospital admissions, GP appointments and GP home visits, signposting patients to health and social care services as appropriate.



Prison Healthcare

Community Care, in conjunction with Primary Care Services, provides the healthcare service within the Isle of Man Prison, implemented by a mix of healthcare professionals such as Doctors, Registered Nurses, Dentists/Dental nurses and Pharmacists.

Tissue Viability/Wound Management Service

The Tissue Viability/Wound Management service is delivered at Ramsey and District Cottage Hospital and offered to patients of all ages who require wound care, that are referred by a healthcare professional such as a GP.

Diabetes and Endocrine Service

Services provided to adults (aged 16 or over) with Types 1 and 2 Diabetes, gestational diabetes and endocrine conditions. This is a consultant-led service comprising of a mix of healthcare professionals.

Long Term Conditions and Specialised Nursing Service

A range of nursing services are provided to patients with long term conditions such as Parkinson's disease or continence issues, supporting people in their own homes, within the community and hospital.

Therapy Services

Therapy Services consist of the following teams providing the following services, in a variety of settings:

- Acute Therapy - Physiotherapy and Occupational Therapy
- Adult Speech and Language Therapy
- Children's Therapy, including Physiotherapy, Occupational Therapy and Speech and Language Therapy, for a wide range of short and long-term illnesses and disabilities.
- Community Adult Therapy
- Dietetics
- Long-term Conditions: Physiotherapy, Occupational Therapy and Clinical Psychology services
- Orthotics and Prosthetics
- Outpatient and First Contact Practitioner
- Podiatry
- Wheelchair



In 2022/23 Manx Care's therapy services have been involved in the establishment of several community care initiatives. These include a chronic fatigue syndrome (Myalgic Encephalomyelitis or 'CFS/ME') service, a Long Covid Service, First Contact Practitioner pilot in a GP surgery and the Orthotics/Prosthetics workshop, which has been upgraded, enabling on-Island manufacturing for the first time.

The Integrated Performance Report, measures patients seen by Community Adult Therapy Services, with a target set at 80%. Due to the complexity of patients remaining high, with therapists needing to spend longer with each patient and consequently seeing less patients, only 54% of patients are being seen against this target.

In addition to the complex nature of patients presenting, the reduction of inpatient beds in Hospice (from ten to three), has impacted the therapy service, which is now getting referrals for palliative care for end-of-life patients.

The therapy service has focused on urgent categories to improve the number of patients being seen, which has resulted in sustained improvement in response times in those categories. However, this is offset by deterioration in timeliness of the less urgent referrals.

By the end of March 2023, this resulted in 66.4% of Urgent 1 (three working day) and 61.5% of Urgent 2 (five working day) patients being seen within the required timescales.

Planned Care

Planned care services provide specialist treatment following a referral, generally from a GP, but can be from other sources, e.g. internally from speciality to speciality following an initial referral, or from another appropriate healthcare clinician. These include a wide range of surgical specialities including General, Breast, Ophthalmology, Urology, Dermatology and Plastics, Orthopaedics, Ear, Nose and Throat, Audiology and Oral Surgery.

Noble's Hospital is a modern hospital setting that is able to offer good quality care across a number of specialities. However, there are certain procedures which we are not able to offer on-Island due to the following factors:

- The number of cases requiring intervention means that local provision could not offer a safe and affordable service.
- We do not employ a specialist who is able to treat people on-Island.
- Where evidence suggests that patients treated in regional centres of excellence receive significantly better outcomes, than if treated in a district general hospital (e.g. major trauma, cardiac surgery, transplantation and specialist cancer surgery).



Off-Island Services to Tertiary Centres

The Isle of Man has relationships with a number of healthcare organisations in the North-West of England, with annual activity values in the region of £20m.

This activity is provided by the following providers:

Provider	Main Specialist Area(s)
Alder Hey Children's NHS Foundation Trust	Paediatrics
The Christie NHS Foundation Trust	Cancer
Liverpool Heart Liverpool Heart and Chest Hospital NHS Foundation Trust	Cardiology, Respiratory Medicine
Liverpool University Hospitals NHS Foundation Trust	Trauma & Orthopaedics and General Specialties
Liverpool Women's NHS Foundation Trust	Gynaecology, Gynaecology Oncology, Obstetrics and Clinical Genetics
Manchester University NHS Foundation Trust	General Specialties
Southport and Ormskirk Hospital NHS Trust	Spinal
St Helens and Knowsley Teaching Hospitals NHS Trust	Plastic Surgery
The Clatterbridge Cancer Centre NHS Foundation Trust	Cancer
The Walton Centre NHS Foundation Trust	Neurology and Pain Management
Wirral University Teaching Hospital NHS Foundation Trust	General Specialties
Wrightington, Wigan and Leigh NHS Foundation Trust	Orthopaedics

2022/23 has been a positive year for planned care. Working as a Care Group and with the R&R Team, we have successfully delivered a 14.8% increase in planned sessions that has involved contributions from all services including theatre staffing, pre-assessment, sterile services, operations, theatre scheduling, accommodation and theatre procurement.

In some areas this increase has been matched with an increased number of procedures, such as in Ophthalmology, where average procedures per list has increased from three to eight. Others such as in Orthopaedics has seen a reduction in total procedures, however, there has been a significant increase in inpatient total hip and total knee replacements largely due to a ring-fenced elective Orthopaedic ward.

2022/23 also saw a significant reduction of 94.1% in the number of Theatre Sessions cancelled, down from 101 in 2021/22 to only 6 in 2022/23.

Metric	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	Movement	% Movement
Actual Sessions delivered	2021/22	69	86	97	84	81	80	38	34	35	45	58	76	783	-	-
	2022/23	45	63	56	56	81	73	88	91	67	95	91	93	899	116	14.8%
No. Sessions cancelled	2021/22	0	1	5	7	3	17	52	11	4	0	1	0	101	-	-
	2022/23	1	0	0	1	0	0	2	0	0	2	0	0	6	-95	-94.1%
No. Re-utilised Sessions	2021/22	0	2	6	1	1	0	0	0	0	0	0	0	10	-	-
	2022/23	0	0	0	0	0	0	5	7	8	6	8	4	38	28	280.0%



Additionally, due to improved theatre scheduling processes, 28 more slots than the previous year were able to be re-utilised. Improved scheduling processes also account for the reduction in Theatre Sessions that were cancelled following publication of schedules, as planned activity was being better aligned to resource availability. In addition, theatre capacity was given to the R&R Programme if substantive teams were unable to deliver activity at that time.

Theatre Utilisation

The performance standard of 85% for Theatre Utilisation was only achieved in a single month of 2022/23. However, there was an overall increase in the utilisation of theatres during the year, with the average monthly performance increasing from 73.5% in 2021/22 to 76.9% in 2022/23.

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly Avg.
2021/22	70.0%	75.0%	83.0%	74.0%	69.0%	67.0%	62.0%	85.0%	75.0%	82.0%	71.0%	69.0%	73.5%
2022/23	72.8%	85.3%	75.1%	81.7%	74.7%	80.1%	73.6%	73.3%	76.3%	72.1%	82.5%	75.8%	76.9%

Access to our surgical bed base continued to challenge theatre efficiency and utilisation which resulted in late starts to operating lists due to beds being sourced for elective inpatients, on the day cancellations of patients or in some cases, the cancellation of the entire elective list.

The consultant anaesthetic staffing and theatre staffing position remained a challenge during 2022/23 and will continue to do so into 2023/24. This also represented a significant cost pressure for the Care Group during the year.

The maternity service was severely short staffed during 2022/23, resulting in theatre teams constantly supporting Caesarean Section lists to mitigate any risks to mother and baby. In order to facilitate this additional activity, usual theatre business activity had to be reduced.

Cancelled Operations

The number of cancelled operations within planned care reduced by 188 (3.1%) from 3,852 in 2021/22 to 3,734 in 2022/23. Of these, 2,064 (55.3%) of the cancellations were made by Manx Care, and 1,670 (44.7%) operations were cancelled by patients.

The spike in cancellations in January was due to unforeseen circumstances where one of the Ophthalmologists under the R&R Programme became unable to operate at short notice. All 135 patients affected were subsequently re-booked, and the Ophthalmology activity timelines were restored by booking additional operating sessions.

The figure below sets out data for all cancelled operations:

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	Movement	% Movement
2021/22	176	250	295	353	422	359	425	383	268	267	323	331	3,852	-	-
2022/23	234	210	257	242	287	359	343	303	357	429	317	396	3,734	-118	-3.1%

In 2022/23, the number of operations cancelled on the day increased by 88 (22.6%) from 390 in 2021/22 to 478. However, the majority of the increase was due a clinical judgement being made that the patient was not well enough for the planned surgery to proceed.

The figure below sets out data for operations cancelled on the planned day of operation:

Metric	Year	Total	Hospital Cancellation	Patient Cancellation
Number of Cancelled Operations on Day	2021/22	390	279 (71.5%)	111 (28.5%)
	2022/23	478	312 (65.3%)	166 (34.7%)



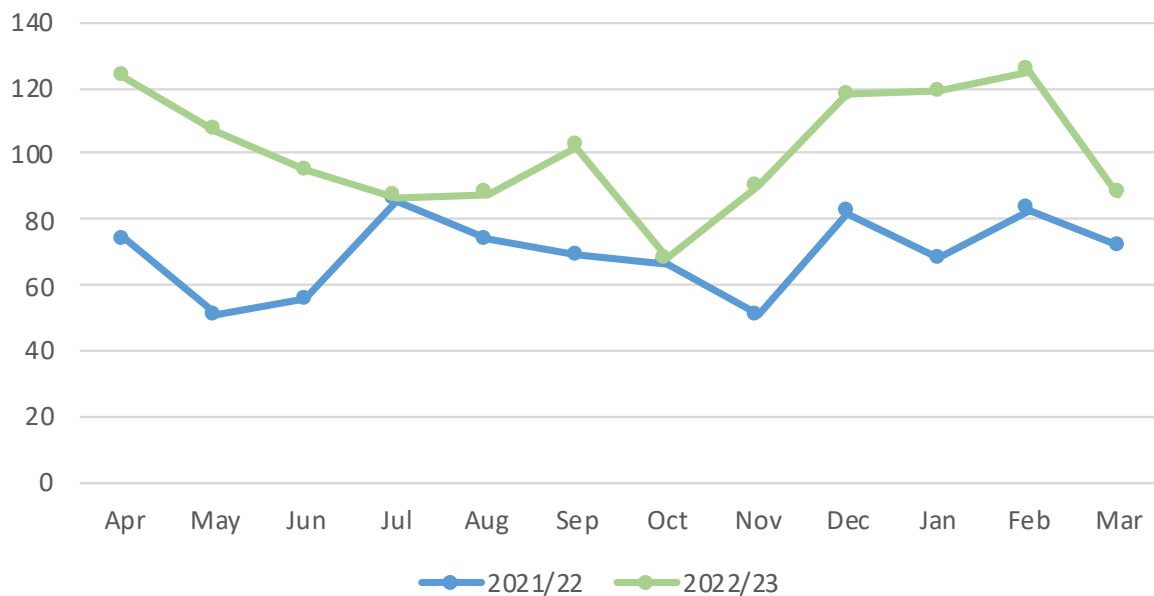
Patient Length of Stay (LOS)

The number of patients recorded each month as having a Length of Stay (LOS) of 21 days or more, increased from an average of 69 days a month in 2021/22 to 101 in 2022/23.

The factors that contributed to the higher lengths of stay included staffing pressures (a shortage of staff), the closure of beds on Ward 12, re-enablement delays and lack of availability of residential and nursing care beds to which to discharge patients who were medically fit.

We have also seen an increased acuity of some patients due for admission for surgical procedures, which leads to longer lengths of stay in hospital. On occasions, a lack of access to medical beds also results in medical patients being admitted to surgical beds with a direct impact on the number of elective surgical procedures that could be undertaken. During the year, there has regularly been 30-50 medical patients being cared for in surgical beds – which creates pressures on medical staffing numbers.

No. patients with LOS greater than 21 days



Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly Avg.
2021/22	74	51	56	86	74	69	67	51	82	68	83	72	69
2022/23	123	107	95	87	88	102	68	90	118	119	125	88	101

Manx Care undertook a number of remedial actions during 2022/23 to address the longer LOS. These included:

- Orthopaedic Elective Care delivered a 60% reduction in LOS due to implementation of an Enhanced Recovery Pathway.
- Breast Surgery, General Surgery and ENT converted procedures to the more appropriate day-case setting, thereby reducing the number of inpatient stays with a LOS of only one day.
- Daily activity to ensure surgical patients were discharged as soon as clinically appropriate to do so.
- Spot purchasing of community beds.
- Implementation of enhanced recovery pathways under the R&R Programme.



- Increasing throughput via Day Procedures Suite, by using it to start the perioperative surgical journey for the first patient on each operating list. This is to facilitate starting the operating list on time plus reducing number of inpatient procedure where appropriate.
- Ward 12 being used as an escalation ward when required, however, there were challenges ensuring safe nursing staffing levels to allow the ward to open. Ward 12 is being staffed by third party provider nursing teams as part of R&R for specific weeks. In these instances, third party provider nursing staff are able to accommodate a limited number of suitable surgical patients as part of the escalation plan.
- An active programme of advertising and recruiting to vacant doctors' posts commenced to reduce the locum doctor requirement, for example, within the Endoscopy and Outpatients clinics.

Unfortunately, the positive impact of these improvements on overall LOS are not easily discernible from the reported KPI position, as they are somewhat masked by the high numbers of medical patients being cared for on surgical wards due to being on complex discharge pathways.





Medicine, Urgent and Emergency Care, Ambulance Service and MEDS Care Group

The Medicine, Urgent and Emergency Care, Ambulance Service and MEDS Care Group services are located at Noble's Hospital, Ramsey and District Cottage Hospital and at Ambulance Stations across the Island. Specialities include:

Acute Medical Unit (AMU)	Isle of Man Ambulance Service
Air Ambulance (Rotary Wing; provided by the Great North Air Ambulance Service)	Manx Emergency Doctor Service (MEDS)
Anti-coagulation	Minor Injuries Unit (MIU)
Cardiology	Neurology
Cardiac Services inc. cardiac physiology	Renal
Emergency Planning	Respiratory
Gastroenterology	Rheumatology
Geriatrics	Stroke
Haematology	Wards 6, 7, 9 and 18

Ramsey and District Cottage Hospital (RDCH) provides inpatient care, physiotherapy, dialysis and the Minor Injuries Unit offers an alternative to accessing urgent, but not serious or life-threatening care.

The Isle of Man Ambulance Service (IMAS) is responsible for responding to all emergency calls across the Isle of Man, whilst the rotary wing Air Ambulance service is used for particular patients who require urgent emergency life-saving care and support whilst being transported off-Island for care.

**MINOR INJURIES UNIT
RAMSEY COTTAGE HOSPITAL**

- SEVERE SUNBURN/OTHER BURNS/SCALDS
- DISLOCATIONS/BREAKS • SPRAINS
- NEED FOR EMERGENCY CONTRACEPTION
- MUSCULAR PAIN • BITES/RASHES
- BAD CUTS THAT YOU CAN'T TREAT YOURSELF AT HOME
- MINOR HEAD INJURIES (WITH NO LOSS OF CONSCIOUSNESS OR VOMITING)
- MINOR ILLNESSES (EG. INFECTIONS /ABDOMINAL PAIN)

**8AM-8PM
7 DAYS**

MORE INFO AT gov.im/signposting

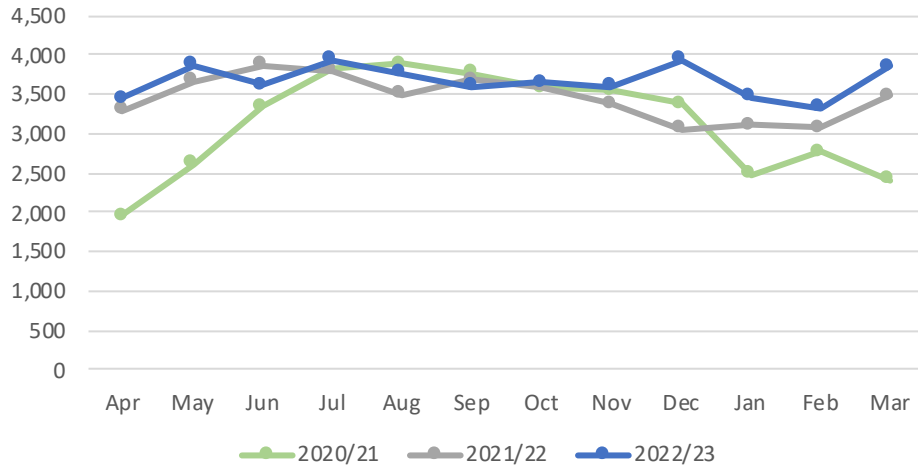
**PLEASE ATTEND THE MOST APPROPRIATE SERVICE DEPENDING ON THE LEVEL OF SUPPORT YOU NEED.
THE EMERGENCY DEPARTMENT AT NOBLE'S IS FOR ALL LIFE-THREATENING/CRITICAL INJURIES.**



Emergency Care

2022/23 saw a significant increase in demand for emergency care at both the Emergency Department (ED) at Noble's Hospital and the Minor Injuries Unit (MIU) at Ramsey and District Cottage Hospital. Attendances increased by 2,564 (6.2%) from 41,490 in 2021/22 to 44,054 in 2022/23.

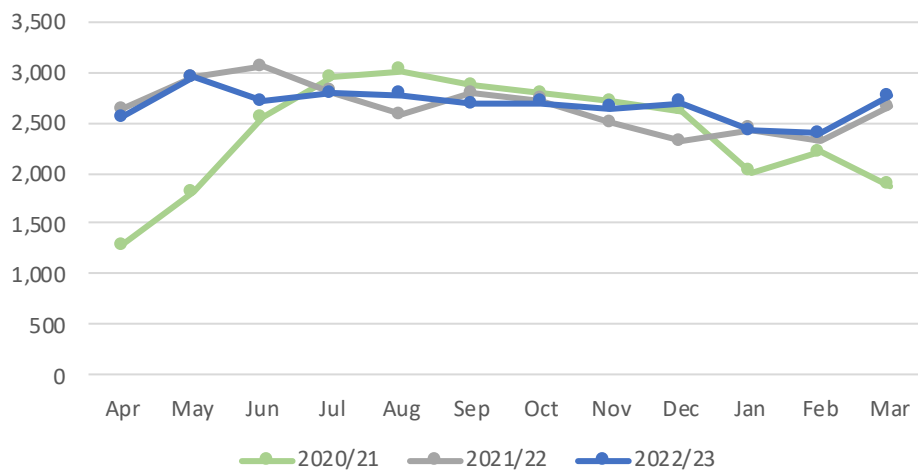
Emergency Department Attendances (Total)



Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly Avg.
2020/21	1,946	2,606	3,341	3,816	3,888	3,764	3,575	3,543	3,381	2,477	2,760	2,415	37,512
2021/22	3,287	3,672	3,876	3,807	3,489	3,684	3,603	3,370	3,048	3,103	3,070	3,481	41,490
2022/23	3,451	3,872	3,613	3,944	3,761	3,592	3,656	3,589	3,936	3,464	3,327	3,849	44,054

Attendances at the Noble's ED increased by 314 (1%) from 31,689 in 2021/22 to 32,003 in 2022/23.

Emergency Attendances (Noble's ED)

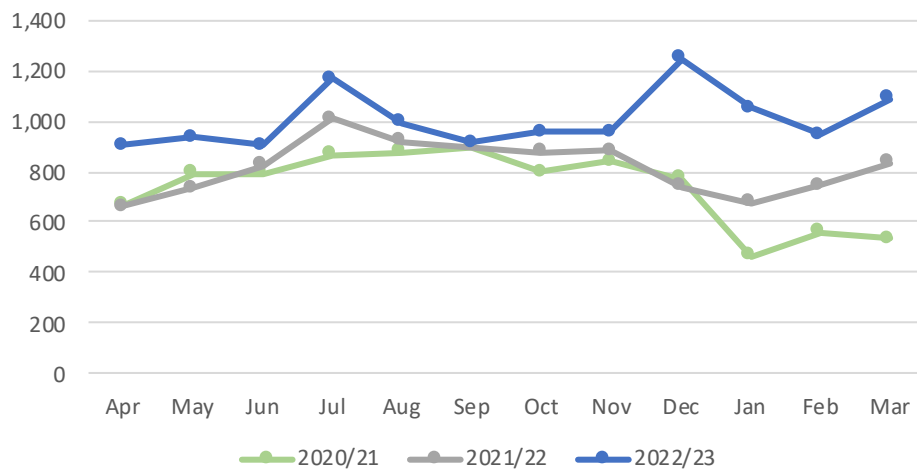


Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly Avg.
2020/21	1,279	1,814	2,547	2,949	3,013	2,867	2,778	2,703	2,608	2,013	2,202	1,879	28,652
2021/22	2,626	2,937	3,050	2,798	2,570	2,785	2,725	2,490	2,309	2,428	2,323	2,648	31,689
2022/23	2,547	2,937	2,709	2,779	2,766	2,680	2,698	2,635	2,691	2,414	2,383	2,764	32,003



Attendances at the RDCH MIU increased by 2,250 (23.0%) from 9,801 in 2021/22 to 12,051 in 2022/23.

Emergency Attendances (RDCH MIU)



Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly Avg.
2020/21	667	792	794	867	875	897	797	840	773	464	558	536	8,860
2021/22	661	735	826	1,009	919	899	878	880	739	675	747	833	9,801
2022/23	904	935	904	1,165	995	912	958	954	1,245	1,050	944	1,085	12,051

4-Hour Emergency Access Standard

The KPI for ensuring that patients have timely access to Emergency Care, is that 95% of patients attending ED and MIU should be admitted, discharged or transferred within 4 hours.

In 2022/23, Manx Care saw 69.9% of patients within the 4-Hour standard, compared to 74.5% in 2021/22. Further data is provided within the appendices.

The significant 6.2% increase in year-on-year attendances has impacted on our performance due to the increased pressure put on existing services to meet this higher demand. In addition to this, a number of other factors have also had a detrimental impact on our performance:

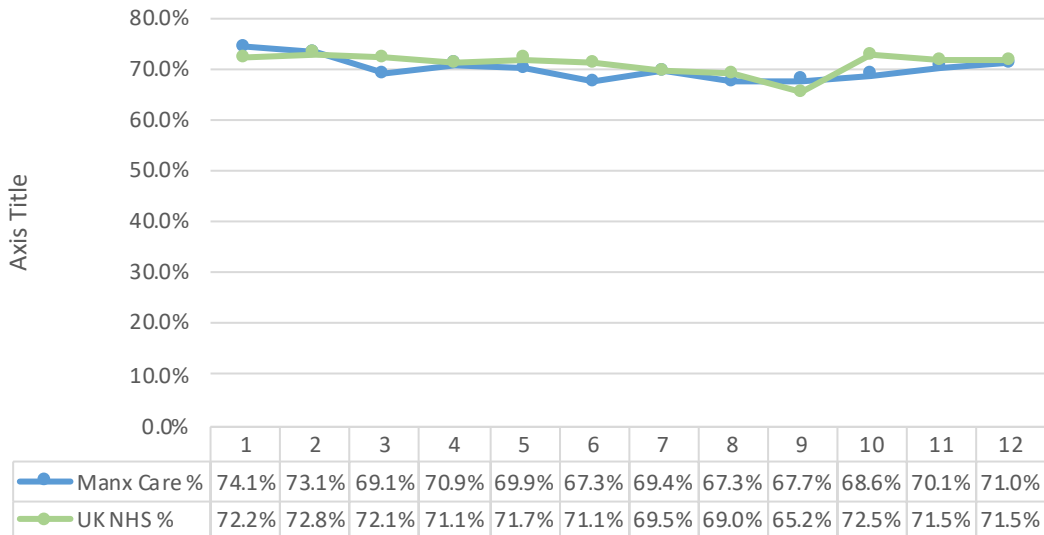
- Lack of physical space to see patients. The ED was originally designed to accommodate up to 20,000 attendances per year. With attendances now exceeding 30,000 per year, there is increasing pressure on space within the existing infrastructure.
- Lack of dedicated ED observation space (Clinical Decision Unit).
- Lack of Ambulatory Emergency Care capability and capacity.
- Limited Same Day Emergency Care (SDEC) capability.
- Delays in transfer of patients to Inpatient wards due to a lack of available beds.
- Staffing availability (particularly nursing) and sickness.
- Elderly and complex case mix.
- Lack of urgent surgical pathways.



ED Attendances with Performance %

Manx Care's ED performance has tracked very closely to that of the UK NHS, which is experiencing the same challenges in terms of increasing demand and high numbers of patients waiting in ED for a hospital bed.

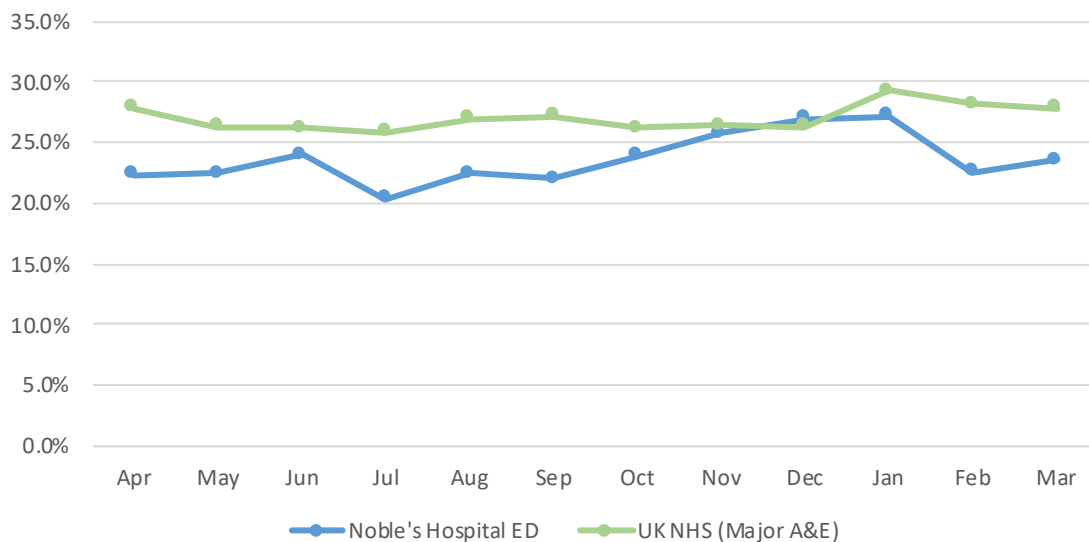
4-Hour ED Performance Benchmark



Certain patient groups are managed actively in the Emergency Department beyond 4 hours, if it is in their clinical interest to be managed in this way. This includes elderly patients at night, intoxicated patients and those with back pain requiring mobilisation. Cohorts of patients with such care needs would often be treated in a dedicated Clinical Decision Unit, which the ED does not currently have the physical space to implement.

This cohort of patients may have a stay in ED beyond the 4-Hour Standard, but ultimately may avoid the need to be admitted to the hospital as their required care is being delivered in a more appropriate setting. This can be seen through comparison to the UK NHS' Admission Rates, with Manx Care typically having a lower rate of admissions from ED. In 2022/23 Noble's ED had an Admission Rate of 23.6% compared to the UK NHS' 27.0%.

Emergency Department Admission Rate (Noble's)





	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Noble's ED	22.3%	22.4%	24.0%	20.4%	22.5%	22.0%	23.9%	25.7%	27.0%	27.2%	22.6%	23.5%	23.6%
UK NHS (Major A&E)	27.8%	26.3%	26.2%	25.9%	27.0%	27.2%	26.2%	26.4%	26.3%	29.3%	28.2%	27.8%	27.0%

It should also be noted that despite the challenges detailed above, the Average Total Time spent by patients in ED remains within the required 360 minute standard.

Average Total Time in Emergency Department (Mins)

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly Avg.
2021/22	231	228	234	225	216	225	223	238	237	238	259	304	238
2022/23	304	257	261	245	242	258	253	272	301	295	269	254	268

During the year, Manx Care have focused on a number of remedial actions and plans to improve the experience of our emergency patients and flow in and through our ED and out of the hospital. These included:

- New staff recruited to positions in ED, both Doctors and Nurses. This included two new ED Consultants, who have been offered Limited Term Appointments, to remove the requirement for Locum cover to provide consistent 16 hours per day cover Monday to Friday (the busiest days of the week). Furthermore, five Band 6 and six Band 5 Nurses have joined the team. In addition to this, five agency nurses were approved to bridge the gap for new recruits beginning in the department.
- The Lead Nurse for ED visited the UK to observe the operation of two separate Emergency Departments in the Liverpool area.
- A business case for safer medical staffing was progressed.
- Further embedding of Ambulatory Emergency Care and a Minor Ambulatory Care Unit (MACU), to divert patients away from the main ED for practitioner led and ambulatory treatment, which would normally require inpatient admission such as IV therapy or deep vein thrombosis treatment.
- Review of ED demand, acuity and complexity – identifying any increase in what would previously have been GP activity.
- Introduction of an Acute Physician In-reach Service, so that senior decisions around admission/ambulation/discharge for medical referrals can be made within ED.
- Worked on improving the accuracy of time stamps for triage and treatment at briefings.
- Workstreams commenced with inpatient colleagues regarding ensuring timely patient flow and discharge.
- Facilities review commenced, including feasibility and requirements of implementing a Clinical Decision Unit (CDU). Funding has been secured to make improvements to the infrastructure, and planning for this continues..
- Application for Healthcare Transformation Funding made to pump-prime Intermediate Care for Year One of operation (£1.2m), which will develop diversionary pathways away from ED and invest in community services.
- Review undertaken of Getting It Right First Time (GIRFT) Programme, National Specialty Report (Emergency Medicine) and potential for alignment with current processes and metrics.



Winter Planning

Winter is historically a time of pressure for the health and social care system when demand increases from communicable illnesses such as seasonal Influenza and Norovirus, caused by a move from outside to inside living. The typically colder weather and fluctuations in temperature also result in more people needing emergency treatment, e.g. as a result of injuries caused by slips and falls.

The increased urgent and emergency care demand and complexity can result in delays in access to essential services for individuals, and this can impact on their experiences and outcomes. 2022/23 was the first year that the Isle of Man Health Service has developed a comprehensive winter plan with funded schemes to mitigate the increased demand of winter.

The intention was to alleviate pressure on the acute hospital setting and ensure a high-quality clinical service was delivered to people who required acute care. Manx Care will be continuing winter planning initiatives in 2023/24 and building on the learning from 2022/23 will help to shape future plans.

The following ongoing schemes were pursued in 2022/23:

- Delivery of the Autumn Booster Programme for COVID-19, which is offering the new bivalent vaccine which provides protection specifically against the Omicron variant. The booster is being offered alongside the seasonal flu vaccine via the Vaccination Service.
- Delivery of ring-fenced elective activity through the R&R Programme via Ward 12 and Ward 19.
- Development of the Intermediate Care service is a key adjunct to reducing demand on acute hospital beds. However, more long-term funding is being sought via the Health and Care Transformation Fund to support further development.
- Use of spot-purchased capacity within the residential and nursing home sector, to enable the transfer of medically optimised patients to another care location whilst arrangements for permanent placement are made. This initiative will be directly linked to levels of COVID-19 escalation within Noble's Hospital.

Our Winter Planning schemes for 2023/24 will include the following:

- **Introduction of Clinical Pathway Navigator role into the Emergency Services Joint Control Room (ESJCR).**

The introduction of a Clinical Pathway Navigator will firstly enable all lower acuity 999 calls to be handled by a qualified Paramedic or Nurse and, where appropriate, alternative methods of care suggested, such as, the Minor Ailments Scheme, Minor Eye Conditions Service, GP/MEDS or self-transport to MIU/ED. This is anticipated to reduce around 20% of Ambulance dispatches and conveyances. Secondly, it will facilitate the development of agreed alternative referral pathways that might be used by the Clinical Navigator with alternative providers and proactive communications to accompany the initiative.

- **Senior Decision Making in the Emergency Department.**

An increased presence of senior decision-makers in ED to make reliable decisions around treatment and/or referral, whilst working alongside the existing presence of the Acute Medical Consultant. A reduction up to 21% in medical admissions may be possible if an ED Consultant and Acute Medical Consultant are involved in patients' care.



- **Launch of the Acute Frailty Service and Frailty Ward.**

We plan to introduce additional frailty specialist therapists into ED/AMU and Ward 6 to initiate frailty-targeted care as close to the front door as possible.

- **Improving Resilience of the ED Minors Area.**

The Minors area of the Minor Ambulatory Care Unit has a permanent establishment of a 1.0 WTE Advanced Clinical Practitioner, with the remainder of the staffing coming from the baseline ED establishment. As a result, MACU is often closed when ED staffing is deficient. We are working to identify and plan for additional funding to improve resilience.

- **Improving Resilience of the Ambulatory Emergency Clinic.**

The Ambulatory Emergency Clinic (AEC) has been in operation for six months to provide ambulatory pathways to patients who would otherwise be admitted. Since opening, an average of five admissions per day have been avoided as it allows inpatient investigations and therapies (such as IV therapy) to be undertaken as an outpatient. We are working to identify additional resources to make this clinic more resilient.

- **Outliers Medical Team Cover.**

During winter pressures, there is often an overspill of medical patients into surgical beds. When outlier numbers are low, outlying patients are looked after by medical staff from adjoining medical wards. However, when outlier numbers exceed 20 (the size of a normal medical ward), a dedicated medical team is required to ensure that outlying patients get regular reviews and do not have an extended LOS due to lack of focus from the medical team. One outlying team is required if outlier numbers are between 20 and 40 and will be staffed using bank or agency locums.

Many of the schemes contained within the 'formal' Winter Plan are replicated within the Urgent and Emergency Integrated Care Transformation Programme. Schemes that have been put in place to divert demand from the acute hospital setting to other services (such as Hear and Treat and Intermediate Care), and schemes that seek to manage patients accessing acute care differently (such as Same Day Emergency Care), will be established permanently within the Manx Care portfolio of services.



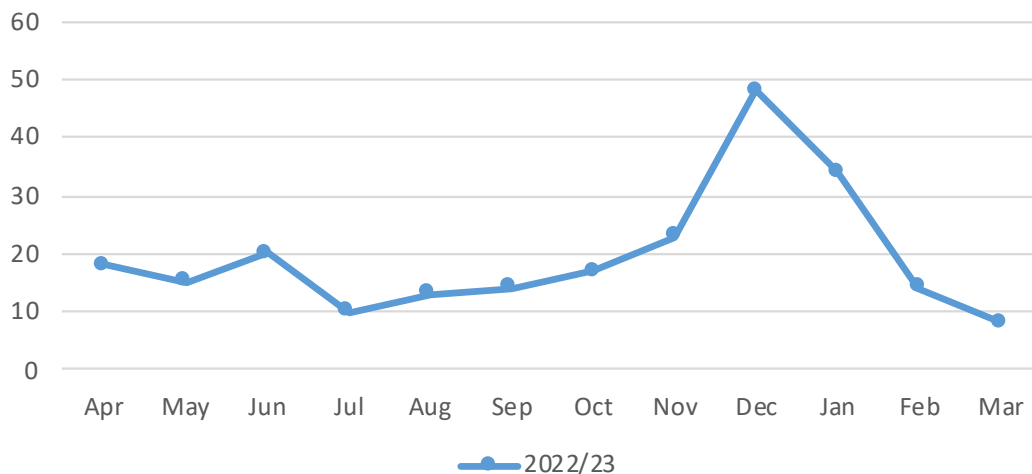
Isle of Man Ambulance Service (IMAS)

Fundamentally linked to the 4-Hour Emergency Access Standard, is our ability to receive patients from ambulances in a timely way. The operational standard, known as the Hospital Turnaround Time, shows the amount of time taken for the handover of the patient's care from the ambulance crew to the Emergency Department staff and for the ambulance crew to then be ready to respond to another emergency call. The expectation is that no ambulance crew will take longer than 60 minutes to complete their Hospital Turnaround.



During 2022/23, there was a significant increase in Hospital Turnaround Times over the winter period as expected, due to the increased seasonal demand putting more pressure on the resources of both IMAS and the ED. It should be noted that the Clinical Navigators working in the Emergency Services Joint Control Room were not in place for a large portion of the winter months, as funding was only recently approved and the navigators have only recently been recruited.

IMAS 999 Occasions when hospital turnaround time exceeded 60 mins



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Turnaround > 30 minutes	174	169	209	184	178	170	165	186	248	220	169	142	2,214
Turnaround > 60 minutes	18	15	20	10	13	14	17	23	48	34	14	8	234

Response times for Emergency 999 calls are measured against standards for timeliness according to medical urgency.

Category	Response
Category 1	An immediate response to a life threatening condition, such as cardiac or respiratory arrest.
Category 2	A serious condition, such as stroke or chest pain, which may require rapid assessment and/or urgent transport.
Category 3	An urgent problem, such as an uncomplicated diabetic issue, which requires treatment and transport to an acute setting.
Category 4 & 5	A non-urgent problem, such as stable clinical cases, which requires transportation to a hospital ward or clinic.

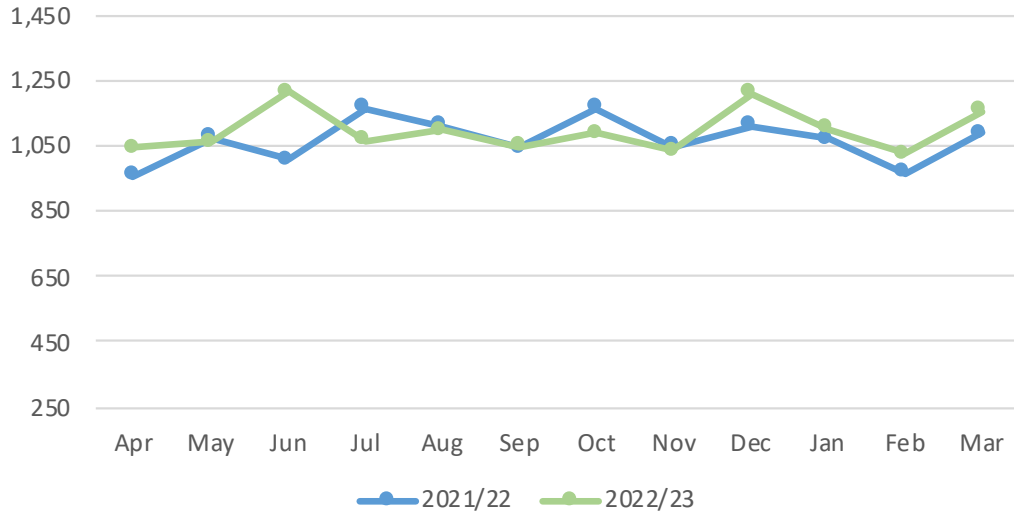


Response times for Category 1 Emergency Calls remained adrift of the required 7-minute average response time performance standard during 2022/23, and also exceeded the 15-minute standard for the response time for the 90th percentile of patients.

Year	Calls Received (All)	Emergency Calls (Category 1)	KPI	Standard (Mins)	Performance (Mins)	Variance to previous year	Demand Growth
2020/21	11,178	442	Category 1 Mean Response Time (mins)	00:07:00	00:09:42	-546	-4.7%
			Category 1 Response Time at 90th Percentile (mins)	00:15:00	00:17:37		
2021/22	12,798	450	Category 1 Mean Response Time (mins)	00:07:00	00:10:36	1,620	14.5%
			Category 1 Response Time at 90th Percentile (mins)	00:15:00	00:19:27		
2022/23	13,143	433	Category 1 Mean Response Time (mins)	00:07:00	00:09:59	345	2.7%
			Category 1 Response Time at 90th Percentile (mins)	00:15:00	00:19:53		

Demand for IMAS services continued to grow in 2022/23, with an additional 345 (2.7%) calls received during the year, up from 12,798 in 2021/22 to 13,143 in 2022/23. The service is also hampered in this area by the geography of the Island, resource availability and access to care (e.g. only one hospital ED on-Island).

IMAS Call Volume

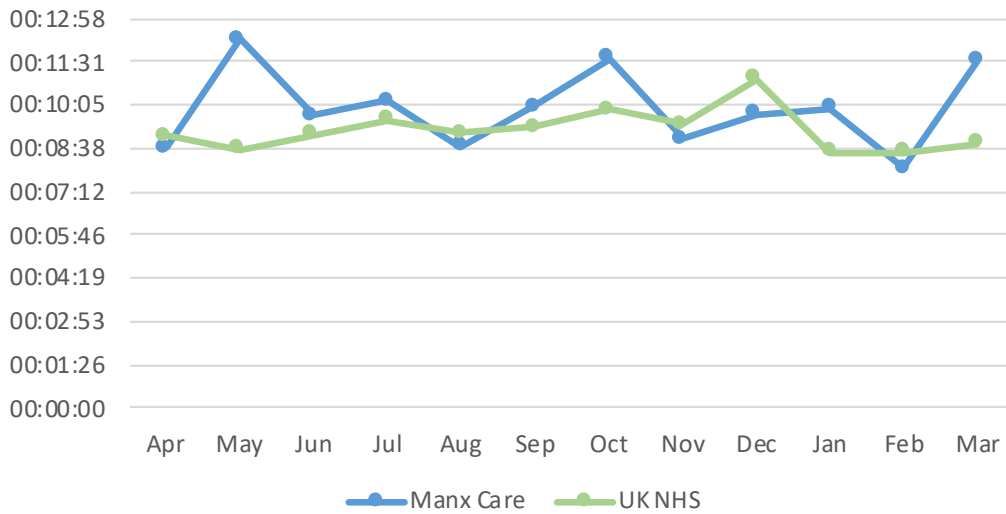


Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly Avg.
2021/22	956	1,073	1,008	1,166	1,110	1,041	1,165	1,049	1,110	1,070	964	1,086	12,798
2022/23	1,044	1,061	1,214	1,064	1,095	1,048	1,090	1,036	1,209	1,100	1,025	1,157	13,143

Manx Care's mean response times for Category 1 calls have generally tracked at similar performance levels to the UK NHS during 2022/23, with Manx Care's annual performance of 00:09:59 being slightly longer than the UK NHS' 00:09:18.



Category 1 Response Times (Mean)



Year	KPI	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
IMAS	Category 1 Mean Response Time (min)	00:08:39	00:12:15	00:09:44	00:10:13	00:08:42	00:10:00	00:11:37	00:08:56	00:09:45	00:09:59	00:07:58	00:11:32	00:09:59
	Category 1 Response Time at 90th Percentile (mins)	00:18:05	00:27:42	00:19:09	00:17:53	00:17:10	00:19:07	00:19:53	00:19:01	00:22:33	00:19:47	00:14:37	00:28:14	00:19:53
UK NHS	Category 1 Mean Response Time (min)	00:09:02	00:08:36	00:09:05	00:09:34	00:09:08	00:09:19	00:09:56	00:09:26	00:10:58	00:08:30	00:08:30	00:08:49	00:09:18
	Category 1 Response Time at 90th Percentile (mins)	00:16:08	00:15:16	00:16:03	00:16:55	00:16:20	00:16:38	00:17:42	00:16:52	00:19:25	00:15:11	00:15:06	00:15:38	00:16:31

During the year, Manx Care have focused on a number of remedial actions and plans to improve IMAS response times. These included:

- Clinical Navigator soft launch phase commenced with volunteer existing ambulance staff involved. We implemented an IMAS training package and commenced ad-hoc, mentored navigation shifts within ESJCR. Full time (LTA) and Bank Clinical Navigator positions were offered. Once appointments are taken up and personnel are trained, service will move to seven days per week, daytime only provision. Initial root cause analysis of handover breaches was undertaken.
- Work commenced regarding the development of robust KPIs and associated reporting mechanisms regarding Handover and Turnaround times.
- 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). A review of the current limitations regarding Stroke Performance Data capture and reporting to improve accuracy commenced in 2022/23, which will align reporting metrics with recognised best practice KPIs as appropriate.

When evaluating IMAS performance it should be noted that the service performed well against the other category standards, with all required standards being met during 2022/23.



KPI	Standard (Mins)	2020/21 (Mins)	2021/22 (Mins)	2022/23 (Mins)
Category 2 Mean Response Time (mins)	00:18:00	00:11:13	00:13:18	00:13:15
Category 2 Response Time at 90th Percentile (mins)	00:40:00	00:22:43	00:27:52	00:28:04
Category 3 Mean Response Time (mins)	-	00:13:01	00:15:29	00:17:55
Category 3 Response Time at 90th Percentile (mins)	02:00:00	00:26:41	00:33:35	00:39:52
Category 4 Mean Response Time (mins)	-	00:20:43	00:28:59	00:26:12
Category 4 Response Time at 90th Percentile (mins)	03:00:00	00:44:54	01:10:24	01:02:34
Category 5 Mean Response Time (mins)	-	00:21:11	00:28:57	00:32:48
Category 5 Response Time at 90th Percentile (mins)	03:00:00	00:44:05	01:10:40	01:20:40





Integrated Diagnostics and Cancer Services Care Group

Manx Care's Integrated Diagnostics and Cancer Services Care Group are split into the following service areas:

- **Pathology**

Pathology offers a range of diagnostics including hospital blood transfusion, and the Isle of Man's Blood Transfusion Service, Clinical Chemistry (biochemical analysis of blood), Haematology, Histopathology, Immunology, Microbiology, Mortuary and Pathology.

As well as all areas of Manx Care, the Pathology service offer a provision to the Isle of Man's Public Health Directorate.

- **Pharmacy**

Hospital Pharmacy forms a vital part of the health service, providing a broad range of services, working alongside other healthcare professions to help patients and their carers get the best from medicines.

- **Radiology**

The Radiology service includes Fluoroscopy, Angiography, X-Ray (including dental), Ultrasound (including Obstetric), CT and MRI scanning. Breast screening using Mammography is provided by a dedicated Breast Care Team.

- **Cancer**

Manx Care's Cancer service manages all patients on a suspected cancer pathway, from referral, through diagnostics and MDT, to first treatment, and beyond. This includes Acute Oncology Services, Oncology Day Unit, Cancer MDT, Macmillan Cancer Information and Support Services, personalised care and support, and the relationship with the Clatterbridge Cancer Centre. Screening services for Breast, Bowel and Cervical cancers are also part of Cancer Services.

These areas support all services within Manx Care healthcare provision, within Noble's and Ramsey and District Cottage Hospital and for patients in the community.



Pathology Service

Manx Care's Pathology service received over 510,029 requests in 2022/23, for tests including COVID-19 swabs, MRSA, full blood count, liver function tests and others. Data about each modality is provided within the appendices.

Manx Care receives test requests from a variety of sources, with about 40% coming from GPs.

Further data within the appendices illustrates that COVID-19 swabs tested in 2022/23 dramatically dropped over the year, in line with a reduction in the number of COVID-19 cases, alongside changes to the UK Health Security Agency guidance in relation to the COVID-19 pandemic's testing regime.

The Pathology service completes daily quality assurance to ensure all test results are accurate and benchmarks turnaround times via annual audits which compare favourably with Royal College of Pathologists and Royal Liverpool University Hospitals standards.





Pharmacy

Noble's Pharmacy supports the safe, effective economic use of medicines within Noble's Hospital, Ramsey and District Cottage Hospital and Manannan Court.

Noble's Pharmacy services include:

- Supplying medicines as stock to wards, clinics, theatres and outpatient departments.
- Dispensing for a specific patient (inpatient, outpatient or on discharge from the hospital).
- Checking that on admission and discharge the right drug, dose and route has been prescribed and any changes are intentional.
- Checking for an outpatient that the right drug, dose, route and quantity has been prescribed on a hospital prescription.
- Aseptically preparing specialist drugs given by injection for treatment of cancers and other chronic conditions.
- Providing medicines information to clinical staff including out of hours.
- Ensuring the supply of medicines is secure and medicines cost is minimised.

Between April 2022 and March 2023, Noble's Pharmacy supplied 156,615 items. This may be one dose of a drug, or a treatment course, or a calendar month. Of these:

- 100,175 are stock items.
- 21,661 outpatients.
- 26,779 for patient discharge.
- 8,000 inpatient items.
- All outpatient, discharge and inpatient items (56,440) are screened by a pharmacist.
- 5,335 were aseptically dispensed, in several steps, providing specialist drugs, reconstructed and given by injection, for treatment of cancers and other chronic conditions.
- 217 medicine information enquiries completed through the Medicines Information Department.
- 6,215 medication stock orders were placed with suppliers, goods received and invoices processed.

As well as providing a pharmacy service for Manx Care, Noble's Pharmacy plays a key role in the development and implementation of CIP by ensuring the cost-effective use of medicines, via its Medicine Optimisation Service. This aims to improve patient safety and health outcomes for the better use of medicines, identifying and delivering £838,664 savings within the acute care medicines spend.



Radiology

Demand continued to exceed capacity for our diagnostic services in 2022/23, with need for services continuing to increase year-on-year. In 2022/23, the service received 2,288 (2.3%) more requests than the 100,266 received in 2021/22, at 102,554 for the 2022/23 financial year. This is illustrated further within the appendices.

The service's capacity for the year was the completion of 79,551 requests. The increasing demand therefore represented a demand pressure of 23,003 requests (28.9%) against the annual capacity. The modalities with the highest demand over the course of the year were Computed Radiography 47,060 (45.9%), Ultrasound 20,628 (20.1%) and Computed Tomography 16,780 (16.4%).

The Outpatient Department (35.6%), Emergency Department (26.5%) and General Practitioner (21.3%) continued to be the primary sources of referrals during 2022/23, as they were in 2021/22. Referrals from inpatient services also remained high, representing 12.4% of all referrals.

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Requests Received	7,821	9,370	8,188	8,423	8,857	8,166	8,502	9,343	8,035	8,459	8,146	9,244	102,554
Requests Completed - Total	6,064	7,208	6,207	6,388	6,881	6,545	6,800	6,911	6,353	6,971	6,255	6,968	79,551
Request to completion <= 6 weeks	5,210	6,150	5,475	5,638	5,973	5,539	5,678	5,941	5,530	5,718	5,394	6,080	68,326
Diagnostics - Request to completion > 6 weeks	854	1,058	732	750	908	1,006	1,122	970	823	1,253	861	888	11,225
% requests completed within 6 weeks	85.9%	85.3%	88.2%	88.3%	86.8%	84.6%	83.5%	86.0%	87.0%	82.0%	86.2%	87.3%	85.9%

Of the 79,551 requests completed during 2022/23, 68,326 (85.9%) were completed within 6 weeks of the request being received. This was in line with the 86.2% of the 77,306 requests completed in 2021/22 being completed within 6 weeks.

Diagnostic Access Standards

Timely access to diagnostic tests is critical in providing responsive and timely high-quality services across elective recovery and early cancer diagnosis. Early detection and diagnosis is important for patients, and central to improving outcomes (e.g. improved survival rates for patients who receive a diagnosis of cancer). Patients requiring diagnostic tests who are on an urgent or cancer pathway should wait a maximum of two weeks, in order to support the achievement of the Faster Diagnostic Standard. Consistent achievement of the two-week standard has proved challenging in 2022/23, largely due to the continuing year-on-year trend of increasing demand.

The KPI for monitoring and managing timely access to diagnostic services is that 99% of patients should receive a diagnostic test within 26 weeks of their referral. Approximately 60% of patients currently receive their diagnostic tests within 26 weeks, with an average (mean) waiting time of 31 weeks, and a median wait time of 15 weeks.

Metric	Jun'23
Total Waiting List Size	7,594
Current wait <= 26 weeks	4,718
Current wait > 26 weeks	2,876
% Achievement	62%



Manx Care are working proactively to improve access times, with 99% of patients to be receiving their diagnostic tests within 26 weeks by the end of March 2024. This improvement workstream was supported by the following elements during 2022/23:

- Engagement with third parties under the R&R Programme Phase One, 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 2022, validating all aspects of the diagnostic waiting list – including technical, administrative and clinical validation.
- Bone Densitometry service restarted in November 2022 having been suspended from July 2022 to October 2022.

Further to this work, the requirements for sustainable increases to Radiology capacity are being scoped as part of the demand and capacity element of Phase Three of the R&R Programme.

Recognised best practice is that 99% of patients should wait 6 weeks or less for a diagnostics test. Manx Care has therefore been shadow monitoring its performance against this standard. Looking forward, it is Manx Care's ambition to achieve 90% of patients receiving their diagnostic test within 6 weeks by March 2025, and 99% receiving their diagnostic tests within 6 weeks by March 2026.

Metric	Apr'22	Mar'23	Movement	% Movement
Total Waiting List Size	7,354	8,481	1,127	15.32%
Current wait <= 26 weeks	2,250	2,581	331	14.71%
Current wait > 26 weeks	5,104	5,900	796	15.60%
% Achievement	31%	30%	-	-1%

During 2022/23, approximately 30% of patients received their diagnostic tests within 6 weeks.

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total Waiting List	7,821	7,681	7,920	8,282	8,314	8,255	8,146	8,400	8,234	7,683	8,089	8,481
Wait <= 6 weeks	2,250	2,544	2,347	2,459	2,303	2,097	2,316	2,505	2,042	1,938	2,438	2,581
Wait > 6 weeks	5,104	5,137	5,573	5,823	6,011	6,158	5,830	5,895	6,192	5,745	5,651	5,900
% Achievement	30.6%	33.1%	29.6%	29.7%	27.7%	25.4%	28.4%	29.8%	24.8%	25.2%	30.1%	30.4%





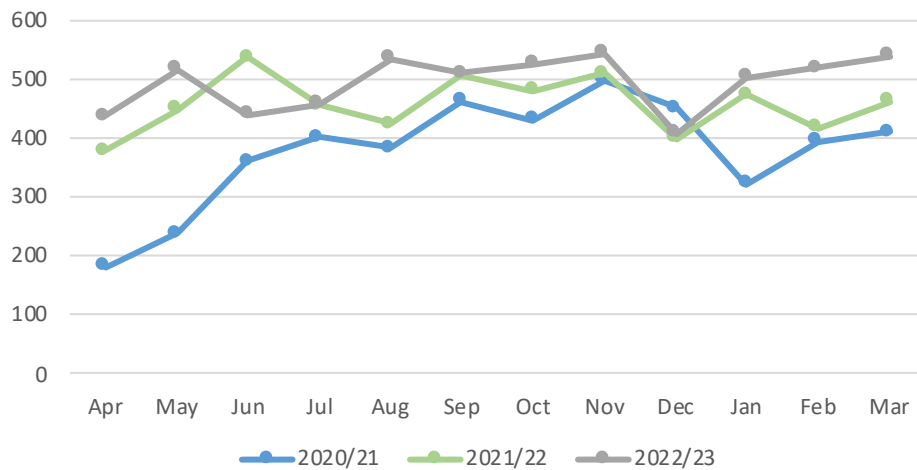
Cancer Services

Manx Care's Cancer Services provide a pathway for patients for a suspected or diagnosed cancer, as part of the Integrated Diagnostics & Cancer Services Care Group. The service works closely with Cheshire & Merseyside Cancer Alliance and the Clatterbridge Cancer Centre to ensure our services are provided in line with UK NHS guidance for clinical quality and data purposes.

Our Integrated Cancer Service works with other areas of Manx Care and our Specialist Tertiary Centre partners to ensure that patients are seen, diagnosed, and treated. This is monitored against the UK NHS Cancer Waiting Times standards. The Somerset Cancer Registry is used to support our Cancer Multi-Disciplinary Team (MDT) meetings, to provide our cancer-related data, and to manage our patients via weekly Patient Tracking List (PTL) meetings.

Demand for cancer services rose significantly in 2022/23, with an increase of 433 (8.1%) referrals on the 5,484 received in 2021/22 to 5,927 in 2022/23.

Cancer Referrals - All

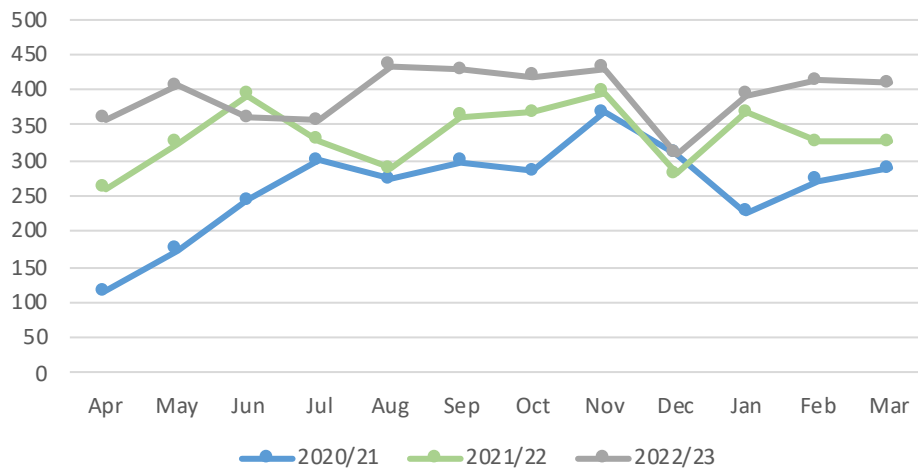


Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	Movement	% Movement
2020/21	181	238	360	401	382	462	431	498	451	321	394	410	4,529	-2	0.0%
2021/22	379	448	536	455	423	506	480	508	398	473	417	461	5,484	955	21.1%
2022/23	436	515	439	457	533	510	525	543	408	503	519	539	5,927	443	8.1%

The increase in demand was particularly evident for the 2-Week Wait cancer pathways which saw an additional 696 referrals (17.3%) received for a total of 4,716 in 2022/23, up from 4,020 received in the previous year.



Cancer Referrals - 2-Week Wait pathway



Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	Movement	% Movement
2020/21	116	174	243	300	273	298	285	367	310	227	272	289	3,154	52	1.7%
2021/22	260	324	393	329	289	362	368	395	281	367	326	326	4,020	866	27.5%
2022/23	359	405	361	357	434	427	418	430	310	393	412	410	4,716	696	17.3%

Cancer Waiting Times (CWT) Standards

Manx Care's Cancer Waiting Times performance has seen similar issues to the UK in terms of performance post-COVID-19. This is primarily due to the significant increase in the number of referrals received, and also a lack of specialist staff in key areas, such as Outpatient and Endoscopy capacity for Colorectal, Upper GI and Gynaecology referrals which remain the most challenged services.

Key Performance Indicator (KPI)	Standard	2021/22	2022/23	Increase/Decrease
28 days from referral for suspected cancer (via 2-Week Wait or Cancer Screening) to date of diagnosis	75%	68%	64%	-4%
2-Week Wait from urgent referral of suspected cancer to first outpatient appointment	93%	70%	60%	-10%
2-Week Wait from referral of any patient with breast symptoms (where cancer is not suspected) to first hospital assessment	93%	64%	52%	-12%
31 days from decision to treat to first definitive treatment	96%	81%	81%	0%
62 days from referral for suspected cancer to first treatment	85%	46%	36%	-10%
62 days from urgent referral from a Cancer Screening Programme to first treatment	90%	86%	72%	-14%



It should be noted that the percentages achieved for the performance indicators above can show high levels of variance, particularly when considered on a monthly basis, due to the Island's smaller population size (and therefore smaller activity levels) when a comparison is made to the UK NHS data. The impact of a small number of Cancer Waiting Time (CWT) breaches can have a significant effect on Manx Care's performance rate.

Cancer Performance in 2022/23

Manx Care commenced several areas of work during 2022/23 to improve performance against the Cancer Waiting Times (CWT) standards. These include:

- Working with Cheshire & Merseyside Cancer Alliance to ensure we continue to stay up to date on developments across the Alliance, with regards cancer pathways and data.
- Reporting data is now automated and taken directly from the Somerset Cancer Registry.
- KPIs and performance management governance brought in line with the National Cancer Waiting Times Monitoring Dataset Guidance.
- Draft of a new Cancer Access Policy to ensure that we are working in line with the UK National Cancer Waiting Times Monitoring Dataset Guidance.
- Development of Tumour Group specific (Patient Tracking List) PTL meetings to identify with clinical teams at the earliest opportunity any patient who may breach the CWT.

Faster Diagnosis Standard Performance

Metric	Provider	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2022/23
28-Day (Faster Diagnostic Standard)	Manx Care	74.6%	74.6%	65.0%	58.5%	62.9%	64.7%	62.6%	68.3%	67.5%	55.8%	66.2%	60.3%	63.8%
	UK NHS	70.3%	70.7%	70.3%	71.0%	69.5%	67.0%	68.5%	69.7%	70.7%	67.0%	75.0%	74.2%	70.3%

In 2022/23, 63.8% of patients received a diagnosis of cancer or had cancer ruled out within 28 days of being referred urgently.

Manx Care continued its work with the Health and Care Transformation Programme during 2022 to develop and implement clear tumour site pathways, reflecting best practice standards in support of the achievement of the 28-Day Faster Diagnostic Standard. Manx Care are currently working with Cheshire & Merseyside Cancer Alliance to align its pathways with recognised good practice.

The Faster Diagnosis Standard has been introduced to ensure patients who are referred for suspected cancer receive a timely diagnosis. The standard ensures patients will be diagnosed, or have cancer ruled out within 28 days of being referred urgently by their GP for suspected cancer. For patients who are diagnosed with cancer, it means their treatment can begin as soon as possible. For those who are not, they can have their minds put at rest more quickly.



The Faster Diagnosis Standard applies to patients:

- Referred by their GP on a suspected cancer pathway.
- Referred by their GP with breast symptoms where cancer is not initially suspected.
- Referred by a Screening Service with an abnormal screening result.

The Faster Diagnosis Standard will:

- 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 for faster diagnosis.

The Faster Diagnosis Standard comprises three elements, including:

- The non-specific symptoms pathway.
- Best practice timed pathway implementation, which includes continuation of the working with cancer alliance.
- A series of improvements across all pathways, regardless of cancer type.

Further details about the 28-Day Faster Diagnosis Standard can be found at:

<https://www.england.nhs.uk/cancer/faster-diagnosis/>

2-Week Wait (2WW) Performance

Metric	Provider	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2022/23
2-Week Wait	Manx Care	69.0%	78.0%	71.0%	50.4%	44.7%	46.5%	55.4%	69.3%	51.9%	60.7%	67.5%	63.3%	59.8%
	UK NHS	78.7%	83.0%	77.6%	77.6%	75.6%	72.3%	77.8%	78.8%	80.3%	81.8%	86.1%	83.9%	79.4%

Our 2-Week Wait performance has remained below the 93% standard during 2022/23, primarily due to the significant increase in the number of referrals received. As noted above, the lack of specialist staff impacted on Outpatient and Endoscopy capacity for Colorectal, Upper GI and Gynaecology referrals.

Despite these challenges, in March 2023 the median wait time for a patient on a 2-Week Wait pathway was 13 days, which was inside the 14 days required by the standard.

Of the 4,716 referrals received on a 2-Week Wait pathway, 244 (5%) breaches of the standard were due to patient choice.

For those breaches that could be avoided, Manx Care is undertaking a number of remedial actions and tasks to specifically address 2-Week Wait performance, which includes:

- Reviewing increased referrals weekly at PTL and flagging issues with relevant teams regarding capacity. PTL has also discussed planning for expected peaks in referrals.
- Locum specialist staff to cover shortfalls in required specialist staffing. However, it can be difficult to recruit into these positions.
- Redesign of Gynaecology clinics proposed and currently being implemented.
- Review of 2WW referral proformas to be completed in line with guidance from Cheshire & Merseyside Cancer Alliance – this may help to stabilise the number of 2WW referrals received, although the increase in referrals seen is also reflected across the UK since COVID-19.



31-Day and 62-Day Cancer Performance

Metric	Provider	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2022/23
31-Day	Manx Care	83.0%	83.0%	86.0%	89.5%	91.6%	74.5%	84.1%	84.4%	80.0%	80.0%	76.7%	92.3%	81.4%
	UK NHS	92.8%	91.9%	91.9%	92.9%	92.1%	91.1%	92.0%	91.6%	92.7%	88.5%	92.0%	91.9%	91.7%
Metric	Provider	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2022/23
62-Day	Manx Care	43.0%	30.0%	34.0%	44.0%	40.7%	22.0%	38.5%	42.9%	39.1%	22.2%	33.3%	52.0%	35.8%
	UK NHS	65.7%	61.9%	60.3%	62.0%	62.3%	60.8%	60.3%	61.0%	61.8%	54.4%	58.2%	63.5%	61.0%

Performance for these pathways has been impacted by the delays to the first appointment. There has also been additional impact on capacity of the Oncology Day Unit due to:

- A shortage of specialist nursing staff impacting on capacity.
- The increasing complexities of treatments impacting on chair time per patient.
- A positive increase in effectiveness of treatments meaning that patients are treated for longer.

A number of the 62-Day RTT breaches are due to the wait times at the UK specialist centres providing treatment, and as such are outside of Manx Care's control. Work is ongoing to improve breach allocation to identify this cohort, and to address the causes of such breaches with the specialist providers.

Manx Care is undertaking a number of remedial actions and tasks to improve performance in these areas, which includes:

- The detailed breach information obtained via the Patient Tracking List (PTL) meetings is being analysed by the clinical teams using a tumour site. This is done by tumour site break down to identify the root causes of breaches to get a detailed understanding of the performance against these indicators.
- Significant investment was made during 2022/23 in the Oncology workforce, including an Associate Director of Nursing for Cancer Services, strengthening the Oncology specialist nurse establishment, increasing establishment within Acute Oncology, and development of a Systemic Anti-Cancer Treatment (SACT) Lead Nurse role.
- Further investment in the Cancer Multi-Disciplinary Team (MDT), to fund a Cancer MDT Manager and additional MDT Co-ordinator posts.
- Data recording issues for second and subsequent treatments are being addressed via a review of how the team works and the processes involved to ensure more timely and accurate data capture.
- Action plan for improved data capture for 31-Day is to be implemented in conjunction with wider remedial / transformational plans.

In addition to the Cancer Waiting Time standards, there are other areas that have been progressed to ensure our care is developing in line with good practice:

- Securing of Macmillan funding for a Gynaecology Cancer Clinical Nurse Specialist and Care Coordinator post, and replacement of key clinical nurse specialist posts within Haemato-Oncology and Lung Cancer.



- Building of a strong working relationship with the Clatterbridge Cancer Centre – working together on a model of 'Clatterbridge @ Noble's', for the future and linking services on various levels across clinical, managerial and administrative levels.
- Access to the Cheshire & Merseyside Cancer Alliance Cancer Academy training portal.
- Developing relationships with third sector organisations and a programme of service user engagement.
- Continuing our Cancer Performance Day biannual events to support communication across cancer services and key areas of development in terms of the performance of our patient pathway/experience.
- Manx Care is already undertaking a number of remedial actions to address the demand related pressures in the short term and is undertaking further analysis of the demand and capacity of these services, which will inform the longer term R&R and transformational workstreams for cancer services. Supporting business cases continue to be developed which identify the resource and cost requirements of implementing such services.
- Development of the Screening Programme Board, in conjunction with DHSC and Public Health IOM, to support governance of our breast, bowel, and cervical screening programmes. This is supported by new operational groups for each screening area.



Social Care Services (including Mental Health)

Manx Care's Social Care Services consist of:

- **Adult Social Care Service**

The Adult Social Care Service plays a central role in protecting and safeguarding the Island's vulnerable adults. The responsibilities are broad and include providing support, help and advice to adults with physical or learning disabilities and to other vulnerable adults and older people through a combination of social work support, guidance and signposting.

- **Children and Families Service**

The Manx Care Children and Families Service (C&F) acts as the principal point of contact for children about whom there are child welfare concerns. C&F also provides early help and intervention and family support services, as well as Youth Justice and a Children with Disabilities service. The Family Placement Team provides assessment, oversight and support of foster carers and prospective adopters.

- **Mental Health**

Manx Care's Mental Health services offers support and assistance within both primary and secondary care.

- **Health Safeguarding Service**

The Health Safeguarding Service works with Social Care, having accountability to the Director of Nursing alongside the Executive Director of Social Care.

Adult Social Work Services

Social Work is split into various areas to ensure that adults who require support, advice and guidance are directed to and managed by an appropriate team, including Learning Disability, Adult Safeguarding, Older People's Community, Adult Generic Team, Adult Services Access Team (ASAT) and the Wellbeing Partnerships.

The number of re-referrals dropped from 431 in 2021/22 to 33 in 2022/23, which equates to a fall of 92.3%. This is attributable to only counting referrals allocated to teams rather than to teams and the ASAT during 2022/23. The previous method of counting was painting a false picture of a high re-referral rate. ASAT are the 'front door of the service', responsible for signposting and referring cases to the appropriate area. This team does not carry out assessments.

Wellbeing Partnerships

Manx Care currently has three Wellbeing Partnerships that work alongside ASAT, and are based in the North (Ramsey), South (Port Erin) and West (Peel), with plans to open a fourth and fifth, both covering the East, based in Douglas, due to the area's larger population. It is provided for those registered with a GP in that area and anyone aged over 18.

The Wellbeing Partnership is a single point of contact for people to help them stay well in their own community and incorporates government and third sector organisations, working together with locally based health professions, who co-ordinate support, offering integrated care.

Each Wellbeing Centre offers integrated care providing health and social care services where they are needed, giving service users easy to access and continuous care in one location. The Wellbeing Partnership offer services such as:



- Referrals to Social Care services.
- Regular drop-in sessions, offering advice and guidance on topics such as social benefits, debt advice, mental health, warm spaces and community support.
- Concerned relatives, friends or neighbours can also enquire about services or relative assistance on behalf of others.

The establishment of Wellbeing Partnerships fulfils one of the areas in the DHSC's Mandate Objective 3, to deliver integrated health and wellbeing hubs, delivering as much care as close to home as possible.



Older People's Services

Adult Residential Homes

Manx Care has a number of residential homes spread across the Island, with capacity typically remaining consistent throughout the year.

Reayrt ny Baie and Cummal Mooar have been operating at 77% and 75% occupancy respectively since the COVID-19 pandemic, mainly due to their environments and space constraints with some rooms. As they stand, these rooms are unlikely to be occupied until they meet the Regulation of Care Act (ROCA) minimum standards.

Dementia Care Service

Manx Care has a number of units across the Island, including a 16-bed nurse-led unit and 3 respite beds. Total bed provision is 77, with 120 staff and services generally running at 90% capacity.

Service	Total Bed Capacity	% Occupancy 2022/23
Cummal Mooar Residential Home	46	75%
Reayrt ny Baie Residential Home	45	77%
Southlands Residential Home	48	95%
Dementia Care Services 5 x Residential Units	74	90%

Community Support Service (CSS)

The CSS has bases in Douglas, Port Erin, Jurby and Peel. Long-term domiciliary care is provided to a range of service users aged 18 and over. There are between 115-120 service users, with approximately 70 staff members and over 1,000 hours of complex care provided each week.



Reablement Service

The Reablement service has bases in Douglas, Port Erin and Jurby. Reablement provide a short term 6-week, goal led service which supports a range of service users aged 18 and over. The service receives approximately 500 referrals each year, with the aim of reducing readmission to acute settings and supporting physical and mental health rehabilitation.

Day Services

Older People's Day Services have bases in Central, Eastern, Western, Northern and Southern communities. Operating Monday to Friday, day services provide carer respite and meaningful activities for service users.

Adult Learning Disabilities

Service	Total Bed Capacity	% Occupancy 2022/23
Adult Learning Disabilities Residential Service	80*	86%

The Adult Learning Disabilities Service (ALDS) is currently averaging 86% occupancy, which is largely due to transitions with long lead in times and three months settling periods, within this planning process/pathway the majority of beds are actually allocated.

*The ALDS had 83 beds available until October 2022. At that time a decision was made to temporarily close one three bedded community home as the environment was in need of extensive repair and refurbishment.

Adult Learning Disability Service Users

Respite Services

- **2021/22:** 41-46 service users - increase of 5 service users over the year.
- **2022/23:** 46-48 service users - increase of 2 service users over the year.

Variation is due to service user's transition from children services, new referral due to carers needs changing and service users moving into residential services or respite no longer able to meet needs.

Supported Living

- **2021/22:** 38-41 service users accessing service.
- **2022/23:** 38-41 service users accessing service.

The number of service users has been stable, as staffing resources have not increased and the service is running at full capacity.

Day Services (Tall Trees and Greenfield Park)

- **2021/22:** 61-71 service users accessing day services over the year.
- **2022/23:** 67-71 service users accessing day services over the year.

Variation is due to transition into service from children services, service users moving on to different day services provision.

Supported Employment

- **2021/22:** 23 service users accessing service.
- **2022/23:** 28 service users accessing service.

Variation is due to vacant staff positions (in 2021/22) being filled, enabling the service being offered to more service users.



Children and Families Services (Social Care)

Manx Care's Children and Families Service provides support, care and protection for children and families across the Island, in a variety of ways including:

- Supporting families, by offering advice and guidance on parenting and family life, including parents with children with special educational needs and disabilities.
- Offering safeguarding to children and families who are at risk of harm.
- Assessing, training and supporting foster carers and adopters to enable them to develop their knowledge and skills to be able to care for and parent some of our most vulnerable children and young people.
- Providing Youth Justice intervention for young people who find themselves involved in the criminal justice system.

The service holds weekly governance and performance meetings to ensure that each area is achieving both its requirements and targets. These meetings are attended by a variety of stakeholders including Team Managers, Group Managers, Senior Social Workers and are Chaired by the Assistant Director of Children and Families Social Work.

These meetings include:

Complex Needs Reviews - The metric for measuring these reviews are held on time shows a decrease of 18.2% in 2022/23. This is because the majority of these cases are open to the Children with Disabilities Team, where the timeframe for completion is different from the rest of the services. The reporting system cannot be changed for these cases, so will always be inaccurate.

Child Protection Conferences - Although 2022/23's target of 90% was not reached, there was an increase of 18% on the percentage from last year. This was largely due to professional, parental availability and school holidays to be able to quorate the meetings. There was an encouraging improvement towards the latter part of 2022/23, with 100% of conferences being held within target timescales.

Looked After Children Reviews - The number of Looked After Children Reviews held on time met the 90% target and increased from 86% in 2021/22, to 92.5% in 2022/23. The upturn was largely due to COVID-19 restrictions in the previous year and improved staffing levels. It should be noted that since March 2022, each looked after child has had a consistent Independent Reviewing Officer allocated to them.





Integrated Mental Health Service

Manx Care's Integrated Mental Health Services (IMHS) supports both adults and children, using a variety of methods and settings, including online, face to face or group focused. The service is Island-wide, in community or home-based settings across the Island, and acutely, at Manannan Court.

The IMHS aims to:

- Support recovery from mental health problems.
- Promote wellbeing across the Isle of Man.
- Encourage and promote service users and carers in care planning and delivery.
- Ensure everyone under IMHS's care and working with us will be treated with respect and dignity.

Patients and service users may self-refer to the Community Wellbeing Partnerships, the Drug & Alcohol Service, the Crisis Response Team and online provision. For other services, a referral is required, most often but not always, via a service users GP.

It has been a very challenging time for IMHS across the Island. The IMHS caseload in March 2023 stood at 5,030, this represents some 6% of the Island's entire population, which is substantially higher than that experienced by secondary care services within the UK. There has been high levels of variability in demand with CAMHS experiencing significantly increased caseloads when compared with the previous year.

A fundamental component of the IMHS service delivery plan for the next three years is to establish outcome based collaborative partnerships with key stakeholders, in particular third sector organisations. The Thrive model aimed at ensuring a systemic approach to child and younger persons mental health is a primary example of the intended collaborative approach.

Data collection, particularly explicit referral data continues to present a challenge. The IMHS are currently working with Manx Care's Business Intelligence Team to validate and design a live reporting dashboard. Work has been ongoing and continues to build on the basics established.

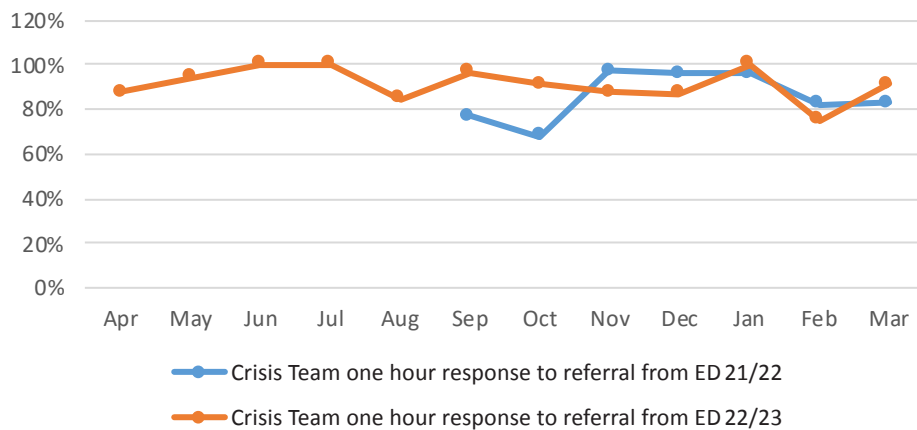




Crisis Response Service

The Crisis Response and Home Treatment Team are required to respond within one hour of referral from Manx Care's Emergency Department (ED). Performance in respect of the 75% target is significantly better at over 91% overall during 2022/23, being consistently high across the year and even at 100% for several months. The local response times compare extremely favourably when compared to English NHS reported data. The trend remains steadily high, but still an improvement on 2021/22 recorded outcomes. This is a fantastic achievement resulting in reduced wait times and demand within ED. It is particularly commendable given the team continue to carry a high volume of vacancies.

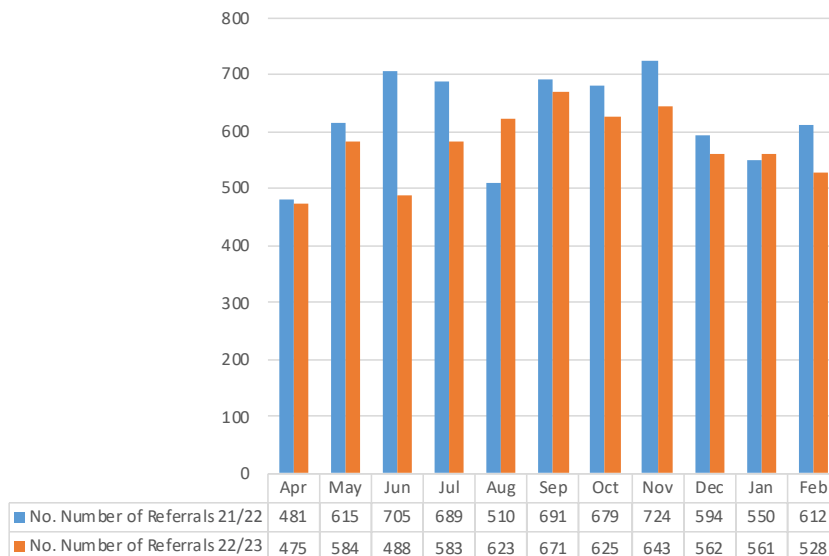
Crisis Team one hour response to referral from ED



Incoming Referrals

As highlighted previously, there remains significant challenge in harvesting accurate data that explicitly demonstrates the volume of referrals received into the service. The existing data demonstrates a 6.9% reduction in referral received (7,458 to 6,947) when compared to 2021/22. There is low confidence in the reliability given, the recording systems challenge in distinguishing between those referrals received from external stakeholders and those referred within the service. This irregularity and its impact on effective data harvest remains a high service priority.

MH - Number of Referrals



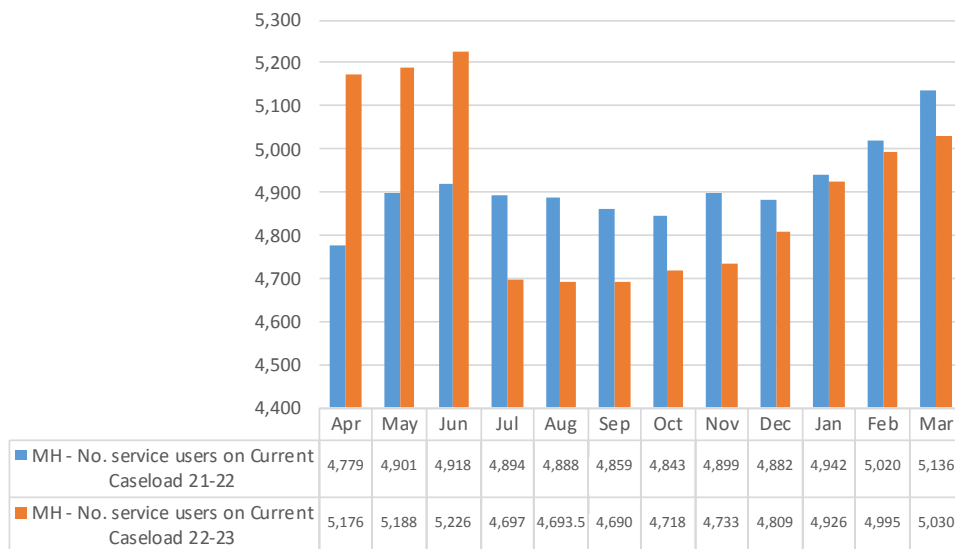


Number of Service Users

Unlike the referral data, there is far greater confidence in the available data demonstrating the volume of individuals currently accessing the service. The data demonstrates a very marginal reduction in the caseload volume when compared to the year prior (5,136 in 2021/22, to 5,030 in 2022/23).

However, very high levels of variability remain across the service areas with the CAMHS caseload increasing by 48% (1,096 in 2021/22, to 1,624 in 22/23). The strategic emphasis on early intervention and shared care will serve to have a profound impact on caseload numbers in the coming years.

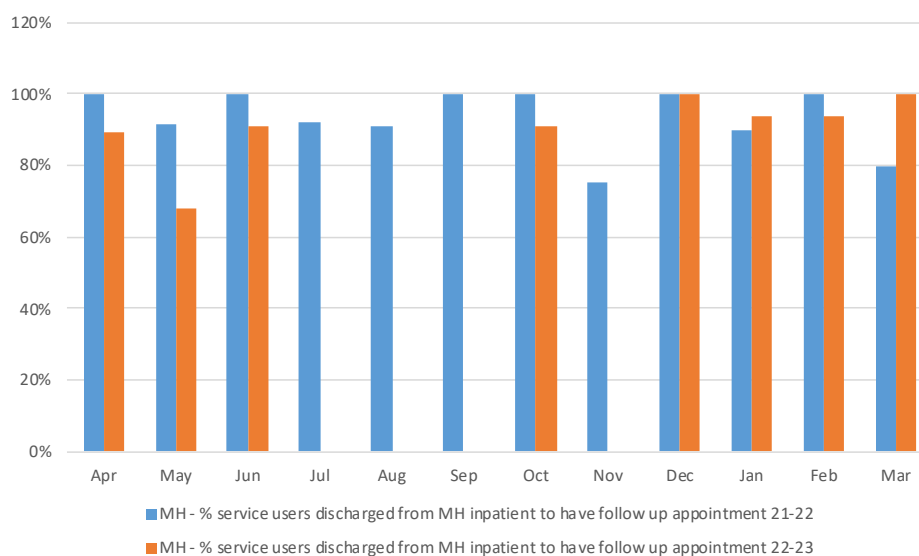
MH - No. service users on Current Caseload



Service Users Discharged from Inpatient Care to Have Follow Up Appointment

The Mandate target for follow up post discharge from psychiatric care of seven days, has consistently been achieved. The Integrated Mental Health Services (IMHS) has continued to apply a 3-Day follow up standard, which is consistent with published best practice guidance. Monitoring against this 3-Day standard demonstrates compliance in excess of 90%. Local compliance with the 3-Day standard compares extremely favourably to English NHS reporting.

MH - % service users discharged from MH inpatient to have follow up appointment





Performance against Mandate Objectives

The DHSC Mandate to Manx Care set a number of targets for Manx Care's Mental Health Services. During 2022/23 the following was achieved:

DHSC Objective 3

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

Manx Care objective:

Design and pilot a Mental Health Recovery College from Summer 2022.

Outcome:

The Recovery College has been successfully implemented and has been an excellent piece of interagency collaboration between Manx Care and the University College Isle of Man. It is hoped to build on the success of the pilot and expand its remit to the wider general Island population, subject to funding and suitable recruitment.

Manx Care objective:

Contribute to the development of a Children's Mental Health Strategy, with the aim of reducing admissions through early intervention and timely provision in time of crisis.

Outcome:

The anticipated Children's Mental Health Strategy due to be published in December 2023 will establish the Thrive model as the principle integrated approach. A multi-agency stakeholder steering group has been established to oversee local implementation. The group will report directly to the Health, Learning and Social Policy Board. The Transformation Oversight Group will also receive standing monthly update reports from Manx Care's Programme Management Office. This will include a general high-level update of the project, a summary of risks, issues and dependencies, key achievements from last month and upcoming milestones.

DHSC Objective 5

Further develop plans to transform the urgent and emergency care pathway that will provide alternatives to hospital-based care, reducing avoidable attendances at the Emergency Department and reducing non-elective admissions in 2022/23.

Manx Care objective:

A reduction in avoidable and unheralded attendances at Emergency Departments by directing patients to the most appropriate care settings.

Outcome:

Monitoring of Crisis Team one hour response to referral from Emergency Department has enabled the team to ensure that the 75% target has consistently been surpassed.



Manx Care objective:

Further review and development of urgent and emergency pathways for Mental Health presentations in:

Adults – establish a baseline and report against best Practice standards, undertaking a gap analysis and development of business case and improvement plans.

Children – implementing the learnings from all Serious Case Reviews and develop a Children's Clinical Delivery Mode.

Outcome:

The Mandate target for follow up, post discharge, from psychiatric care of seven days, has consistently been achieved. The Integrated Mental Health Service (IMHS) has continued to apply a three day follow up standard which is consistent with best practice. Monitoring against this standard demonstrates compliance in excess of 90%.

Learning from Serious Case Management Reviews (SCMR) forms an integral component of the safeguarding function. Learning is captured within the SCMR action plan and disseminated within the relevant Care Groups.

DHSC Objective 11

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

Manx Care objective:

Create integrated community-based addiction services by Summer 2022.

Outcome:

A strategic partnership with Motiv8 addiction services has successfully implemented a single referral process for the care and transfer of patients between step 2 and specialist step 3 substance misuse service.

The IMHS has worked in partnership with public health to realise the suicide strategy. The safer care element of the deliverable is founded upon an early intervention approach.

The anticipated Children's Mental Health Strategy due to be published in December 2023 will establish the Thrive model as the principle integrated approach. A multi-agency stakeholder steering group has been established to oversee local implementation. The group will report directly to the Health, Learning and Social Policy Board. The Transformation Oversight Group will also receive standing monthly update reports from Manx Care's Programme Management Office. This will include a general high-level update of the project, key achievements from last month, upcoming milestones, and a summary of risks, issues and dependencies.



Health Safeguarding

The team provides a source of expertise to all health staff within Manx Care, both in the Acute and Community setting. The team provide a "duty system" for both Children and Adults and are the first point of contact for health colleagues needing safeguarding advice. The Looked After Children (LAC) Nurse and Safeguarding Midwife which sit within the Health Safeguarding Team, are funded by the Women, Children and Families Care Group.

The Health Safeguarding Team are now located between Noble's Hospital and Social Care settings, which provides flexibility of service delivery and better co-working with Manx Care colleagues in the Safeguarding arena. It is planned to open a Multi-Agency Safeguarding Hub (MASH) during 2023/24, with Health Safeguarding acting as a critical partner in this pilot project. This will see practitioners from Health Safeguarding working alongside colleagues in the Isle of Man Constabulary, Children's Initial Response Team and Adult Safeguarding to ensure that there is a 360 degree view of the vulnerable person.





Integrated Women, Children and Families Services

Manx Care's Integrated Women, Children and Families services deliver integrated care across the Isle of Man, both within hospital and community settings.

The Integrated Women, Children and Families Service delivers:

Inpatient Paediatric Care	Outpatient Paediatric Clinics
Community Nursing Team	Health Visiting and School Nursing
Neonatal Care	Maternity Services
Infant Feeding Team	Inpatient Gynaecology Services
Outpatient Gynaecology Clinics	Cervical Screening Programme
Integrated Sexual Health Services	Termination Service

Paediatric Care

Paediatric Services provides inpatient and outpatient family-centred care for children between the ages of 0-16 years, offering an integrated, multidisciplinary framework.

From April 2022 to March 2023 Noble's Children's Ward had a total of 1,631 admissions and 3,646 children attended outpatient appointments. This excludes 802 appointments which were lost as a result of Did Not Attends (DNA).

Paediatric services work closely with specialist tertiary centres to provide care in a number of specialisms such as Oncology, Neurology, Cardiology, Cystic Fibrosis, Endocrine, Orthopaedic and intensive care support and transfer service. Over the last year, the service has worked closely with tertiary colleagues to enhance service level agreements and localise specialist clinics that has allowed the service to deliver care closer to home.

Children's Community Nursing

The Children's Community Nursing team supports children, young people and their families, responding to local needs and prevent hospital admissions, facilitate early discharges and care for children with acute chronic, complex and palliative/end of life care.

Health Visiting and School Nursing

Health Visiting and School Nursing provide a vital infrastructure of support for families, addressing numerous cross-government department priorities for health, safeguarding, education and lifelong wellbeing, immunisations, identification and management of health needs, mental health, health protection and prevention.

The service works with a variety of stakeholders across health, education and social care.

Health Visiting & Infant Feeding

The Health Visitors lead and deliver the Healthy Child programme to families with a child aged 0-5, providing health assessments from the antenatal period up to, and including, the School Readiness Review at 3.5 years.

The Infant Feeding service offers specialist feeding advice both, in the community and hospital settings. This service recently introduced a 3-7 Day post-natal telephone call to introduce the service to families and offer early feeding support.



School Nursing

The School Nurses lead and deliver the healthy child programme to improve health and well-being of children of all ages and their families, to reduce health inequalities and vulnerabilities.

School-Based Vaccination Programme

The Island's school-based vaccination programme is delivered jointly by the health visiting and school nursing teams to deliver the annual school flu programme and the HPV vaccinations.

In 2022 the school-based vaccination team vaccinated:

First Vaccine	Number Vaccinated	Number in Cohort	% Vaccinated
Female	437	483	90.5%
Male	448	520	86.2%

Second Vaccine	Number Vaccinated	Number in Cohort	% Vaccinated
Female	394	483	81.6%
Male	408	520	78.5%

The uptake for the flu programme was low at 39% in Primary schools and 23.1% in High schools, which may have reduced following the pandemic.

Maternity and Neonatal Services

Manx Care's Maternity and Neonatal Services are based at the Jane Crookall Maternity Unit, in Noble's Hospital, supporting women throughout their pregnancy through to birth. Babies that require specialist treatment that cannot be delivered on the Island, will be transferred to an appropriate alternative provider, e.g. Alder Hey Children's Hospital.

Over the last year Manx Care's Maternity Service have been focusing on the implementation of an action plan linked to the Ockenden Report, an independent review into the provision of Maternity Services across the UK.

Both Maternity and Neonatal Services have faced unprecedented staffing challenges. The ongoing recruitment issues are reflected nationwide and not specifically Island related. As a consequence, we have reduced the number of cots to three Special Care and one (High Dependency Unit) HDU and maintained a robust transport service, taking mothers/babies off-Island as appropriate. Maternity services identify high risk pregnancies and facilitate early transfer where possible.

Obstetrics and Gynaecology

Manx Care's Gynaecology service provides both inpatient and outpatient care to women of all ages across the Isle of Man for gynaecological procedures, treatments and advice.

In the last year and with the support of MacMillan Cancer Support a Gynae Oncology service has been established, coordinating women's care on and off-Island.

The updated version of the Women's Health Strategy for England was launched in August 2022, to implement the recommendations from the Women's Health Strategy.



Integrated Sexual Health Services

In 2021, Manx Care's Genitourinary Medicine (GUM) Service transferred to Integrated Women, Children and Families Care Group, to incorporate all associated sexual health services (GUM/ Family Planning/ Termination), ensuring a seamless service for patients and improving sexual health on the Island.

Manx Care's first Sexual Health Strategy was developed in 2022 outlining the serious issues facing the sexual health of the population and identified a clear relationship between sexual ill health, poverty and social exclusion.

A Sexual Health Services project commenced in 2022 and in January 2023 it moved into 'Phase Two - Integration and Execution'. Key milestones include the design and implementation of electronic records, the future workforce model and the agreed building design for the relocation of sexual health services.

Sexual Assault Referral Centre (SARC)

Recurrent funding for the SARC was secured as part of the 2022/23 funding settlement to the Department of Home Affairs. This has enabled an interim Sexual Offences Forensic Examination Service to be available for adults on-Island since October 2021 and for children since March 2022.

The SARC team also offer counselling and support immediately following an incident and thereafter for as long as is required, enabling a SARC compliance to the latest ISO standards, including a purpose-built building, estimated to be opened in September 2024.

New Birth Data

From April 2022 to March 2023, there were a total of 588 live births, averaging 49 births per month. Further data is provided within the appendices.

The target for post-delivery, New Birth Visits (NBV) is for new mums to be seen within a timescale of up to and including 14 days. Currently, this target is met 88.3% of the time. Further data is provided within the appendices.

In total there were 624 NBVs between April 2022 and April 2023. In line with the percentages above, of those 551 were in target timescale and 73 were out of target timescale, due to breaches and exceptions.

Exceptions included 7.69% due to the child being in the Neonatal Unit, in the UK, failed encounter, weather etc.

Integrated Care

There are a number of community focused integrated care projects which are beginning to realise significant benefits for patients and service users, following several years of development and phased implementation:

- **Wellbeing Partnerships**

Following the launch of the Western Wellbeing Partnership in February 2020, the development of the Wellbeing Partnership model has seen introduction of Partnerships within the South and the North of the Island. Principally, the Wellbeing Partnerships provide a multidisciplinary forum whereby individuals receiving significant support within their own home, from Manx Care or third sector services, can have their care coordinated between professionals to



improve integration and continuity. In addition, the Wellbeing Partnerships are becoming true community hubs, with drop-ins being offered from within Wellbeing Centres and other venues such as Town/Civic Halls and GP practices. The drop-ins provide advice on issues as wide-ranging as benefits, meals on wheels, energy saving etc. The Wellbeing Partnerships are also hosting the Local Area Coordination function for the South of the Island, which aims to support the community in developing the resilience to help the vulnerable within local communities.

- **Integrated Frailty Services**

This service is an amalgamation of Community Frailty, Hospital Frailty Services and the development of the Care Home Assessment & Review Team (CHART). Fundamentally, Frailty seeks to support people who may be suffering one or more syndromes of frailty (such as cognitive impairment, mobility issues, repeated falls, incontinence etc.), to remain as independent as possible in their own homes or within care facilities and addressing the issues which may be causing an advancement of frailty. This involves a joined up approach between frailty services in hospital, within the community and the specialist support provided to care homes via CHART. Following the appointment of three new geriatricians in 2023, our ability to increase input into community services such as the Wellbeing Partnerships, care homes have seen significant benefits in reducing admissions into hospital.

The development of a Frailty Unit in Ward 6 in Noble's Hospital has also reduced length of stay, readmissions and mortality. The launch of a Frailty Clinic in Ramsey GP Practice in September 2023, which is part of the Northern Primary Care Home pilot project, will enable GPs to refer people with multiple complex conditions as well as frailty, to a specialist clinic. In addition, a team comprising of a Geriatrician, GP, Pharmacist and Paramedic/Nurse, have reviewed all residents within several nursing homes to ensure their current medications are optimised and any areas of concern in terms of advancing frailty are addressed. The Integrated Frailty Service project is a true example of the benefit that be achieved by close working between hospital, primary care and community practitioners, straddling both Manx Care and the Primary Care Network

- **Intermediate Care**

This project has been in development for a number of years awaiting funding, however, following successful bid to the Healthcare Transformation Fund, funding for an initial two years has been provided. This is to establish an essential service that will prevent admissions to hospital through rapid community response of both advanced clinical practitioners as well as care workers on a temporary basis, whilst recovery and recuperation takes place. The service will also facilitate early supported discharge from hospital, by providing a temporary increase in care in the home as well as other support such as, provision of equipment to help with activities of daily living and mobility around the house. Intermediate Care will also offer an inpatient bed solution whereby patients can be 'stepped up' directly into an Intermediate Care bed (based in Ramsey and District Cottage Hospital), if the requirement for care is more than what can be provided at home, with the aim for the person to 'step down' back into their home as quickly as possible, so their independence can be regained.



priority two – creating a positive working culture

Manx Care is supported in its human resource management by the Office of Human Resources (OHR), which is a part of IOM Government shared services. Data is drawn from the database system based on information supplied by Manx Care and used to support each area.

Staff Levels

As at 31 March 2023, Manx Care had 2,692 Full Time Equivalent (FTE) staff, made up of 576 part time and 2,116 full time staff, 20.1% of established posts were vacant.

During 2022/23, leavers from substantive positions totalled 319.8 FTE. Overall staff turnover in the year was 11.3%.

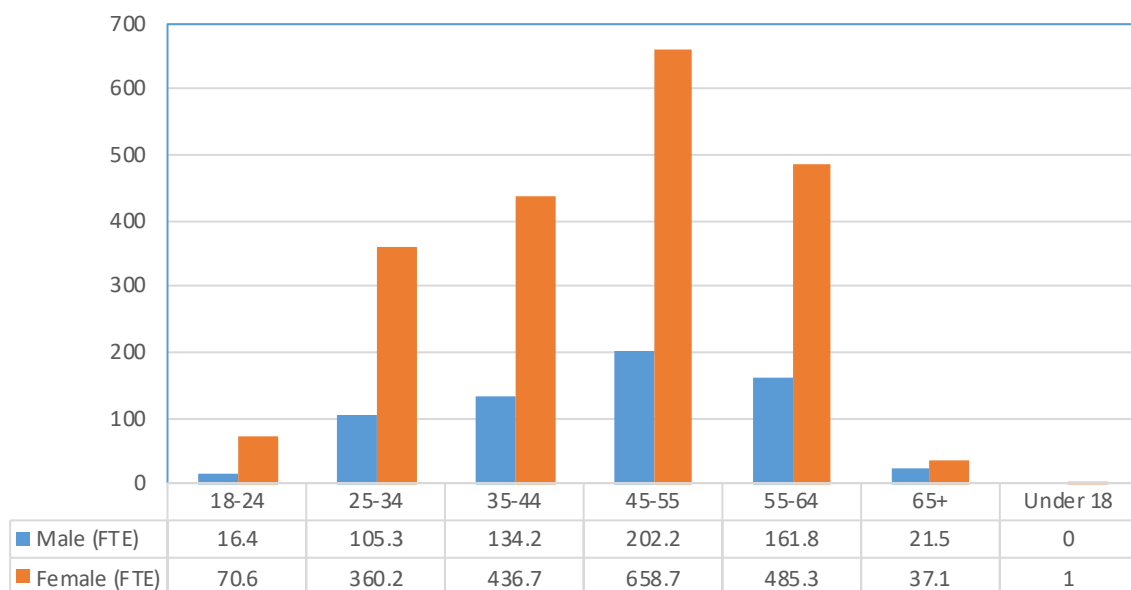
A number of initiatives were implemented during 2021/22 and 2022/23 to address the vacancy rate, in the face of an increasingly competitive recruitment market for health and care staff. These include targeted recruitment drives for hard-to-recruit roles via the OHR talent acquisition team, working with overseas recruitment specialist agencies to fill nursing posts and increasing the number of nurse training posts available.

In addition, Manx Care supports and sponsors employee development and formal qualifications, including trainee schemes for Nurses and Midwives, Doctors, Social Workers and other professional groups.

Equality, Diversity and Inclusion (EDI)

Over 75% of Manx Care employees are female and the majority of staff are in the 45 to 64 age range, as detailed in the table below.

Staffing Age Range (by FTE)





Manx Care has recognised the importance of equality and diversity and the need to ensure it is an inclusive organisation. It is recognised that a lack of data hampers Manx Care in understanding its workforce as well as we need to monitor performance against Equality, Diversity and Inclusion (EDI) metrics.

In 2022/23, communications were aimed at raising colleague awareness of the importance of completing the 'personal information' section on PiP, the OHR personnel database. This enables appropriate assessment of EDI data, on an anonymised basis, via the OHR database reporting functionality. Further work is required in this area as most prompts for personal information, other than marital status, continue to show a completion rate of less than 20%.

Retention and Engagement

Manx Care has worked closely with the Workforce and Culture Team on a number of initiatives throughout 2022/23, with the aim of improving employee engagement and retention. These have included:

- Scheduled focus groups to develop a Retention and Recruitment Strategy.
- A values-based framework developed (Committed, Appreciative, Respectful and Excellence, known as CARE).
- Development of a "Buddy Scheme" to support staff who relocate to the Island.
- Creation of an EDI Champion role, created to support EDI forum initiatives.
- Launch of the Manx Care Change Coach programme, including promotion of CARE Awards, Wellbeing initiatives, reviewing draft CARE Values framework and supporting EDI initiatives.
- Creation of a programme of psychological safety in the workplace workshops for Manx Care.
- Creation of a revised Performance Development Plans (PDP) Framework, based on our new values of CARE.
- Provision of cultural support and interventions to those teams that were prioritised by Manx Care for Year Two – Theatres, Integrated Women, Children and Families, Dental, Pharmacy and Social Care Learning Disabilities.
- Approval for an initial methodology and approach for workforce planning.
- Commencement of workforce planning activities for priority Care Groups determined by Manx Care.
- Ongoing work in relation to a baseline for workforce planning to enable workforce modelling.

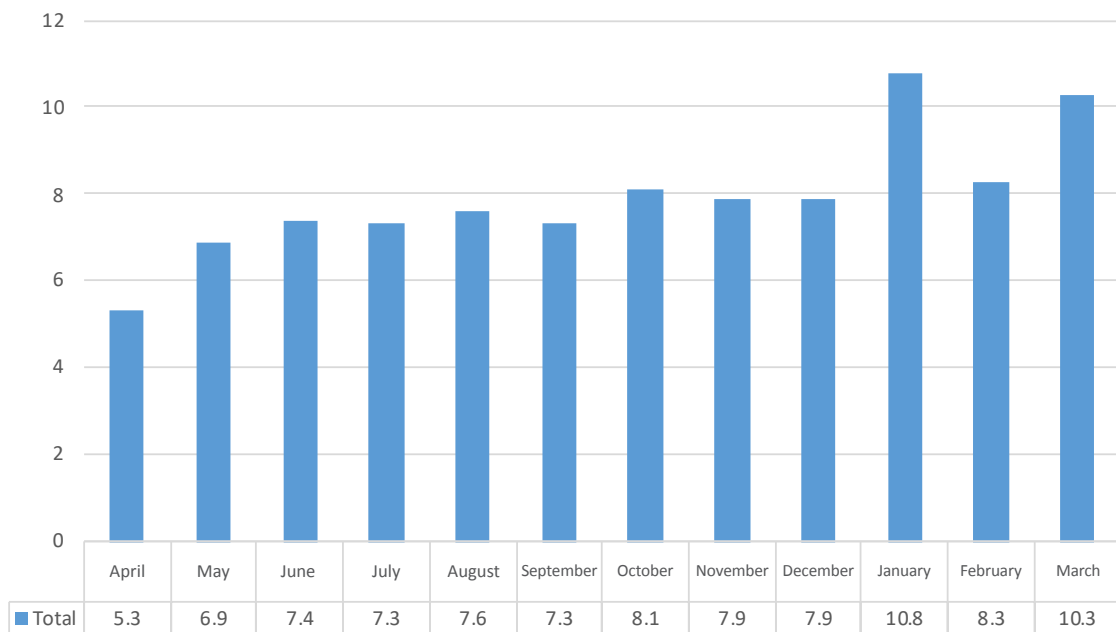


Absence and Attendance

OHR supports absence management by providing reports to Care Group Managers and the Manx Care OHR Advisory Team, who review absence data and offer targeted support for cases of long and frequent short-term absence. This includes one-to-one support to Managers, as well as briefing sessions to improve understanding and application of the tools available to assist in the management of performance management.

In 2022/23 Manx Care lost an average of nearly 8% staffing overall; evenly spread, peaking in January and March 2023.

% Workforce Lost in Days per Month - 2022/23



In common with most other organisations, in all sectors, Manx Care's most common reasons for absence are musculoskeletal issues, mental health issues, stress and coughs, colds and flu. There was a slight upturn in 2022/23, compared to 2021/22. COVID-19 related absence has fluctuated considerably over the year and was a significant contributor to absence over the winter.

Learning Education and Development (LEaD)

During 2022/23 Manx Care's mandatory training policy was approved and work was undertaken to cleanse the data held on the E-Learn Vannin database system and align management structures with the Manx Care organisational structure so that it is possible to report on completion of mandatory training by service area for 2023/24. Some work remains to validate and refine data, in preparation for migration of training records to the PiP system in late 2023.

In addition to online and external training, 5,151 instructor led training session attendances were recorded by LEaD in 2022/23.



Year Two Deliverables (Service Year 2022/23)

The Workforce and Culture Team have continued to introduce and support several initiatives to improve culture during 2022/23. We have continued to welcome new colleagues by supporting the monthly bespoke Manx Care Induction sessions and engaging with all colleagues during the launch of the revised Manx Care CARE Values and the presentation of the monthly Manx Care CARE Award.

We are introducing a revised CARE Values framework, following focus groups with Manx Care colleagues, to identify the organisation's expected values and behaviours. The CARE Values framework includes paperwork and suggested interview questions for recruiting Managers, a Personal Development Plan for continuous development of colleagues and Team Charters, to allow teams to identify the most important values in their individual teams. We also offered CARE for Managers workshops to explain the importance of embedding the values as a Manager and created guidance notes to support colleagues to complete the PDP paperwork.

We are creating an Equality, Diversity and Inclusion (EDI) forum for Manx Care. We reviewed the availability of EDI data, linking in with the Office of Human Resources (OHR), to improve the quality of the data captured in this space.

We have commissioned specialist EDI guidance to the workstreams from a legislation and policy point of view and identified EDI training opportunities for Manx Care colleagues. We also introduced an EDI Champion role to support EDI forum initiatives.

We are launching the Manx Care Change Coach Programme. Change Coaches have been key to providing feedback in several new initiatives, as they are involved in front line service provision. These include promotion of the CARE Awards, Wellbeing initiatives, reviewing the draft CARE Values framework and supporting EDI initiatives. In Year Three they will be involved in our "Freedom to Speak up Guardian" programme.

We have created a programme supporting psychological safety in the workplace for Manx Care. We designed and delivered workshops aimed initially at Managers and Change Coaches, but this has also been delivered to student Nurses and those attending the Manx Care Leadership Academy. Workshops are now offered by Learning, Education and Development (LEaD) colleagues and bookable via e-Learn Vannin.



WE ARE RECRUITING...

EQUALITY, DIVERSITY AND INCLUSION (EDI) CHAMPIONS

- Do you have a passion for EDI?
- Can you spare some time to raise awareness and understanding of EDI matters?
- Want to support the development & delivery of Manx Care's EDI Action Plan?

Our EDI Champions Network may be for you!

To find out more, or to get involved, please contact us at wecare@gov.im





We have undertaken 'exit' Interviews for Manx Care employees over a twelve-month period to inform a report for the People Committee in March 2023. This will support the development of Manx Care's Retention and Recruitment Policy.

We review data collected on Manx Care employee absences and the "Have your say" survey staff feedback and have reported findings to Executive Leadership Team.

We have made new links with existing Healthy and Well groups Island-wide. We have reviewed wellbeing opportunities available to employees and ideas to improve this offer.

We have provided cultural support to those teams that were prioritised by Manx Care for Year Two – Theatres, Integrated Women and Children, Dental, Pharmacy, Social Care, Learning Disabilities.

We have met with frontline teams and managers - teams have been offered Insights and Personal Profile Analysis and 1:1 drop-in sessions to support improvement in team culture.

 <p>COMMITMENT & PASSION</p>	 <p>ACCOUNTABILITY & REFLECTION</p>	 <p>RESPECT & INCLUSION</p>	 <p>EXCELLENCE & INNOVATION</p>
<p>We are reliable and passionate about what we do. We collaborate with a service-user focus.</p> <p>We foster strong leadership.</p> <p>We share a vision, understanding our impact on each other and our community.</p>	<p>We take ownership and responsibility for our actions.</p> <p>We act with candour, make the best judgements and have the courage to speak up when something isn't right.</p> <p>We communicate and reflect, acting on feedback to improve.</p>	<p>We are balanced and are ethical in everything we do. We are diverse and inclusive.</p> <p>We are honest and trust in each other.</p> <p>We praise, and role model positive behaviours.</p>	<p>We are resilient. We are proactive and flexible to changing demands.</p> <p>We are creative and have the drive to succeed.</p> <p>We inspire others and aspire to provide the best quality care and service.</p>





priority three - improving financial health

The final year end position for 22/23 was a deficit of £8.8m (3%) as detailed below:

FINANCIAL SUMMARY - 31 MARCH 2023				
	£m Actual	£m Budget	£m Var (£)	£m Var (%)
TOTAL - OPERATIONAL	291,624	282,858	(8,766)	(3%)
Income	(14,798)	(15,292)	(494)	(3%)
Employee Costs	182,404	177,834	(4,571)	(3%)
Other Costs	124,018	120,316	(3,701)	(3%)

It was disappointing not to achieve our target of a balanced budget in the year. Manx Care's budget increased by £11m (4%) in 2022/23. Set against widespread inflationary pressures, this meant another challenging year for Manx Care. However, the deficit was reduced from £9.9m (4%) last year to £8.8m (3%) this year. In light of the significant financial pressures felt during 2022/23, this is still significant progress towards our aim of a financially sustainable system.

Our Cost Improvement Programme (CIP) delivered total savings of £9.9m (3.5%) during the year, of which £7.3m were cash out savings. This was a significant over performance against the CIP target of £4.3m (1.5%) but mainly served to hold the funding pressures in check rather than significantly reduce our overspend.

Treasury also allocated an additional £6.5m of funding, which is held in Reserve by the DHSC. During the year, we used this fund to cover the costs of TT/MGP, winter pressures, high-cost patients and care packages and the increasing costs of Section 115 placements. These costs are not included in the spend figures above, but totalled £5.3m

During 2022/23, pay awards of 6% were offered, this was subsequently amended to add an additional consolidated amount of £1,000 on each pay point in addition to the 6% increase. This offer has been accepted by the Health Medical and Dental Group and subsequently implemented. With regard to the Manx Pay Terms and Conditions Group (MPTC), agreement has not been reached with the collective staff side, which comprises a number of unions. Whilst the majority of unions have accepted the offer, the Royal College of Nursing and Royal College of Midwives have rejected the offer. However, in recognition of the increased cost of living on-Island, the Boards approved implementation of a 6% wage increase during the year. These were above the amount budgeted for pay awards in the year, and represent an additional cost of £8.9m. These costs were funded separately by Treasury and so are not included in the spend figures above.

Together with a 4% pay increase for the financial Year 2021/22, which was also rejected by the collective MPTC staff side, these increases represent a significant investment. Discussions continue with MPTC staff side partners to seek to conclude pay award negotiations for both of these financial years.



Also, during 2022/23 Tynwald approved funding of £18.3m to support Restoration and Recovery activity in reducing waiting times in key areas such as cataracts, hip and knee replacements and psychological therapies for young people. £9.9m was spent in 2022/23, with the remainder due to be spent during 2023/24. These costs are not included in the spend figures above, as they are funded separately.

Staff costs continued to be the main area of pressure due to the continued high vacancy rates across Manx Care during the year, which are largely covered by agency staff. The current market for agency staff is very competitive and we've seen prices rise during the year by up to 15%. The cost improvement savings on workforce in year totalled £2.2m which helped offset some of this cost and are largely as a result of widespread recruitment efforts, including our international nurse recruitment campaign, review of on call and rota arrangements, renegotiation of rates with agencies and increased controls over the use of agency staff to minimise their use, where possible.

Another area of cost pressure was drugs costs. During the year, drugs costs rose by up to 24% in some areas. However, this was largely contained by the medicines optimisation CIP work, which generated savings totalling £1.6m.

Continued inflationary pressures saw increases in the costs of contracted services and supplies, including the rising costs of complex care packages. These were mitigated through a combination of careful contract management and improved procurement activity. We used the DHSC Reserve funding to offset some of the costs of complex care packages but also generated CIP savings of £1.2m.

Our tertiary care costs (the costs of specialist off-Island provision) increased by £4m compared to the previous year. These costs were partly offset by using the DHSC Reserve fund but also by careful review and management of our contracts, which generated cost improvement savings of £1.4m.

As well as the cash out savings, Manx Care also delivered efficiency savings worth £2.6m. While these didn't reduce our spend, they allowed us to do more with what we have by reducing lengths of stay, improving our theatre efficiency and introducing both a Frailty Unit and an Ambulatory Care Unit, which allowed us to provide a better standard of care to more patients at minimal extra cost.

Manx Care produced a comprehensive financial plan in July 2022, which identified and prioritised the known funding pressures for next year (2023/24) totalling £38m. However, additional funding of £20m was allocated. This includes a cost improvement target of £4.3m. Therefore, it is clear that Manx Care faces another challenging year financially. We will need to continue to carefully manage and prioritise spend to focus it on key areas of core service delivery, safety and compliance.



appendices

APPENDIX 1	MANDATE OBJECTIVES PERFORMANCE SUMMARY.....	100
APPENDIX 2	MANDATE OBJECTIVES, KEY PERFORMANCE INDICATORS.....	106
APPENDIX 3	OUR CARE GROUPS.....	112
APPENDIX 4	MANX CARE'S GROUP REPORTING RESTRUCTURE.....	113
APPENDIX 5	MEDICAL LEADERSHIP REPORTING STRUCTURE.....	114
APPENDIX 6	NURSING LEADERSHIP REPORTING STRUCTURE.....	115
APPENDIX 7	TWELVE MONTHS IN REVIEW / OUR YEAR IN NUMBERS.....	116
APPENDIX 8	PRIMARY CARE SURVEY RESULTS: FRIENDS AND FAMILY TEST.....	117
APPENDIX 9	OPHTHALMOLOGY DAY-CASE WAITING LIST DATA.....	117
APPENDIX 10	ORTHOPAEDIC INPATIENT WAITING LIST DATA.....	118
APPENDIX 11	ORTHOPAEDIC DAY-CASE WAITING LIST DATA.....	118
APPENDIX 12	GP PRACTICES: MEDICAL WORKFORCE DATA: NUMBER OF GPS (AND WTE) BY PRACTICE.....	119
APPENDIX 13	GP PRACTICES: NURSING AND ALLIED HEALTH PROFESSIONALS WORKFORCE DATA.....	119
APPENDIX 14	DENTAL PRACTICES: PATIENT LIST DATA.....	120
APPENDIX 15	ACUTE CARE: PERFORMANCE AGAINST THE 4-HOUR ACCESS TARGET.....	120
APPENDIX 16	ACUTE CARE: EMERGENCY DEPARTMENT ATTENDANCE AND 4-HOUR PERFORMANCE DATA.....	121
APPENDIX 17	DIAGNOSTIC TEST BY SOURCE OF REQUEST.....	121
APPENDIX 18	DIAGNOSTIC TEST DATA BY MODALITY.....	122
APPENDIX 19	DIAGNOSTIC TEST DATA: COVID-19.....	122
APPENDIX 20	DIAGNOSTIC TEST DATA: RADIOLOGY.....	123
APPENDIX 21	MENTAL HEALTH DATA: AVERAGE LENGTH OF INPATIENT STAY.....	123
APPENDIX 22	MATERNITY DATA: BIRTHS RECORDED BY MONTH.....	124
APPENDIX 23	MATERNITY DATA: NEWBORN VISIT FOLLOW UP.....	124
APPENDIX 24	YEAR TWO IN REVIEW.....	125
APPENDIX 25	LIST OF ACRONYMS.....	135



appendix 1 -

mandate objectives – performance summary

Mandate	Objective number	Objective	Updated RAG rating	Current status
2-23	1	Lead the Island's response to the COVID-19 pandemic and work in partnership with the Department to ensure the following key action areas are delivered in line with the strategic direction set by the Department: • Implementation of a post COVID-19 syndrome ('Long COVID') pathway.		Objective achieved.
22-23	1	Continued development and implementation of a sustainable COVID vaccination delivery team that maximises the workforce challenges and maintains resilience, within the funding approved by the Treasury.		Objective achieved.
22-23	1	Continuation of the current 111 service (transferred to Manx Care on 01 January 2022), as required by Island's COVID-19 response.		Objective to be closed Transformation Programme reprioritisation agreed with DHSC.
22-23	1	By April 2023, repurpose of the 111 service referred above, in line with the Urgent and Emergency Care Pathway work stream of the Cabinet Office Transformation programme.		Objective to be closed Transformation Programme reprioritisation agreed with DHSC.
22-23	1	Jointly deliver the COVID Pass service in collaboration with the Department and UK DHSC (including NHSX and NHS Digital), to ensure the ongoing sharing of COVID-19 vaccination data, test data and other related COVID pass data within agreed information governance and legal frameworks.		Objective achieved.
22-23	2	Demonstrate continuity of care and the experience of service users, patients and carers is effectively captured, matches the agreed standards and that feedback is used to drive continuous improvement and better outcomes for people accessing and using all services. In 2022/23: • Jointly (with the Department and wider government), identify and implement a mechanism to ascertain the numbers of individuals requiring support and identify a strategy for carers, including young carers supported by wider consideration and reform of the social care funding framework that will improve ways in which those fulfilling an unpaid caring role at home are identified and offered support.		DHSC strategy and reform required.



Mandate	Objective number	Objective	Updated RAG rating	Current status
22-23	2	Ensure that service users in the most vulnerable groups are identified and proactively engaged, given the option to be independently supported through their interactions with Manx Care, including through the process of making a complaint, in line with an existing or new Legislation or Regulations relating to complaints.		Open.
22-23	3	Demonstrate changes in transforming an integrated health and care service delivery, following international standards for quality and outcomes and those set by the Department. In 2022/23: <ul style="list-style-type: none"> Jointly (with the Department) transform and deliver reform to enable system patient choice, improved flow and discharge from acute and social care settings. 		DHSC led.
22-23	3	Delivery of locality-based, integrated health and wellbeing hubs, delivering as much care as close to home as possible, through strategic health and care alliances within the third and private sector. Use of these networks to support holistic delivery of quality care in the community via tiered pathways, and increased closer working with local communities.		Objective partially achieved.
22-23	3	Implementation of a redesigned end of life pathway in conjunction with Hospice Isle of Man.		Open.
22-23	3	Continued delivery of the pathway transformation programme objectives attributable to Manx Care.		Open.
22-23	3	Design and pilot a Mental Health Recovery College from Summer 2022.		Objective achieved.
	3	Contribute to the development of a Children's Mental Health Strategy, with the aim of reducing admissions through early intervention and timely provision in time of crisis.		Open.
22-23	4	The Department recognises the intention of the Manx Care Governance Development Roadmap to build a solid foundation for quality control, assurance and accountability over the next 12 months. Manx Care will be able to demonstrate, embed and lead an effective and robust corporate, clinical & social care governance structure across all services for the effective management of risk, the ability to provide real time intelligence about performance and promotion of a safe, learning and improvement focused culture. In 2022/23: <ul style="list-style-type: none"> Review the implementation of clinical and social care governance structures and associated risk management systems as developed in 2021/22 via the frameworks that Manx Care is developing to determine the efficacy of the new architecture and its fitness for purpose. 		Objective achieved.



Mandate	Objective number	Objective	Updated RAG rating	Current status
22-23	4	Evaluate the effectiveness of the current arrangements for capturing operational intelligence about organisational performance that reflects the experiences of service users, patients and carers, and which promotes continuous learning and improvement in the delivery of safe care.		Objective achieved.
22-23	4	The Department recognise the high level content of the Manx Care governance development roadmap to build a solid foundation for quality control, assurance and accountability over the next 12 months, to implement the following goals: <ul style="list-style-type: none"> • An inspection report by the Care Quality Commission (of Secondary Care Services) in 2022 which demonstrates that Manx Care has the fundamentals of quality governance in place and is able to robustly scrutinise and challenge all regulated activity applicable to Manx Care at all levels. 		Open.
22-23	4	Development of a standardised, quality dashboard providing validated information, which can be reliably used for continuous improvement and assurance purposes, with a 13-month time series. The formation of a Governance Support Unit to integrate a corporate approach and in-house governance teams for clinical governance, which work in partnership with Business Intelligence functions.		Objective achieved.
22-23	4	Roadmaps to be developed for review in Q3 for the longer term plan.		Open.
22-23	5	Further develop plans to transform the urgent and emergency care pathway that will provide alternatives to hospital based care, reducing avoidable attendances at the Emergency Department and reducing Non Elective admissions in 2022/23: <ul style="list-style-type: none"> • A reduction in avoidable and unheralded attendances at Emergency Departments by directing patients to the most appropriate care settings. 		Objective partially achieved.
22-23	5	Ensuring there is strengthened pre-hospital clinical decision making and establishing alternative diversionary pathways away from the hospital setting.		Objective partially achieved.
22-23	5	Progressing options which are alternative to a hospital admission such as Same Day Emergency Care, contributing to a decrease in overall average length of inpatient stay.		Objective partially achieved.
22-23	5	Further review and development of urgent and emergency pathways for Mental Health presentations in: <ul style="list-style-type: none"> • Adults – establish a baseline and report against best Practice standards, undertaking a gap analysis and development of business case and improvement plans. 		Open.



Mandate	Objective number	Objective	Updated RAG rating	Current status
22-23	5	• Children – implementing the learnings from all Serious Case Reviews and develop a Children’s Clinical Delivery Model.		Open.
22-23	6	In partnership with the Department (who will drive policy reform) and the Transformation programme, demonstrate continued financial balance within the available budget through the delivery of agreed cost and service improvement plans (CIP) and the delivery of the agreed sustainable financial plans. In 2022/23: • Continued contribution to the development of a sustainable financial plan for health and care services on the Isle of Man with a focus on identifying the biggest areas of financial risk, determining immediate gaps in resource, and also robust planning of future funding allocation to meet the Department’s long term strategic goals.		Open.
22-23	6	Work with the Department to move towards a multi-year funding model.		Open.
22-23	6	Total efficiency savings of £4.3m [subject to approval in Tynwald] over the service year, including implementation of the policy changes below in conjunction with the Department.		Objective achieved.
22-23	6	• ‘Over the counter medicine’ policy changes.		Open.
22-23	6	• ‘Procedures of limited clinical effectiveness’ policy changes.		Open.
22-23	6	• Implementation of NICE TA’s over a three year period.		Open.
22-23	6	The Department and Manx Care will work together to develop and agree a sustainable funding model for Individual Funding Requests (IFR’s), including (where possible and practical) IFR’s within the maximum affordable budget. High cost requests will be supported by the Department for contingency funding where possible.		Objective partially achieved.
22-23	7	Continue to work at a system level and ensure measurable progress in the reduction of waiting times across all services. In 2022/23: • Continued delivery of the approved restoration and recovery plans and additional elective recovery plans to address all backlogs, in order to improve waiting times across services.		Objective partially achieved.
22-23	7	Implementation of a clear and equitable Access Policy and associated reporting mechanism to report on, and make publicly available, 18 week Referral to Treatment (RTT) performance for planned care.		Open.



Mandate	Objective number	Objective	Updated RAG rating	Current status
22-23	7	Be able to publicly report on primary care appointment waiting times, comparable with other Health and Social Care benchmarked systems.		Objective achieved.
22-23	7	Development of sustainable networks and strategic alliances with tertiary providers to support provision of high-quality, sustainable delivery models of care for the Island population.		Objective achieved.
22-23	7	Development and implementation of specific tumour site pathways as part of the Transformation programme, improved monitoring and reporting across the Cancer standards and specifically, reporting of the 28-Day diagnostic standard.		Objective partially achieved.
22-23	8	Adopt and embed a principle of continuous improvement in design, development and delivery of social care and health care services to ensure high quality measured outcomes are achieved, including, where appropriate, new opportunities to innovate including through the use of new technology. In 2022/23: <ul style="list-style-type: none"> Development of a three year operational plan, including an outcomes-based approach to the delivery of services, focused on high quality care. 		Open.
22-23	8	Explore digital options for helping patients with long-term conditions to manage their care from home, supported by peer group education programmes, focused on prevention and early intervention.		Objective partially achieved.
22-23	9	Demonstrate continuous improvement in workforce engagement, planning and personal and professional development. In 2022/23: <ul style="list-style-type: none"> Measurable improvements in role-specific training, vacancy reductions across services and reducing churn, particularly in senior positions. 		Open.
22-23	9	Develop and publish a communications and engagement plan that includes workforce and organisational culture specific actions.		Objective achieved.
22-23	9	A continued reduction in staff sickness levels, measured quarterly.		Objective achieved.
22-23	9	A continued improvement in agreed mandatory training performance measured quarterly.		Open.
22-23	10	Develop and integrate Primary Care at Scale through supporting the transformation programme. In 2022/23: <ul style="list-style-type: none"> By September 2022, publish a Primary Care Operating Model for population health improvement, including development of wellness centres as an essential part of service delivery within Manx Care. 		Objective partially achieved
22-23	10	Work with the Primary Care Network to develop an Accountability Model which delivers the transformation programme work stream before April 2023.		Open.



Mandate	Objective number	Objective	Updated RAG rating	Current status
22-23	11	Working with the Public Health, Manx Care and DHSC Strategic Board, deliver an early intervention programme aligned with the Island Plan, ensuring that provision is delivered in the right places to address wider determinants of health in the prioritised areas: • Vaccinations and immunisations - Q1		Objective achieved.
22-23	11	• Screening - Q1		Objective partially achieved.
22-23	11	• Sexual health integration and sexual assault referral centres – Q2		Objective partially achieved.
22-23	11	• Integrated community based addiction services – Q2		Objective achieved.
22-23	11	• Weight and obesity management – Q3		Open.
22-23	11	• Oral health – Q4		Open.
22-23	11	Support the needs of the population by providing data which helps inform needs assessment in line with the public health outcomes framework.		Objective partially achieved.



appendix 2 -

manx care's integrated performance report KPIs

Domain	Indicator	Standard	2022/23
Safe	Serious Incidents Declared	< 40 PA	24
	Duty of Candour - application within 10 days (%) (avg.)	> 98%	99.0%
	Eligible Patients Having VTE Risk Assessment within 12 hours of decision to admit (avg.)	95%	89.2%
	% Adult Patients (within general hospital) who had VTE Prophylaxis prescribed if appropriate (avg.)	95%	96.2%
	Never Events	0	0
	Inpatient Health Service Falls (with Harm) per 1,000 occupied bed days reported on Datix (avg.)	<2	0.32
	No. of Medication Errors (with Harm)	<= 25 PA	4
	Clostridium Difficile - Total No. of acquired infections	< 30 PA	13
	MRSA Bacteraemia - Total No. of acquired infections	0	0
	E-Coli - Total No. of acquired infections	< 72	66
	No. confirmed cases of Klebsiella spp	-	12
	No. confirmed cases of Pseudomonas Aeruginosa	-	6
	Harm Free Care Score (Safety Thermometer) - Adult (avg.)	95%	98.0%
	Harm Free Care Score (Safety Thermometer) - Maternity (avg.)	95%	100.0%
	Harm Free Care Score (Safety Thermometer) - Children (avg.)	95%	95.8%
	Hand Hygiene Compliance (avg.)	96%	96.5%
48-72 Hour Review of Antibiotic Prescription Complete (avg.)	>= 98%	67.4%	
Caring	Complaints - Total no. of complaints received	<= 450 PA	443
	FFT - How was your experience? No. of responses	878	1,801
	FFT - Experience was Very Good or Good (avg.)	80%	84.0%
	FFT - Experience was neither Good or Poor (avg.)	10%	5.0%
	FFT - Experience was Poor or Very Poor (avg.)	<10%	11.0%
	Manx Care Advice and Liaison Service Contacts	-	6,693
	Manx Care Advice and Liaison Service Same Day Response (avg.)	80%	90.0%
	Effective	Planned Care - Total No. of Cancelled Operations	-
Hospital Cancelled		-	2,064 (55.3%)
Patient Cancelled		-	1,670 (44.7%)
Theatres - No. of Cancelled Operations on Day		-	478
Theatres - No. of Cancelled Operations on Day - Clinical		-	312
Theatres - No. of Cancelled Operations on Day - Non Clinical		-	166



Effective

Theatres - Theatre Utilisation (avg.)	85%	76.9%
Theatres - Actual Sessions Delivered	-	899
Theatres - No. Re-utilised Sessions	-	38
Theatres - No. Sessions Cancelled	-	6
Length of Stay (LOS) - No. patients with LOS greater than 21 days (avg.)	-	101
Average Length of Stay (ALOS) - Noble's	-	5.1
Average Length of Stay (ALOS) - RDCH	-	42.8
Total Hospital Deaths	-	279
Total Hospital Deaths - Noble's	-	251
Total Hospital Deaths - RDCH	-	28
West Wellbeing Contribution to Reduction in ED Attendance	-5%	3.8%
West Wellbeing Reduction in Admission to Hospital from Locality	-10%	14.6%
MH - Average Length of Stay (LOS) in MH Acute Inpatient Service (days)	-	45.75
MH - Length of Stay (LOS) - No. patients with LOS greater than 21 days	-	81
MH - % Service Users Discharged from MH Inpatient to have follow up appointment (avg.)	100%	90.0%
MH- No. Re-referrals within 6 months	150-225	1,062
MH - % Re-referrals within 6 months	10-20%	20.9%
ASC - % of Re-referrals	10-15%	3.7%
ASC - No. of Referrals	-	887
ASC - No. of Re-referrals	-	33
ASC - % of individuals (or carers) receiving a copy of their Adult Community Care Assessment (avg.)	100%	11.4%
Referrals to Adult Safeguarding Team	-	862
ASC - % of all Residential Beds Occupied	85-100%	79.2%
Total No. of Residential Beds Available (Exc Respite)	-	274
Total No. of Residential Beds Occupied	-	230
Total No. of Service Users	-	262
C&F Social Care Contacts	-	1,828
C&F Social Care Referrals	-	1,268
CFSC - % Complex Needs Reviews Held on Time	85%	50.6%
CFSC - % Total Initial Child Protection Conferences Held on Time (avg.)	90%	81.3%
CFSC - % Child Protection Reviews Held on Time	90%	66.5%
CFSC - % Looked After Children Reviews Held on Time	90%	92.5%
% Dental Contractors on Target to Meet UDA's	40%	75%
Mortality - Hospitals LFD (Learning from Death reviews)	80%	40.3%
Nutrition and Hydration - complete at 7 days (Acute Hospitals and Mental Health) (avg.)	95%	83.1%
Crisis Team One Hour Response to Referral from ED (avg.)	75%	91.0%



Responsive

Daycase Procedures	-	10,681
Inpatient Procedures	-	1,936
Elective Inpatient Admissions	-	12,617
Non-Elective Admissions	-	9,676
Outpatient referrals received (for consultant led services)	-	36,819
Outpatient Attendances (consultant led)	-	70,382
New Outpatient Attendances (consultant led)	-	27,683
Follow up Outpatient Attendances (consultant led)	-	42,699
Outpatient Did Not Attend (DNA) Rates (avg)	-	10.4%
Waiting lists Entries were validated	-	12,357
RTT - No. of patients waiting for first hospital appointment	-	20,406
No. patients waiting for Consultant outpatient	-	15,465
No. waiting Over 52 weeks - to start consultant-led treatment	-	4,890
Average Wait (weeks) - Ref to OP	-	47
No. patients waiting for Nurse outpatient	-	1,519
No. patients waiting for AHP	-	3,304
No. of patients waiting for Daycase procedure	-	2,699
Average Wait (weeks) - Daycase	-	41
No. waiting Over 52 weeks - Inpatient (Daycase only)	-	624
No. of patients waiting for Inpatient procedure	-	621
Average Wait (weeks) - Inpatient	-	39
No. waiting Over 52 weeks - Inpatient (IP pathway only)	-	143
% Urgent GP referrals seen for first appointment within 6 weeks	85%	54% (avg)
Pathology Tests	-	510,029
Diagnostics - % requests completed within 6 weeks	-	85.9%
Diagnostics - No. of requests received	-	102,554
Diagnostics - No. of requests completed	-	79,551
Diagnostics - Request to completion <= 6 weeks	-	68,326 (85.9%)
Diagnostics - Request to completion > 6 weeks	-	11,225
Diagnostics - % Current wait > 6 weeks	1%	70.6%
Diagnostics - Total Waiting List Size (exc. Scheduled & On Hold)	-	1,127
Diagnostics - Current wait <= 6 weeks	-	331
Diagnostics - Current wait > 6 weeks	-	796
Diagnostics - % Current wait <= 6 weeks	-	-1.0%
A&E - % of ED attendances where the Service User was admitted, transferred or discharged within 4-Hours of their arrival at ED (Noble's and RDCH) (avg)	95%	69.9%
A&E - 4-Hour Performance - Noble's (avg)	95%	67.7%
A&E - 4-Hour Performance - RDCH (avg)	95%	99.9%
A&E - 4-Hour Performance (Non Admitted)	95%	79.3%



Responsive

A&E - 4-Hour Performance (Admitted)	95%	24.2%
A&E - Total Attendances	-	44,054
A&E - Admission Rate Noble's	-	23.6%
A&E - Average Total Time in Emergency Department	360 mins	268
A&E - Average No. of minutes between Arrival and Triage (Noble's)	15 mins	24.4
Average No. of Minutes between Arrival to Clinical Assessment at Noble's ED	< 60 mins	70.9
Average No. of Minutes between Arrival to Clinical Assessment at Ramsey MIU	< 60 mins	21.3
A&E - Patients Waiting Over 12 Hours From Decision to Admit to Admission to a Ward (12 Hour Trolley Waits)	0	190
No. of patients exceeding 12 hours in Noble's Emergency Department	0	931
Total No. of Emergency Calls	-	13,143
No. of Category 1 Calls	-	433
Ambulance - Category 1 Mean Response Time (avg)	7 mins	00:09:59
Ambulance - Category 1 Response Time at 90th Percentile (avg)	15 mins	00:19:53
Ambulance - Category 2 Mean Response Time (avg)	18 mins	00:13:15
Ambulance - Category 2 Response Time at 90th Percentile (avg)	40 mins	00:28:04
Ambulance - Category 3 Mean Response Time (avg)	-	00:17:55
Ambulance - Category 3 Response Time at 90th Percentile (avg)	120 mins	00:39:52
Ambulance - Category 4 Mean Response Time (avg)	-	00:26:12
Ambulance - Category 4 Response Time at 90th Percentile (avg)	180 mins	01:02:34
Ambulance - Category 5 Mean Response Time (avg)	-	00:32:48
Ambulance - Category 5 Response Time at 90th Percentile (avg)	180 mins	01:20:40
Ambulance - % patients with CVA/Stroke symptoms arriving at hospital within 60 mins of call	100%	43.50%
CWT - Maximum 2-Week Wait from urgent referral of suspected cancer to first outpatient appointment (avg)	93%	60.0%
Median wait time for a patient on a 2-Week pathway (days)	-	13
Referrals for Cancer Services	-	5,927
2-Week Wait referrals received for all suspected cancers	-	4,716
CWT - % patients decision to treat to first definitive treatment within 31 days (avg)	96%	81.0%
CWT - Maximum 62 days from referral for suspected cancer to first treatment (avg)	85%	36.0%
CWT - Maximum 2-Week Wait from referral of any patient with breast symptoms (where cancer is not suspected) to first hospital assessment (avg)	93%	52.0%
CWT - Maximum 31 days from decision to treat or other appropriate date to start of second or subsequent treatment - Drug treatment	98%	89.0%
CWT - Maximum 31 days from decision to treat or other appropriate date to start of second or subsequent treatment - Radiotherapy	94%	82.0%
CWT - % patients urgent referral Cancer Screening Programme to First Treatment within 62 days (avg)	90%	72.0%
CWT - Maximum 28 days from referral for suspected cancer (via 2WW or Cancer Screening) to date of diagnosis (avg)	75%	64.0%



Responsive	IPCC - % patients seen by Community Adult Therapy Services within timescales (avg)	80%	52.6%
	% Urgent 1 - seen within 3 working days (avg)	80%	66.4%
	% Urgent 2 - seen within 5 working days (avg)	80%	61.5%
	% Soon 1 - seen within 15 working days (avg)	80%	39.3%
	% Soon 2 - seen within 30 working days (avg)	80%	26.1%
	% Routine - seen within 12 weeks (avg)	80%	48.6%
	District Nurse Appointment	-	58,795
	Dentist Appointments	-	61,110
	IPCC - No. patients waiting for a dentist	-	2,638
	IPCC - Longest time waiting for a dentist (days)	-	1,166
	IPCC - Longest time waiting for a dentist (weeks)	-	167
	Mental Health Appointments	-	75,311
	Mental Health Inpatient Admissions	-	194
	MH - No. service users on Current Caseload	4,500-5,500	5,030
	MH - No. of Discharges	650-667	4,763
	MH - No. of Referrals	683-733	5,092
	MH - No. of Admissions to MH Inpatient	-	194
	MH - No. of Discharges from MH Inpatient	-	193
	Pharmacy Items Provided	-	156,615
	W&C - % New Birth Visits within timescale (avg)	-	88.3%
	Total New Birth Visits	-	588
	Maternity Bookings	-	675
	GP Appointments	-	453,139
	The No. of patients registered with a GP (PERMANENT REGISTRATION)	-	88,756
	The % of patients registered with a GP (PERMANENT REGISTRATION)	5%	5.2%
	The No. of patients registered with a GP (TEMPORARY REGISTRATION)	-	1,286
	% Patients admitted to physical health wards requiring a Mental Health assessment, seen within 24 hours	75%	100.0%
% Patients with a first episode of psychosis treated with a NICE recommended care package within two weeks of referral	75%	100.0%	
Well Led (People)	% Workforce Lost in Days per Month - 2022/23 (avg)	4%	7.9%
	No. of staff on long term sickness (avg)	-	85
	Members of Staff	-	2,692
	No. of Staff Leavers	-	229
	No. of Staff on Disciplinary Measures	-	6
	No. of Suspended Staff	-	8
	No. of Data Breaches	0	165
	Reported to ICO	-	71
	DSAR, AHR or FOI requests	-	752



Well Led (People)	No. of Data Subject Access Requests (DSAR)	-	586
	No. of Access to Health Record Requests (AHR)	-	44
	No. of Freedom of Information (FOI) Requests	-	122
	No. of Enforcement Notices from the ICO	-	0
	No. of DSAR, AHR and FOI's not completed within their target	-	97
	No. of DSAR not completed within their target	-	63
	DSAR Overdue at Month End	-	24
	No. of AHR not completed within their target	-	8
	AHR Overdue at Month End	-	0
	No. of FOI's not completed within their target	-	2
	FOI Overdue at Month End	-	0
Well Led (Finance)	Operational Costs	-	£291.6m
	Savings Delivered Against CIP	-	£9.9m
	% Progress towards Cost Improvement Target (CIP)	100% (equiv. 1%)	170.0%
	Total Income (£)	-	-£14,860,000
	Total Staff Costs (£)	-	£194,127,274
	Total Other Costs (£)	-	£142,639,063
	Agency Staff Costs (proportion %)	-	9.1%



appendix 3 - our care groups



**MEDICINE, URGENT CARE
AND AMBULANCE SERVICE**



**SURGERY, THEATRES,
CRITICAL CARE AND
ANAESTHETICS**



**INTEGRATED DIAGNOSTICS
AND CANCER SERVICES**



**INTEGRATED WOMEN,
CHILDREN AND
FAMILIES SERVICES**



**INTEGRATED PRIMARY
AND COMMUNITY
CARE SERVICES**



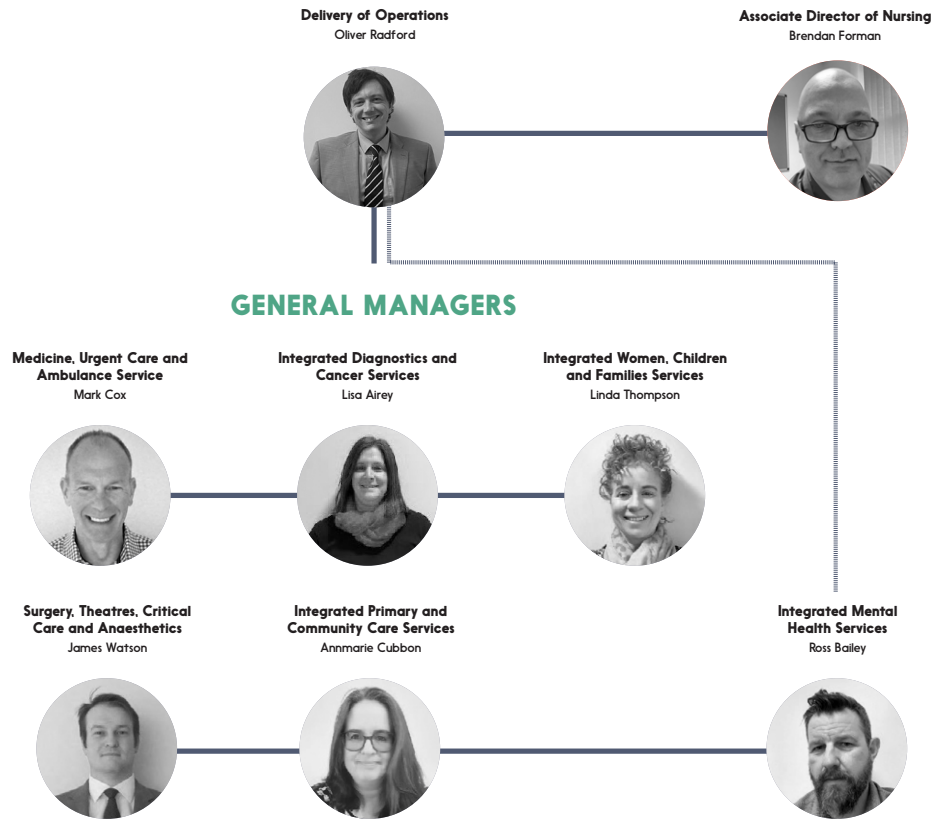
**INTEGRATED MENTAL
HEALTH SERVICES**



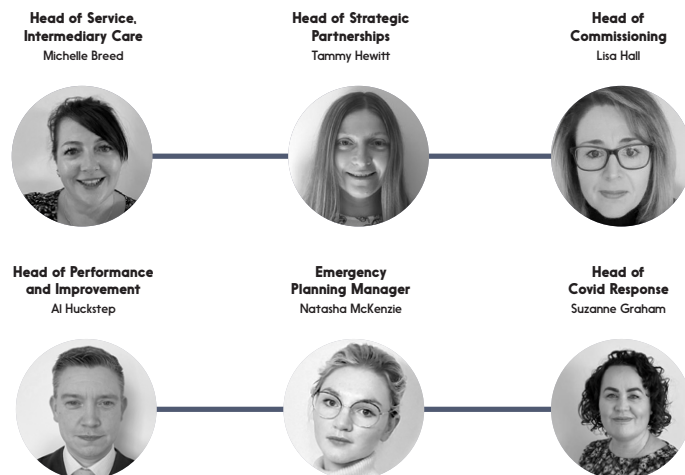
**SOCIAL CARE
SERVICES**



appendix 4 - manx care's care group reporting restructure



OTHER AREAS (NON CARE GROUP)





appendix 5 - medical leadership reporting structure

Interim Executive Medical Director*
Marina Hudson



Business Support
Lynn Cross



CLINICAL DIRECTORS

Surgery, Theatres, Critical Care and Anaesthetics (Consultant Anaesthetist)
Dr. Sivakumar Balasubramanian



Integrated Women, Children and Families Services (Consultant Paediatrician)
Dr. Pradumal Thakker



Surgery, Theatres, Critical Care and Anaesthetics (Consultant General Surgeon)
Mr. Andre Risha



Urgent Care and Ambulance (Emergency Medicine Consultant)
Dr. Gareth Davies



Integrated Mental Health Services (Consultant Psychiatrist)
Dr. Marina Hudson



Associate Director, Integrated Primary and Community Care (General Practitioner)
Dr. John Snelling



Integrated Diagnostics and Cancer Services (Consultant Plastic Surgeon)
Professor Partha Vaiude



Integrated Diagnostics and Cancer Services (Consultant Oral Surgeon)
Mr. Madhu Malikireddy



Medicine (Consultant, Acute Medicine)
Dr. Ishaku Pam



ASSOCIATE MEDICAL DIRECTORS

Patient Safety and Governance
Dr Renate Homewood and Dr Evangelos Vasileiadis



Medical Examinors
Dr Alison Hool and Dr David Hedley



Medical Appraisal Leads
Dr Lakshman Paudyal and Dr Martyn Bracewell



Organ Donation Lead
Dr Renate Homewood



Head of Medical Appraisals & Audit
Dr Lakshman Paudyal and Dr Martyn Bracewell



* Interim until 01 May 2023



appendix 6 - nursing leadership reporting structure

Executive Director of Nursing and Governance
Paul Moore



Business Support
Jane Ryan



ASSOCIATE DIRECTORS OF NURSING

Associate Director of Nursing
Emma Cleator



Head Of Midwifery
Barbara Roberts



Associate Director of Nursing
Dr. Michael Fleming



Associate Director of Nursing
Stuart Hemingway



Associate Director of Nursing
Cathie Quine



Associate Director of Nursing
Joanne Standish



OTHER AREAS (NON CARE GROUP)

Joint Head of Care Quality and Safety
Sue Davis



Joint Head of Care Quality and Safety
Paul Hurst



Principal Lecturer, Keyll Darree
Catherine Black





appendix 7 -

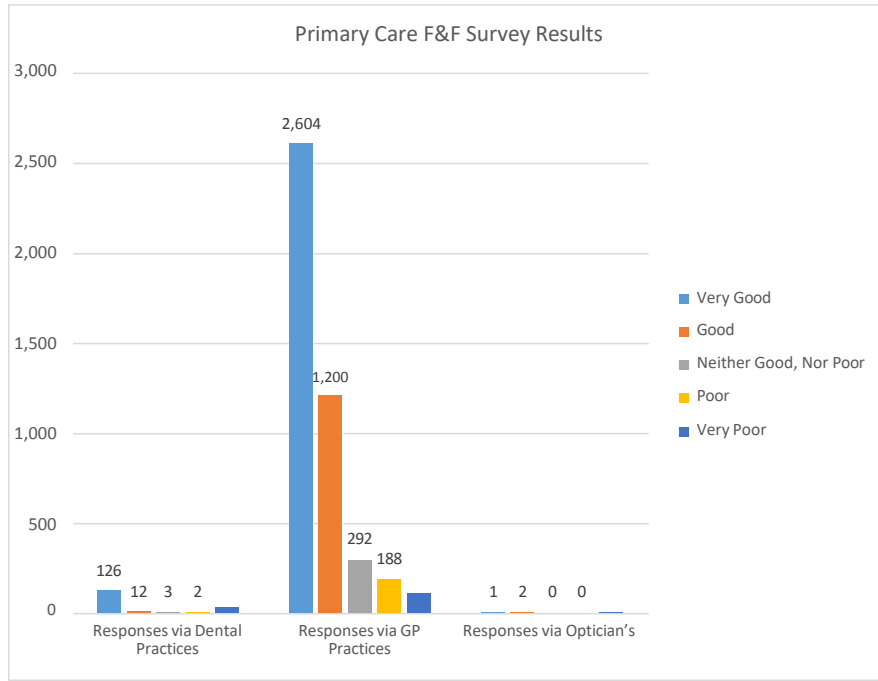
twelve months in review / our year in numbers

Service	2021/22	2022/23	Movement	% Movement
GP Appointments	431,123	453,139	22,016	5.1%
Dentist Appointments	57,225	61,110	3,885	6.8%
District Nurse Appointments	53,889	58,795	4,906	9.1%
Outpatient referrals received (for consultant led services)	34,570	36,819	2,249	6.5%
Outpatient Attendances (for consultant led services)	71,451	70,382	-1,069	-1.5%
New Outpatient Attendances (for consultant led services)	24,136	27,683	3,547	14.7%
Follow Up Outpatient Attendances (for consultant led services)	47,315	42,699	-4,616	-9.8%
Elective Inpatients admitted	11,258	12,617	1,359	12.1%
Daycase procedures	9,324	10,681	1,357	14.6%
Inpatient procedures	1,934	1,936	2	0.1%
Non Elective Inpatients admitted	9,161	9,676	515	5.6%
Maternity bookings	652	675	23	3.5%
Babies Born	677	588	-89	-13.1%
Emergency Department Attendances	41,490	44,054	2,564	6.2%
Calls to the Ambulance Service	12,798	13,143	345	2.7%
Referrals for Cancer Services	5,484	5,927	443	8.1%
Requests for Radiology Tests	100,266	102,554	2,288	2.3%
Pathology tests	-	510,029	-	-
Pharmacy Items provided	-	156,615	-	-
Mental Health referrals received	5,190	5,092	-98	-1.9%
Mental Health Appointments	68,851	75,311	6,460	9.4%
Mental Health Inpatient Admissions	240	194	-46	-19.2%
C&F Social Care Referrals received	1,156	1,268	112	9.7%
C&F Social Care Contacts made	1,609	1,828	219	13.6%
ASC referrals to social workers received	819	888	69	8.4%
Referrals to Adult Safeguarding Team	434	862	428	98.6%
Incidents of MRSA bacteraemia	0	0	0	0.0%
Never Events	0	0	0	0.0%
MCALS Contacts	-	6,693	-	-
Of contacts resolved in 24 hours by MCALS	-	90%	-	-
Friends & Family responses - Experience Very Good or Good	-	84%	-	-
Radiology Tests	77,306	79,551	2,245	3.0%
Number of DSAR, AHR and FOI requests	821	752	-69	-8.4%
Members of Staff	2,643	2,692	49	1.9%
Savings delivered against our cost improvement programme	-	£9.9M	-	-
Operational Costs	-	£291.6M	-	-



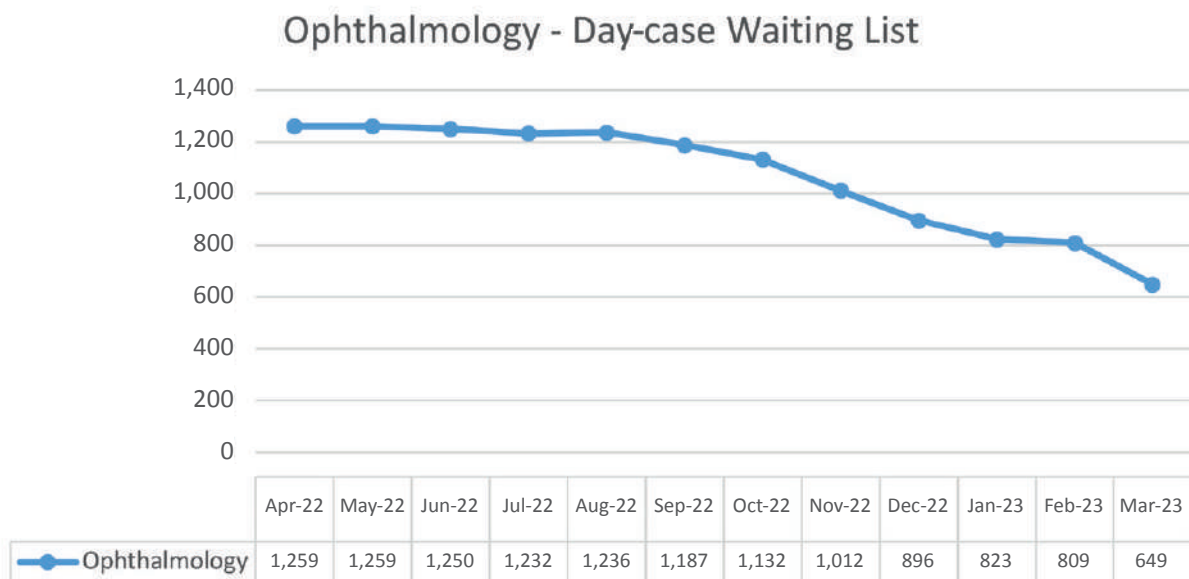
appendix 8 -

primary care survey results: friends and family test



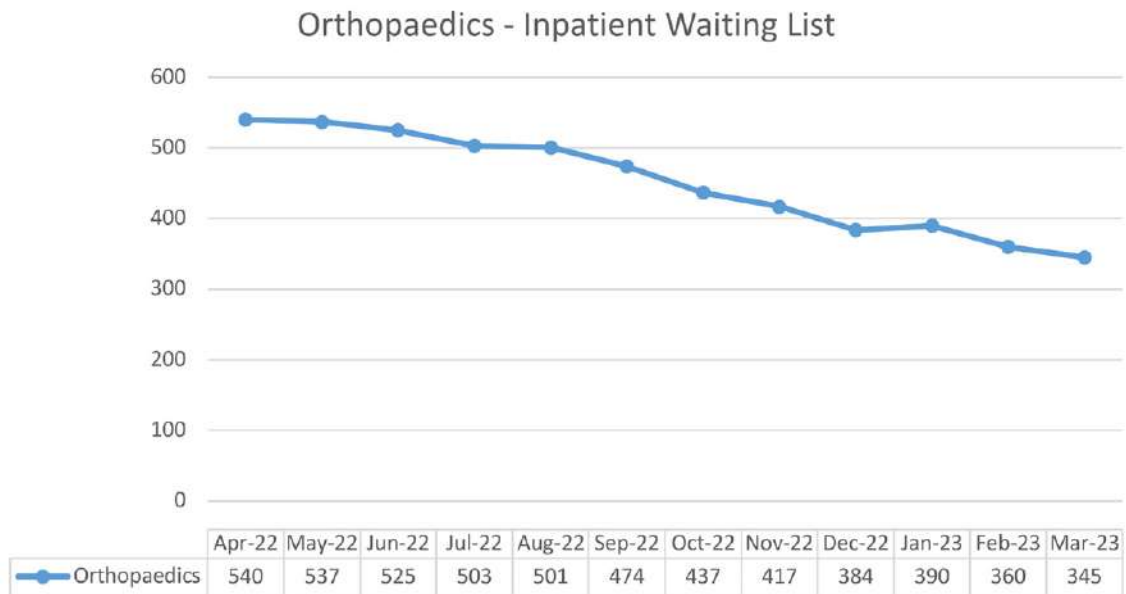
appendix 9 -

ophthalmology day-case waiting list data

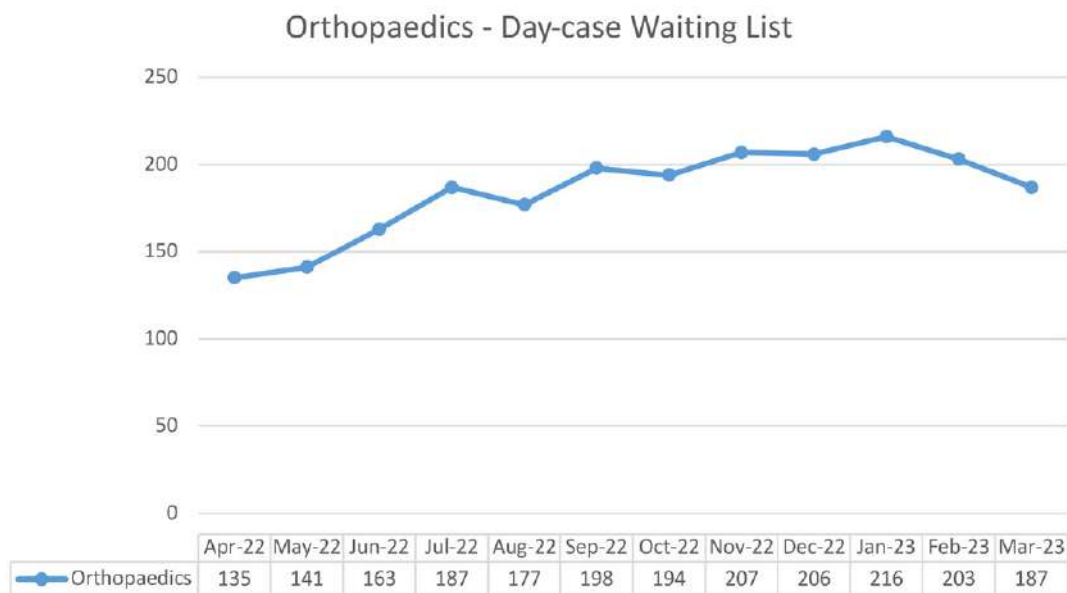




appendix 10 - orthopaedic inpatient waiting list data



appendix 11 - orthopaedic day-case waiting list data





appendix 12 - gp practices: medical workforce data

Number of GPs (and Whole Time Equivalent) by practice:

Practice	No. of GPs	No. of GP whole time equivalents
Ballasalla Medical Centre	3	2
Castletown Medical Centre	4	2.6
Finch Hill Health Centre	6	2.3
Hailwood Medical Practice	4	3.3
Kensington Health Centre	6	4.6
Laxey Health Centre	5	4.6
Palatine Group Practice	7	5.8
Peel Medical Centre	4	3.8
Ramsey Group Practice	5	4.3
Snaefell Surgery	2	1
Southern Group Practice	5	3.7
Total	51	38

appendix 13 - gp practices: nursing and allied health professions workforce data

Practice	Total ANPs* (WTE)	Total PNs** (WTE)	Total Pharmacists (WTE)	Total HCA***/Phlebotomist	Total Other Clinical Staff (WTE)
Ballasalla Medical Centre	0 (0)	2 (1.6)	2 (2)	4 (1.46)	0 (0)
Castletown Medical Centre	0 (0)	6 (3)	0 (0)	2 (0.4)	0 (0)
Finch Hill Health Centre	0 (0)	4 (2.5)	2 (0.9)	2 (0.2)	1 (0)
Hailwood Medical Practice	4 (3)	0 (0)	2 (0.8)	0	2 (2)
Kensington Health Centre	0 (0)	6 (3.4)	2 (1.8)	2 (1.4)	2 (0.4)
Laxey Health Centre	0 (0)	8 (5.4)	2 (1.6)	0 (0)	0 (0)
Palatine Group Practice	2 (1.92)	4 (3.92)	2 (0.76)	2 (2)	2 (2)
Peel Medical Centre	2 (2)	4 (3.2)	0 (0)	4 (3)	2 (1.4)
Ramsey Group Practice	2 (1.2)	12 (8.8)	0 (0)	4 (3.5)	4 (4)
Snaefell Surgery	6 (5.6)	2 (0.8)	0 (0)	0 (0)	0 (0)
Southern Group Practice	0 (0)	4 (2.2)	0 (0)	2 (2)	2 (2)

*Advanced Nurse Practitioner **Nurse Practitioner ***Healthcare Assistant



appendix 14 - dental practices: patient list data

Dental Practice Name	Number of Unique Patients Registered 2022/23
Douglas Community Health Centre	*N/A
Regent Dental Care, Douglas	6,025
Westview Dental Practice, Douglas	9,297
65 Woodbourne Road, Douglas	7,266
The Tracey Bell Clinic, Douglas	284
The Square Dental Practice, Douglas	4,392
Avondale Dental Practice, Onchan	2,389
Grove Mount Dental Practice, Ramsey	1,317
Smile Care (IOM) Limited, Ramsey	3,802
Port Erin Dental Practice	6,190
The Rosien Dental Practice, Port Erin	6,127
Regent Dental Practice, Peel	6,318

*The Community Dental Service does not have registered patients and only provides emergency dental care for those patients who do not have access to a NHS dental care.

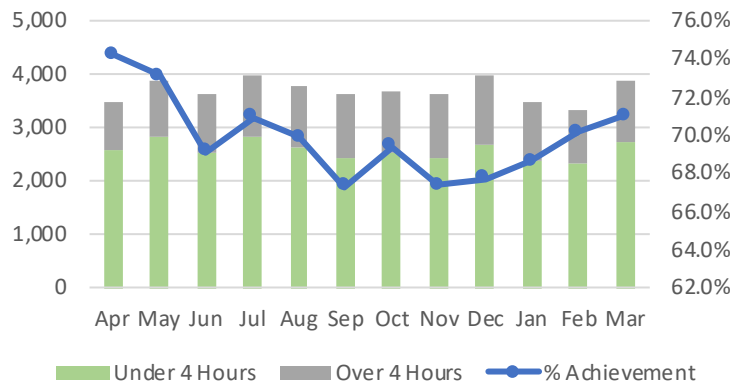
appendix 15 - acute care: performance against the 4-Hour access target

Year	Site	Attendances	Breaches	Performance (%)	Variance to previous year	Demand Growth
2020/21	Total	37,512	9,264	75.3%	-6,189	-14.2%
	Noble's	28,652	9,252	67.7%	-4,758	-14.2%
	RDCH	8,860	12	99.9%	-1,431	-13.9%
2021/22	Total	41,490	10,579	74.5%	3,978	10.6%
	Noble's	31,689	10,568	66.7%	3,037	10.6%
	RDCH	9,801	11	99.9%	941	10.6%
2022/23	Total	44,054	13,277	69.9%	2,564	6.2%
	Noble's	32,003	13,223	58.7%	314	1.0%
	RDCH	12,051	54	99.6%	2,250	23.0%



appendix 16 - acute care: emergency

department attendance and 4-Hour performance data

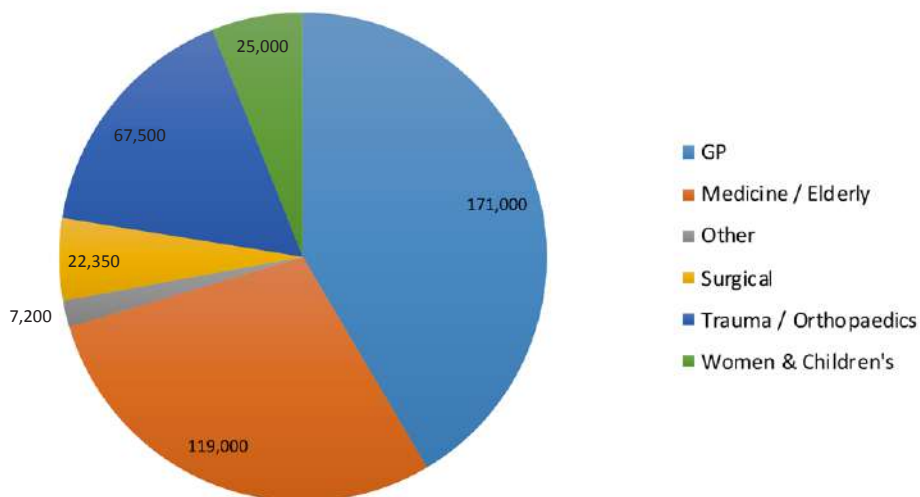


Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Total Attendances	3,451	3,872	3,613	3,944	3,761	3,592	3,656	3,589	3,936	3,464	3,327	3,849	44,054
Under 4 Hours	2,558	2,829	2,495	2,796	2,628	2,416	2,536	2,417	2,663	2,375	2,333	2,731	30,777
Over 4 Hours	893	1,043	1,118	1,148	1,133	1,176	1,120	1,172	1,273	1,089	994	1,118	13,277
% Achievement	74.1%	73.1%	69.1%	70.9%	69.9%	67.3%	69.4%	67.3%	67.7%	68.6%	70.1%	71.0%	69.9%
UK NHS% Benchmark	72.2%	72.8%	72.1%	71.1%	71.7%	71.1%	69.5%	69.0%	65.2%	72.5%	71.5%	71.5%	70.8%

appendix 17 -

diagnostic test by source of request

Source of Test Request - 2022/23

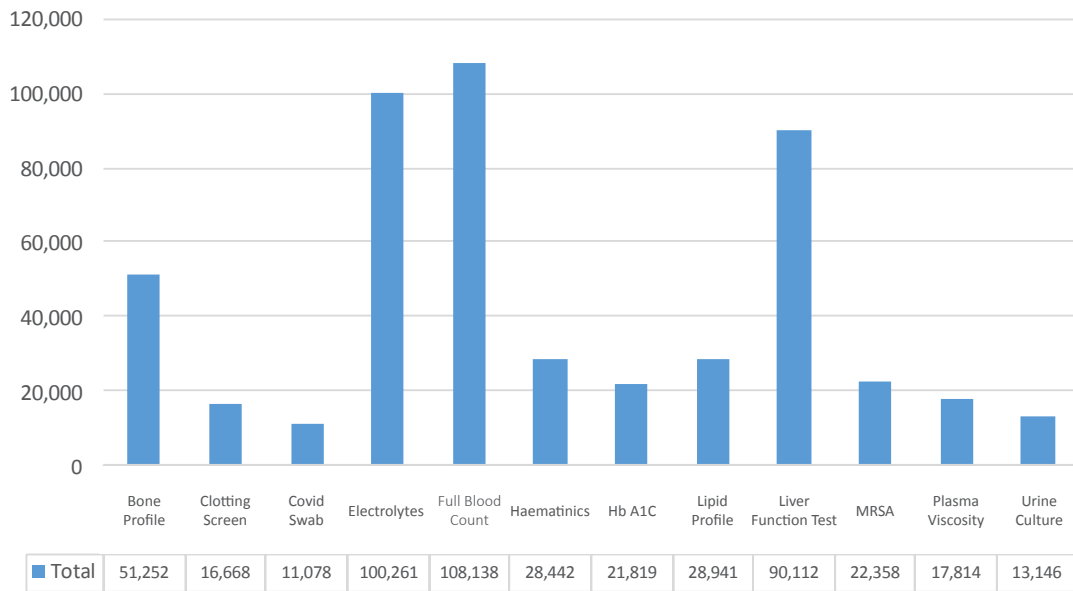




appendix 18 -

diagnostic test data by modality

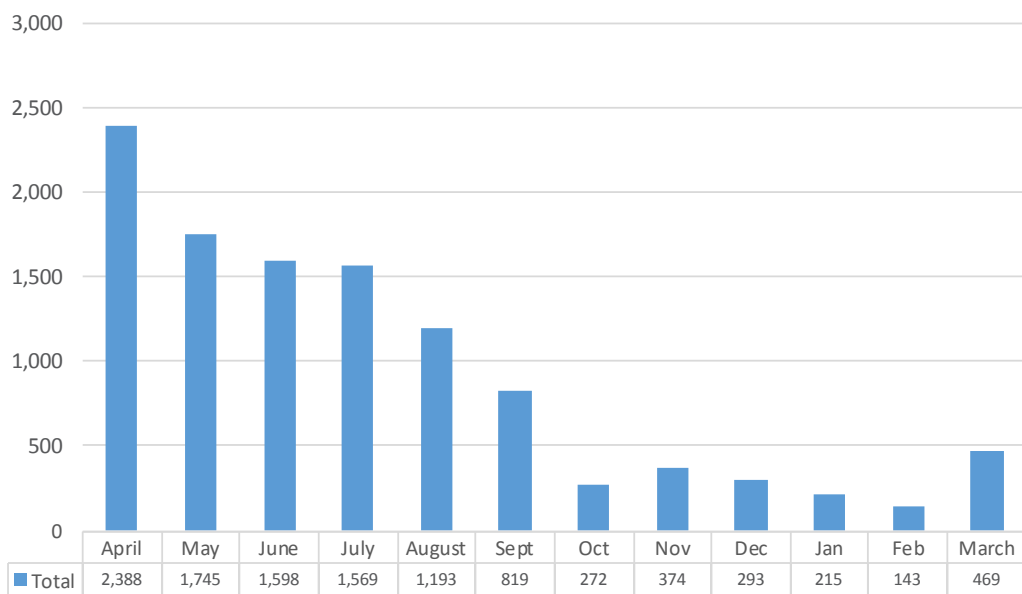
Tests Requested - 2022/23



appendix 19 -

diagnostic test data: COVID-19

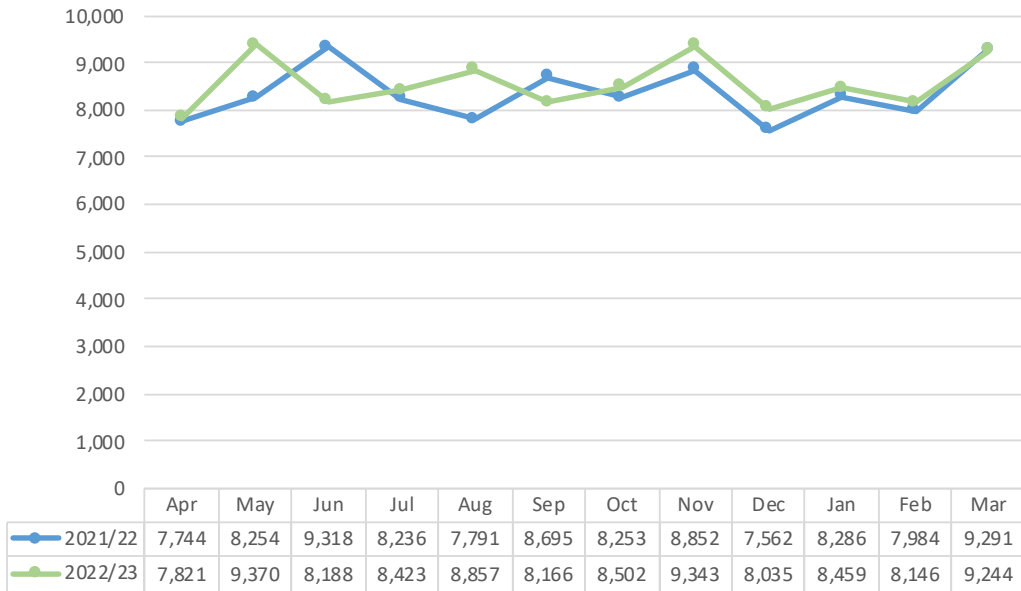
Number of Covid Tests 2022/23





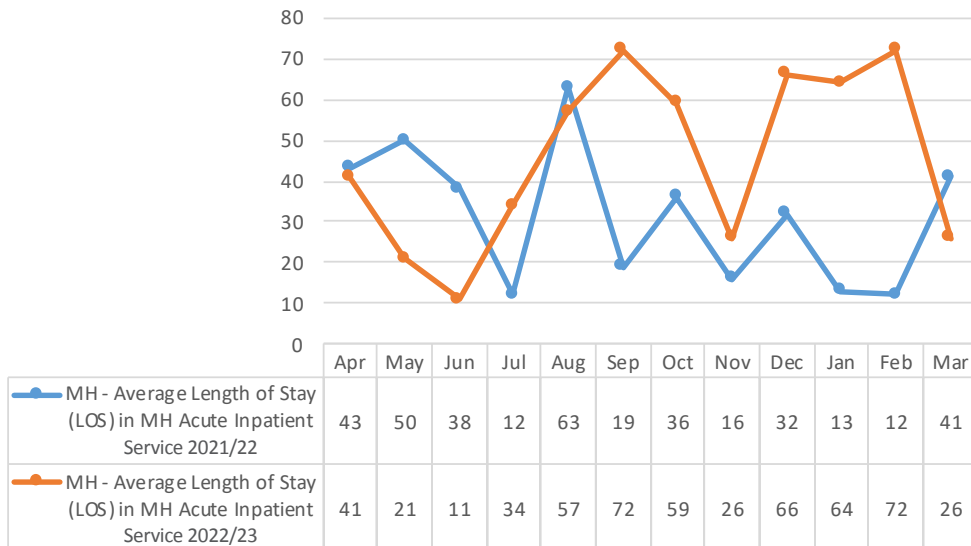
appendix 20 - diagnostic test data: radiology

Demand for Radiology Services - Year-on-Year



appendix 21 - mental health data: average length of inpatient stay

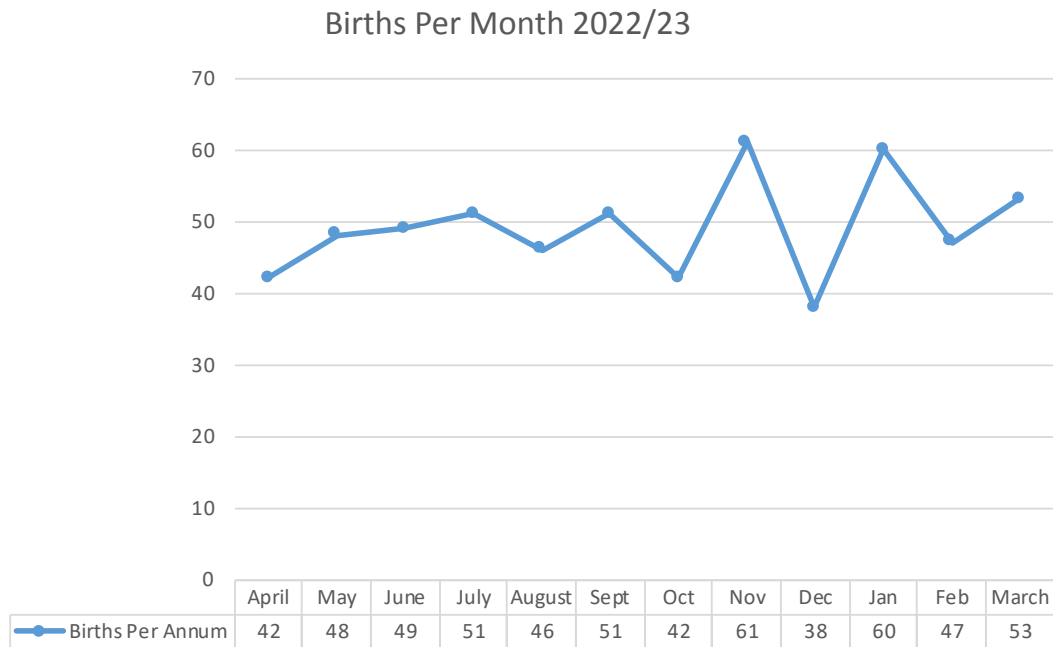
MH - Average Length of Stay (LOS) in MH Acute Inpatient Service





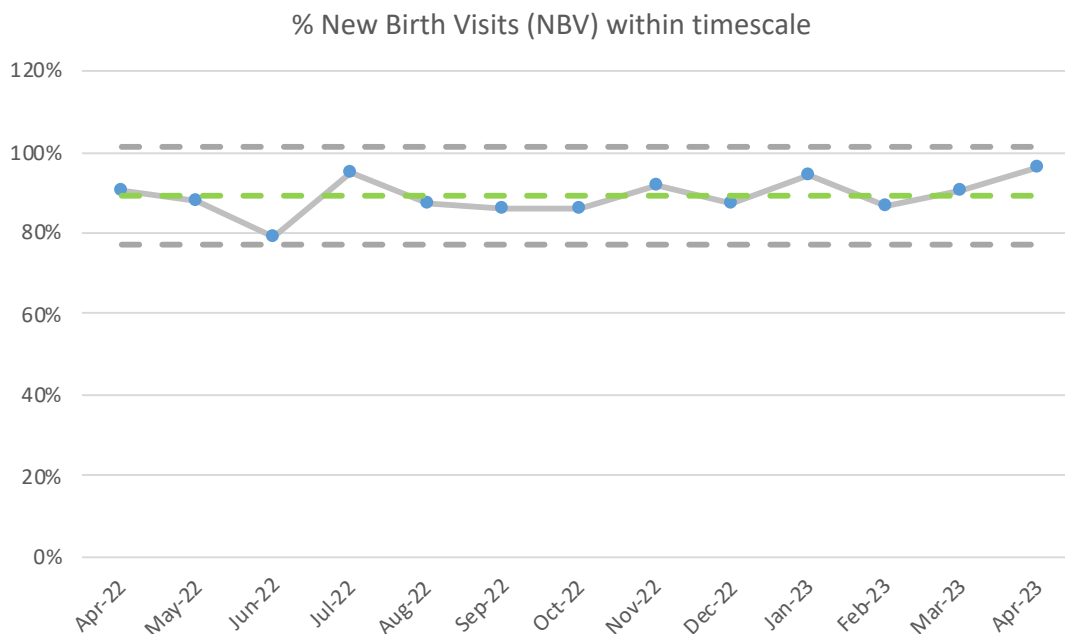
appendix 22 -

maternity data: births recorded by month



appendix 23 -

maternity data: new born visit follow up





appendix 24 -

year two in review

Although by no means an exhaustive list, this section outlines some highlights from our second service year of operation.

Manx Care made significant progress in 2022/23 transforming the Isle of Man's health and statutory social care sector, in huge part thanks to colleagues across the organisation who overcame numerous challenges every day, and who have achieved multiple successes over the year.

Manx Care continues to endeavour to deliver the Government's Island Plan in alignment with the DHSC Mandate. Its key priorities continue to be improving the quality and safety of its services, the culture of the organisation, financial performance and promoting and delivering greater integration of services.

April 2022

Following a reduction in reported levels of COVID-19 on the Isle of Man, and a decrease in the number of patients with COVID-19 in hospital, Manx Care made changes to its hospitals visiting policy in April 2022. Recognising that friends and family members are a vital support to all of those receiving care, the organisation began to enable visiting within its hospitals (with some restrictions).

Manx Care had previously made the difficult decision to suspend visiting across its hospital settings, following a significant increase in levels of COVID-19 in the community, and subsequent impacts on staffing levels.

Following on from the support Manx Care provided to Care Homes over the COVID pandemic, the Frailty Team have been building well on adapting the model of care home assessments and reviews 'CHART2'. The teams so far have focused on three homes undertaking detailed medicine optimisation and care planning reviews. The team have worked with families and residents to create treatment escalation plans designed to reduce unnecessary hospital admissions and help document people's care wishes. With support of a pharmacist, the team have been able to reduce the number of medications people have been prescribed.





May 2022

In May, Manx Care delivered its inaugural Annual Public Meeting event and public open day, providing the opportunity for members of the public to have open dialogue with all of its services for the first time. The event was also supported by partners from across the Island's other emergency services and was incredibly well attended. Final preparations were put in place to respond to the organisation's first TT festival bringing together months of planning both on-Island, and off-Island with tertiary care providers in North-West England and with Ambulance Trusts in Wales and Guernsey who provided mutual aid to the Isle of Man.



June 2022

Following the launch of the Covid Endemic Strategy across the Isle of Man in April 2022, June saw the closure of the Manx Care Covid Swabbing Service, initially based at the TT Grandstand but latterly in the former Finch Hill GP practice. The service, launched back in March 2020 at the start of the pandemic, undertook over 130,000 swabs during just over two years, with 800 swabs per day being taken and processed by the Noble's Laboratory at its peak level of activity. The efforts and dedication of staff working in the Swabbing Centre and the Pathology Lab played a key role in keeping the Island safe during the pandemic.

The TT festival was a challenging period for Manx Care, particularly across its urgent and emergency care services, and Isle of Man Ambulance Service (IMAS). TT 2022 was the busiest on record for IMAS, and across the fortnight the service:

- Dealt with 761 calls to 999 (169 more calls than the number received during TT 2019).
- Responded to 710 incidents.
- Experienced its busiest ever day on 07 June, attending 60 individual incidents across the 24-hour period.
- Dealt with 106 individuals who had suffered injuries caused by a fall.
- Dealt with 33 road traffic accidents.
- Used A99, the helicopter air ambulance based on-Island for the TT fortnight, 30 times in eight days.
- Transferred 36 patients to tertiary care centres in the UK for further, specialist treatment using the fixed-wing Air Ambulance service operated by Manx Care.





June was also a busy month for the Integrated Mental Health Services team who organised the Island's first ever 'Thrive' conference, bringing together various specialists from across Manx Care with representatives from multiple agencies across Government, the private sector and the third sector to look at how the Thrive principles can be established effectively on the Island. The Thrive framework is needs-led, and aims to establish an integrated, multi-agency network that will support the mental health and wellbeing needs of children, young people up to the age of 25 and the adults who look after them.

The event was facilitated by the experts from the UK's national i-Thrive Programme Team in London – the team responsible for defining and establishing the Thrive Framework across the British Isles – who returned in December to hold a follow-up conference. Both occasions were valuable opportunities to learn from experts in their field and support the change Manx Care is looking to effect on the Isle of Man.

Meanwhile, the 'Experts by Experience' group held a fantastic art exhibition in June 2022, showcasing the talent of service users with support from the Isle of Man Arts Council. Experts by Experience is a group comprising individuals who either use or have used the Island's Mental Health services and members of Manx Care's Integrated Mental Health Services team. Its aim is to use the combination of skills and lived experience of members to help enhance the range of support services provided on the Island. This was one of a number of events led by the group throughout 2022/23.



July 2022

In July, MCALS – the Manx Care Advice and Liaison Service – was established as a permanent service within the Island's health and statutory social care service.

MCALS was established for an initial trial period in August 2021 as an information and guidance point – somewhere individuals or their representatives could contact to provide feedback on health and care services provided by Manx Care, ask questions about available treatments or seek guidance and support from health and social care professionals. It would also be a starting point for anyone who was not sure where to look for information or access what they needed.

MCALS has proven to be an integral part of Manx Care, giving members of the public a central point to contact the organisation via telephone and email. For this reason, the MCALS team is now established as a permanent service, working hard each day to monitor patient and service user feedback, highlight emerging trends and address these in order to drive positive change across Manx Care. The team has handled over 4,000 calls since 01 April 2022, with its success being recognised with a finalist shortlist at the Isle of Man 'Awards for Excellence' later in the year.





Manx Care relaunched its Care Values in July with a CEO-led roadshow taking place at various locations across the Island. All colleagues were engaged in the refresh of the CARE Values – a set of principles and behaviours which underpin conduct in the workplace – to see if these remained reflective of the culture that they wish to see in the organisation following its launch. The CARE Values had originally been developed by the DHSC prior to Manx Care’s inception.

'Brian' the vaccine bus continued to appear at various locations across the Island throughout July, making it easier for people to access the COVID-19 vaccine. 'Brian the Bus' was repurposed from an old Patient Transfer bus, originally donated by Friends of Ramsey and District Cottage Hospital. The vaccination team worked hard delivering the Spring and Autumn booster campaigns throughout the year, helping to protect the Island community from the threat posed by the virus.



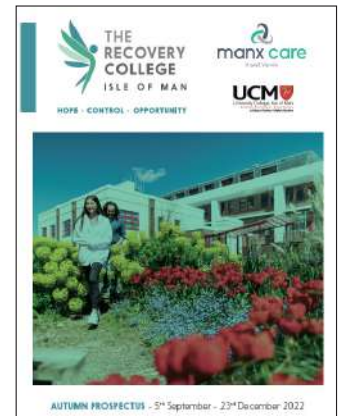
As at May 2023, more than 242,000 total vaccines have been administered by the vaccination team (including flu).

August 2022

The Central Community Health Centre made some upgrades to its Prosthetics and Orthotics Workshop in summer 2022. These changes are making a significant difference to the patient group on-Island, in terms of service provision. The changes allow patients to use sockets made partially or completely on-Island, meaning that technicians can better control the end product that the patient will wear, even if a socket has to be laminated off-Island. This also halves the time to get a new socket to a patient, down to a three-week minimum.

The workshop upgrades have also allowed for better efficiency within the Orthotics service, with around half of patients now leaving their initial assessment appointment with a definitive device that is custom manufactured the same day.

Recovery College Isle of Man (RCM) launched its autumn term prospectus in August 2022. RCM is a concept developed by Manx Care as an integral part of its Integrated Mental Health Service, and aims to support the development of its students by helping them to learn self-management strategies that they can confidently apply to their everyday lives, allowing them to build a life that they find satisfying, meaningful and valuable. Courses cover topics such as 'Ways to Promote our Sleep', 'Managing Anxiety', 'Life Beyond COVID-19' and 'Gender Identity and Awareness'.



A number of Manx Care’s services and colleagues also enjoyed supporting the organisation at the Isle of Man Pride Festival.



September 2022

The Operating Department team was recognised in September by the Association for Perioperative Practice (AfPP) for its 'gold standard' of practice. AfPP is the UK's leading membership organisation dedicated to theatre practitioners and improving perioperative care. Manx Care's Theatre Improvement Programme began in April 2021, and an initial visit in September 2021 found evidence of good practice and adherence to standards, as well as areas for improvement.



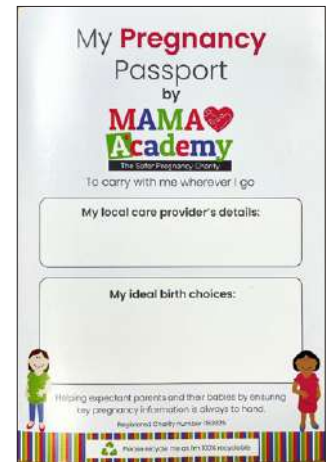
The Association for Perioperative Practice

AfPP returned in September 2022, when all recommendations were met, and a two-year accreditation was recommended. AfPP highlighted notable achievements made since 2021, particularly the significant work undertaken regarding culture, and the importance of patient care was evident.

October 2022

Manx Care's Child and Adolescent Mental Health Service (CAMHS) saw a stark increase in those awaiting assessment or treatment within the service over the past two years, with figures significantly higher than comparative figures in the UK. Manx Care is working to establish a multi-agency approach, making use of the Thrive framework already outlined. The Isle of Man does not currently have a national strategy for young people's mental health, and so Manx Care is contributing to the development and implementation of a new Mental Health and Wellbeing strategy, founded upon the principles of integration, early intervention and recovery. This is really important for the reduction of waiting lists and making sure people get the right help at the right time.

Manx Care's Maternity team began working with the MAMA (Mums and Midwives Awareness) Academy to provide 'Pregnancy Passports' to parents, with the aim of helping more babies arrive safely. MAMA Academy created the A5 Pregnancy Passport for health care providers to distribute to parents following a Digital Maturity Assessment, which showed that parents still require handheld information to read as well as digital information.



In addition, Manx Care's Infant Feeding team was accredited by UNICEF in 2022 for the level of work it does to support new parents and their babies. UNICEF's 'Baby Friendly' accreditation is based on a set of evidence-based standards for maternity, health visiting, neonatal and children's centre services. Meeting these standards means that services help parents to feed their baby in ways that will support optimum health and development.



Two colleagues who work for the Mental Health Crisis Team, Jennifer Shannon and David Smith, received a Chief Constable's Award for their role in supporting Police Officers deal with a situation where there was significant risk of harm to an individual. Both put the safety of this individual before that of their own in order to ensure they received the professional help they required.

The first two reports detailing CQC (Care Quality Commission) inspection of Manx Care's services were released in October.



November 2022

MCALS (Manx Care Advice and Liaison Service) increased its schedule of public drop-in sessions throughout the year, across multiple locations on the Island. The drop-in sessions provide an opportunity for members of the public to have a face-to-face conversation with the team, who are also available from Monday to Friday over the phone and via email.

Terri Banks, Manx Care's Head of Safeguarding for Children and Adults, was the recipient of a prestigious Queen's Nurse Award, and collected this accolade at a ceremony in London in November. Awarded by The Queen's Nursing Institute, Queen's Nurse accolades are given to nursing colleagues who promote the highest standards of patient care in the community.



November was a busy month overall for awards and external recognition, with Manx Care's Practice Development Team being shortlisted in the 'Preceptorship Programme of the Year' category of the Nursing Times Workforce Awards, MCALS being finalists at the Isle of Man 'Awards for Excellence', and the Manx Breast Unit being awarded the Macmillan Quality Environment Mark (MQEM), with an overall score of five (excellent).



December 2022

By December 2022, 148 children and young people had received psychological therapy treatment through Manx Care's partnership with 'Minds Matter'. The partnership between Manx Care and the highly respected local mental health charity MCH Psychological Services (the charity behind Minds Matter) is beginning to address the lengthy waiting list for CAMHS as part of Manx Care's focus on reducing waiting lists across a number of clinical specialties.

Funding was made available to facilitate this focus on mental health waiting lists under Phase One of Manx Care's 'Restoration and Recovery of Elective Activity' programme, with this work supplementary to that already being delivered by Manx Care's own clinicians. Manx Care is looking at the funding required to continue to address mental health waiting lists on the Island to continue to reduce waiting times for people to access psychological therapy services.





In December, all Isle of Man residents received a brochure posted to their home address outlining all of the health and care options available to them locally and urging them to 'choose well' when accessing services, essentially visiting the service most appropriate to their clinical need. This was supported by a social media campaign, with posters displayed in venues across the Island directing people to a webpage containing information on the full range of services available, from self-care through to urgent and emergency care (<https://www.gov.im/signposting>). This was especially important given the difficult winter period Manx Care experienced, with a significant influx of patients requiring urgent inpatient treatment for respiratory illnesses over the Christmas and New Year period. The levels of sickness in the community also impacted staffing levels, particularly across hospital-based services.



General Surgery procedures and complex cataract procedures requiring general anaesthesia began in December as part of the activity to address waiting list backlogs on the Isle of Man. This follows the success of the programme to date covering the Ophthalmology and Orthopaedic specialties.

January 2023

January saw the opening of referrals for the new ME/CFS and Long Covid service. This service has been many years in the making, however, the business case that was approved in the February 2022 Tynwald Budget Sitting provided Manx Care with the recurrent funding to establish a multidisciplinary team. The team are now able to provide treatment and support to the several hundred ME/CFS sufferers on-Island who previously had no service, as well as the increasing numbers of people developing long term symptoms following COVID-19 infection.

In January, data appeared to show that members of the public were responding to Manx Care's healthcare signposting campaign, with higher average daily attendances at Ramsey's Minor Injuries and Illnesses Unit (MIU) over the previous couple of months than in the same period in 2021. Analysis of patients attending all of the urgent and emergency care services provided by Manx Care across the Christmas and New Year period highlighted that the acuity of patients treated across Manx Care's urgent and emergency care services had also notably increased.

MIU in Ramsey saw a 38% increase in average daily attendances through November and December in 2022 compared to the same period in both 2020 and 2021. On certain days, the team at MIU treated more than 80 people – on par with some days in the Emergency Department (ED) at Noble's – with some days showing equal attendance at the MIU and the ED. This highlighted that people were attending the service most appropriate for their clinical needs, and in turn reducing pressure on the ED.

Isle of Man Ambulance Service (IMAS) confirmed its intention to place Clinical Navigators within the Emergency Services Joint Control Room (ESJCR) in the future. This will ensure that experienced clinicians will be able to conduct further clinical triage over the phone with people who call 999 seeking help to determine if they need an Ambulance sending to them or not, and ensure that patients get the appropriate level of treatment first time, whether that is in their home or in a clinical setting. Contemporary good practice is for further clinical triage to be a core part of the Emergency call centre environment to ensure a patient is directed to the most appropriate service to meet their needs.





February 2023

In February 2023, Manx Care held its first ever Care Awards. It was an incredible night celebrating the fantastic work that colleagues do every day, and the amazing dedication they have to looking after the people of the Isle of Man. One of the winners was Liz Lillis, Manager of Thie Bee Retail, who won the 'Inspiring Leadership' category. Liz is always looking to innovate in pursuit of the organisation's broader objectives, and exhibits role-model behaviours, setting a strong example to her team and across the organisation. Colleagues can always guarantee a smiley face and some good humour in Thie Bee, the staff restaurant, which goes an awfully long way when working long hours in an often-pressurised environment.





Manx Care reached two milestones as it delivered its 1,000th cataract procedure and 400th joint replacement as part of the Elective Restoration and Recovery Programme.

Duncan Gerry (Consultant Geriatrician) and Mark Young (Advanced Clinical Practitioner, Frailty) work in partnership to manage elderly and frail patients on Ward 6 at Noble's Hospital, the newly established Frailty Unit. Patients with frailty and dementia often have complex co-morbidities which require adequate, specially designed care facilities, with care support from multi-disciplinary teams.

Duncan and Mark were shortlisted in the 'Financial Health' category given that their work has allowed targeted support to be put in place to deliver better outcomes for patients, as well as creating efficiencies worth in excess of £1.5m per year, with minimal investment required to achieve this.

A team from Manx Care's Women, Children and Families Care Group attended the RCNi Nursing Careers and Jobs Fair in Manchester in February. This was a great opportunity to meet with high-calibre, job-seeking Nurses, as well as newly registered Nurses looking for their first role.



March 2023

In March, Manx Care extended its contract with the Great North Air Ambulance Service (GNAAS) by a further year following the success of the partnership to date. Manx Care and GNAAS first began working together in March 2022 as part of an initial trial to develop a Helicopter Emergency Medical Service (HEMS) for the Isle of Man. The introduction of a HEMS service and an enhanced emergency air bridge allows patients who are seriously ill or who have suffered a major trauma to be taken directly from their community on the Isle of Man to a centre of excellence in the UK for emergency medical treatment. Working closely IMAS Paramedics, the GNAAS Doctors and Critical Care Paramedics are able to provide patients with advanced levels of pre-hospital care thanks to the skills of their team and the equipment they carry on board their helicopter and allow them faster access to specialist care in North-West England. The team supported 21 patients across 2022/23.



Manx Care's Social Care Services team celebrated World Social Work Day in March with a one-day conference on the Island. This was the first time the team had held such an event, with the 2023 theme being 'Respecting Diversity through Joint Social Action'. The conference featured a number of guest speakers, including some from the UK, with the hope of it becoming an annual event.





The Memory Clinic operated by Manx Care's Older Persons Mental Health Service (OPMHS) received its reaccreditation from the Memory Services National Accreditation Programme (MSNAP), run by the Royal College of Psychiatrists. The MSNAP accreditation was developed by The Royal College of Psychiatrists Centre for Quality Improvement (CCQI) to support and improve the quality of services for people with memory problems or dementia, and their carers. It is the sixth occasion that the Memory Service has achieved this accreditation, which will last for a period of three years subject to a satisfactory interim review. The multi-disciplinary OPMHS team also received a commendation for providing a sustainable mental health service. Criteria for this include the ability to demonstrate the work being done to prevent mental illness and ill health, and empowering patients and carers to manage their own mental health and wellbeing.





appendix 25 -

list of acronyms

AEC	Acute Emergency Clinic	IMHS	Integrated Mental Health Services
AfPP	Association of Perioperative Practice	IPCC	Integrated Primary and Community Care
AHR	Access to Health Records Requests	IPR	Integrated Performance Report
ALDS	Adult Learning Disabilities Service	KPI	Key Performance Indicator
AMU	Acute Medical Unit	LEaD	Learning, Education and Development
ASAT	Adult Services Access Team	LFD	Learning from Death
BAF	Board Assurance Framework	LOS	Length of Stay (in hospital)
C & F	Children and Families	LTA	Limited Term Appointment
CAMHS	Child and Adolescent Mental Health Service	MACU	Minor Ambulatory Care Unit
CARE (Values)	Committed, Appreciative, Respectful and Excellence	MAMA	Mums and Midwives Awareness
CCQI	Royal College of Psychiatrists Centre for Quality Improvement	MASH	Multi-Agency Safeguarding Hub
CHART	Care Home Assessment & Review Team	MCALS	Manx Care Advice and Liaison Service
CIP	Cost Improvement Programme	MDT	Multi-Disciplinary Team
CDU	Clinical Decision Unit	MEDS	Manx Emergency Doctor Service
CEO	Chief Executive Officer	MHK	Member of the House of Keys
CFS/ME	Chronic Fatigue Syndrome (Myalgic Encephalomyelitis)	MIU	Minor Injuries Unit
CNS	Clinical Nurse Specialist	MPTC	Manx Pay Terms and Conditions Group
CQC	Care Quality Commission	MQEM	Macmillan Quality Environment Mark
CQS	Care Quality and Safety	MSNAP	Memory Services National Accreditation Programme
CSS	Community Support Service	NBV	New Birth Visits
CWT	Cancer Waiting Times	NDG	National Data Guardian
DHSC	Department of Health and Social Care (of the Isle of Man Government)	NICE	National Institute for Health and Care Excellence
DNA	Did Not Attend	OHR	Isle of Man Office of Human Resources
DPST	Data Protection and Security Toolkit	OPMHS	Older Persons Mental Health Service
DSAR	Data Subject Access Requests	PDP	Performance Development Plan
ED	Emergency Department	PPE	Personal Protective Equipment
EDI	Equality, Diversity and Inclusion	PTL	Patient Tracking Lists
ERAS	Enhanced Recovery After Surgery	QSE	Quality, Safety and Experience
ESJCR	Emergency Service Joint Control Room	R&R	Restoration and Recovery
FFT	Friends and Family Test Survey	RCM	Recovery College Isle of Man
FOI	Freedom of Information	RDCH	Ramsay and District Cottage Hospital
FTE	Full Time Equivalent	ROCA	Regulation of Care Act
GDPR	General Data Protection Regulations	ROF	Required Outcomes Framework
GIRFT	Getting It Right First Time	ROPA	Records of Processing Activity
GNAAS	Great North Air Ambulance Service	RTT	Referral to Treatment
GP	General Practitioner	SACT	Systemic Anti-Cancer Treatment
GUM	Genitourinary Medicine	SARC	Sexual Assault Referral Centre
HDU	High Dependency Unit	SCMR	Serious Case Management Reviews
HEMS	Helicopter Emergency Services	SDEC	Same Day Emergency Care
HR	Human Resources	SI	Serious Incident
IAR	Information Asset Register	SIRG	Serious Incident Reporting Group
ICPB	Integrated Care Partnership Board	SIRO	Senior Information Risk Owner
ICO	Information Commissioner	SOF	Strategic Operating Framework
IFR	Individual Funding Request	VTE	Venous Thromboembolism
IGAB	Information Governance Advisory Board	WLV	Waiting List Volume
IMAS	Isle of Man Ambulance Service	WTE	Whole Time Equivalent
		2WW	2-Week Wait



manx care

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